



MAR 20 2013

Ms. Laura B. Segers, Owner/Administrator
La Casa Personal Care Home
1502 E. Washington Street
New Castle, Pennsylvania 16101

Dear Ms. Segers:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 25, 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.

Your regular license for the period of April 2, 2013 to April 2, 2014 was issued on February 8, 2013. Your regular license remains in good standing.


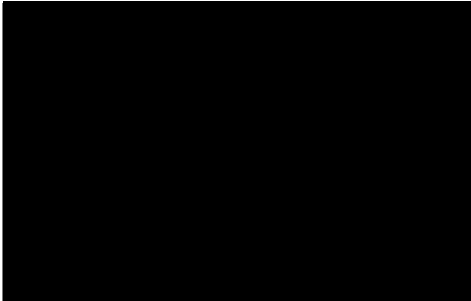
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LA CASA PERSONAL CARE HOME		License Number: 402110
Address: 1502 E WASHINGTON STREET, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Laura and Joel Segers		Region: WEST
Legal Entity Name: LAURA B SEGERS		RECEIVED
Legal Entity Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101		FEB 07 2013
Certificate(s) of Occupancy C-2 LP 12/20/1996 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 01/25/2013: Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 132b, 225c		Random Indicators: 42u, 98b-1, 190b, 171b-2, 163c
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 40211 - 01/25/2013 - Williams, Jason
PCH Name: LA CASA PERSONAL CARE HOME

FEB 07 2013

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State Human Services Licensing performed on behalf of the home.

WEST REGION FIELD OFFICE

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

According to resident and staff interviews, Resident #1 takes garbage bags out of the home on Sunday nights. The home does not compensate the resident for this work.

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.

This resident has lived in the home for 17 years. The staff does not ask [redacted] to do any work and has assured [redacted] repeatedly that [redacted] does not need to do any work. Nevertheless, completely on [redacted] own, [redacted] sometimes chooses to take garbage out to the curb. The Administrators have explained to [redacted] again, that [redacted] is not to do any labor for the home, as we have employees that are paid (and happy) to do it. All staff have been asked to watch [redacted] more carefully so [redacted] will not do any labor for the home. However, in the future, if [redacted] (or any others) perform any labor for the home they will be compensated in accordance with State and Federal labor laws. The Administrators will monitor on a daily basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

LAWRA SEGERS
ADMIN - OWNER

Date 2-6-2013

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

The above plan of correction is approved as of

2-8-13
(Date)

Plan of correction implementation status as of

JYP
(Date)

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

The above plan of correction was approved by

JYP
(Initials)

Violation Report: 40211 - 01/26/2013 - Williams, Jason

PCH Name: LA CASA PERSONAL CARE HOME

FEB 07 2013

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The downstairs upright freezer used for resident food has a coating of dirt and debris on all of the door shelves.

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.

The freezer was given a thorough cleaning during the inspection. Staff has been reminded to check and clean this freezer once each week. Administrators will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laura SEGERS
ADMIN - OWNER

Date 2-6-2013

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(Date)

Plan of correction implementation status as of 2-8-13
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40211 - 01/25/2013 - Williams, Jason

FEB 07 2013

PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be kept in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a "T" shaped crack opening up in the ceiling of the shared resident bathroom on the first floor of the home. The crack measures 8 inches by 4 inches.

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.

Upon investigation, the crack was found to be caused by a leak in the bathroom shower on the floor directly above this bathroom. The leak has been repaired and the crack in the ceiling has also been repaired. The Administrators have asked the Housekeeper to watch for areas that need repair, and report problems immediately. In addition, the Administrators will do a careful walk-thru, and check the home for any areas that need repair, at least once per month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Laura Segers

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

LAURA SEGERS
ADMIN - OWNER

Date 2-6-2013

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Plan of correction implementation status as of 2-8-13 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 07 2013

Violation Report: 40211 - 01/25/2013 - Williams, Jason

PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 11/29/11.

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.

A fire safety inspection and fire drill were completed by the New Castle Fire Department on 2-05-2013. These had been scheduled several times in the past, then cancelled by the fire department because of inclement weather. Therefore, we will move the date of our annual fire inspection and fire drill to early fall so as to avoid extreme weather and resulting delays. This plan will commence in fall of 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

LAURA SEGERS
ADMIN - OWNER

Date 2-6-2013

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(Date)

Plan of correction implementation status as of 2-8-13
(Date)

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

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- Not Implemented

Violation Report: 40211 - 01/25/2013 - Williams, Jason
 PCH Name: LA CASA PERSONAL CARE HOME

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.

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FEB 07 2013

2a. DESCRIPTION OF VIOLATION
 -The most recent assessment for Resident #1 was completed on 8/2/11.
 -The most recent assessment for Resident #2 was completed on 7/24/11.

WEST REGION FIELD OFFICE
Human Services Licensing

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.

New assessments for Residents #1 and #2 were completed the day of the inspection (1-25-2013). In addition, the Administrator has carefully checked all other resident files for compliance, and has created a check-off form to be used to easily monitor dates that assessments, support plans and other required paperwork are due. This form will be checked every month for compliance, by the Administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS ADMIN - OWNER	Date 2-6-2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented