



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: **MAR 1 2013**

Ms. Wendy Jo Peace, Owner/Administrator
Peace's Personal Care Home
429 Union Street, PO Box 536
Big Run, Pennsylvania 15715

Dear Ms. Peace:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 3, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

Violation Report:

PCH Name: PEACE'S PERSONAL CARE HOME

FEB 15 2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 2/29/12, does not include if any special diet, treatment or body position is required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation 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.

Resident since last incident has left the facility and is now living on own. From this point on (of incident) Administrator will always double check physical forms (DME) to make sure that all required areas are filled out properly.

3/1/13 - Wendy Deace
If any information is incomplete, the home will contact the physician for completion.

2/26/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J Deace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J Deace* Date *2-15-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/13 (Date)

Plan of correction implementation status as of 2/26/13 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report:

PCH Name: PEACE S PERSONAL CARE HOME

RECEIVED

FEB 15 2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/20/12, resident #1 expressed thoughts of killing roommate. The resident was involuntarily committed to the hospital. In November 2012, resident #1 intentionally cut his/her arm and was transported to the hospital.

The assessment for resident #1, dated 3/6/12, was not updated to address the resident's thoughts of harming others or self-injurious behavior.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation 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.

I was unaware that assessment was not updated at that time. I will be sure that anytime an assessment plan needs to be updated action will be done immediately.

Wendy Peace

By 3/15/13 - The administration will develop a system to ensure that resident assessments are updated to include pertinent information.

2
2/26/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/01/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace* Date *2-15-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/24/13</u> (Date)	Plan of correction implementation status as of <u>2/26/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>d</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 15 2013

Violation Report

PCH Name: PEACE'S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1 REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 4/20/12, resident #1 expressed thoughts of killing roommate. The resident was involuntarily committed to the hospital. In November 2012, resident #1 intentionally cut his/her arm and was transported to the hospital.

The support plan for resident #1, dated 3/6/12, was not updated to address the resident's thoughts of harming others or self-injurious behavior.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation 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

I was unaware that a support plan was not updated at that time, I will be sure that anytime support plan needs to be updated action will be done immediately.

Wendy Peace

By 3/15/13-

The administrator will develop a system to ensure that support plans are updated to include pertinent information to meet residents' needs.

Jr 2/26/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/01/2012

Signature of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace Date 2-15-13

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