



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOV 13 2012

Mr. Eddy J. Inzana, President/CEO
8796 Route 219, P.O. Box 240
Brockway, Pennsylvania 15824

RE: Epworth Manor
925 South Lincoln Avenue
Tyrone, Pennsylvania 16686

Dear Mr. Inzana:

On November 7, 2011, the Department of Public Welfare, Bureau of Human Services Licensing (Department) notified you of the need to remove the term "Assisted Living" from the written materials of your personal care home or apply for licensure as an assisted living residence pursuant to 55 Pa.Code § 2800 (relating to assisted living residences) in order to comply with Act 56 of 2007. On November 2, 2012, the Department received notice that the above personal care home was advertising as an "Assisted Living" facility. As a result, you are in violation of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) as specified on the enclosed Violation Report.

The Department requires that an acceptable plan of correction be submitted in order to continue to operate your personal care home. Complete Section 3 of the attached Violation Report, indicating your plans to correct the violation. Your plan of correction must correct the specific issue cited, as well as include an ongoing, step-by-step plan to assure continued compliance with the regulation over a substantial period of time. Your plan of correction should include: what specific change will be made, who will make the change, when will the change be made, and how the change will be made. Please sign and date the Violation Report where indicated.

Please return your plan of correction within 9 calendar days of the mailing date of this letter. If the plan of correction is not received within the required time period, your license to operate the above personal care home may be revoked. You may, if you wish, submit your plan of correction via electronic mail. If you wish to do so, please send the report as an attachment to Mr. Jacob Herzing, Enforcement Manager, at jherzing@pa.gov.

Mr. Eddy Inzana

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
18	III	39	\$3	\$117	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Human Services Licensing, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Human Services Licensing.

I am available to explain any statements on the attached violation report and to assist you in the development of an acceptable plan of correction.

Thank you for your cooperation.

Sincerely,



Ronald Melusky
Director

Enclosure
Violation Report

LICENSING INSPECTION SUMMARY
PERSONAL CARE HOMES - 55 Pa.Code §2600

Name of Facility / Type(s) of Service:

Epworth Manor / Personal Care Home

Street Address:

925 South Lincoln Avenue

City:

Tyrone, Pennsylvania

Zip Code:

16686

License Number:

328420

Type of Inspection: Document Review

Reason(s) for Inspection:

Complaint

Notice: No

On-site Inspection Dates and Department Representatives:On-Site:

Off-Site Inspection Dates and Inspectors, if Applicable:

November 2, 2012 – Jacob Herzing

1. REGULATION: 55 Pa.Code § 2600.18

A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. DESCRIPTION OF VIOLATION

Pursuant to Act 56 of 2007 and 62 P.S. § 1057.3(i), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa.Code Chapter 2800 (relating to assisted living residences).

On November 2, 2012, the Department was notified Epworth Manor published an advertisement indicating the home provides "assisted living" services on a placemat at Nicoletta's Family Restaurant located at 1700 8th Avenue, Altoona, Pennsylvania, 16602. Epworth Manor is not a licensed assisted living residence.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated)
Include steps to describe the violation(s) described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Date

DEPARTMENT USE ONLY – FACILITIES MAY NOT WRITE BELOW THIS LINE!

Repeated Violation:

Repeated Violation Dates:

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____:
(Date)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented