

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KAREN ADAMS

LEGAL ENTITY

To operate THE ADAMS HOUSE

NAME OF FACILITY OR AGENCY

Located at 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 21
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 17, 2013 until June 17, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 413710

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 17 2013

Mr. Julian Davenport, Administrator
Karen Adams
104 Park Road
Charleroi, Pennsylvania 15022

RE: The Adams House
314 Fallowfield Avenue
Charleroi, Pennsylvania 15022

Dear Mr. Davenport:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 14, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

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

APR 5 2013

License Number: 413710

County: Washington

Western Field Office Region: WEST
Adult Residential Licensing

Facility Name: THE ADAMS HOUSE

Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022

Administrator: Julian Davenport

Legal Entity Name: KAREN ADAMS

Legal Entity Address: 104 PARK ROAD, CHARLEROI, PA 15022

Certificate(s) of Occupancy

C-2 LP
09/17/1992
L&I

Staffing Hours

Resident Support: 0

Total Daily Staff: 22

Waking Staff: 17

Type of Inspection: Full

BHA Docket Number:

Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site
02/14/2013: Miller-Linhart, Aiden; Goedert, Caroline

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 21

Number of Residents Served: 20

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 19

Are 60 Years of Age or Older: 7

Have Mental Illness: 20

Have an Intellectual Disability: 1

Have a Mobility Need: 2

Have a Physical Disability: 0

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden
PCH Name: THE ADAMS HOUSE

APR 5 2013

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 7/15/12 and began providing direct care services. Staff person A does not have a valid high school diploma, GED or have active registry status on the Pennsylvania nurse aide registry.

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.

Immediately Administrator will ensure that all aides prior to hire will have proof of valid Diploma/GED. Administrator has also Audited all staff files to ensure that staff records are in compliance with Diploma, GED & CNA registry regulations.

* Note: Staff person "A" was hired on 1/1/05 prior to the year when this regulation was enacted and was grandfathered in.

withdrawn

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Julian Davenport

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

Julian Davenport

Date

4/5/13

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

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

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden
PCH Name: THE ADAMS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The bathroom located on the first floor of the home next to the kitchen, does not have an operable window or exhaust fan.

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 bathroom ventilation check has been added to our ~~main~~ maintenance man's daily check list to ensure that each Bathroom's exhaust fan is in working order. The exhaust fan in this bathroom has been fixed and is now in proper working order.

5-10-13 - All staff persons will be educated on properly reporting equipment including fans that are not functional. Documentation of education will be kept
4-18-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julian Davenport* Date *4/3/13*

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

The above plan of correction is approved as of 4-18-13
(Date)

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

Plan of correction implementation status as of 4-18-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-18-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 5 2013

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden
PCH Name: THE ADAMS HOUSE

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit does not include a CPR mask, eye protection, thermometer or nonporous disposable gloves .

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 administrator or designee will ensure that the first aid kit includes Cpr mask, eye protection, thermometer & gloves etc. with a monthly audit. All missing items (cpr mask, eye protection, thermometer & gloves have been replaced in the first aid kit.

*see attached photo

5-10-13 - The administrator or designated staff person will check the home's first aid kit at least weekly to ensure the first aid kit contains all required equipment in accordance with regulation 2600.96a.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julian Davenport* Date *4/3/13*

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

The above plan of correction is approved as of 4-18-13
(Date)

Plan of correction implementation status as of 4-18-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-18-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JL*
(Initials)

APR 5 2013

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden
PCH Name: THE ADAMS HOUSE

1. REGULATION 55 Pa.Code §2600 Western Field Office
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 home has not had a fire drill or fire inspection conducted by a fire safety expert since 5/26/11.

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.

The administrator or designee will schedule a fire drill to be conducted by a fire safety expert annually. This administrator has added an annual reminder-event on the PCH Electronic Calendar that sends reminders directly to the administrator on the 4th, 3rd, 2nd & 1st weeks before the annual fire drill inspection is due.

*Inspection has been completed on 3/1/13 please see photo copy.

Repeat Violation: No. Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 4/5/13

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

The above plan of correction is approved as of 4-18-13 (Date)

Plan of correction implementation status as of 4-18-13 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 4-18-13
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden
PCH Name: THE ADAMS HOUSE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 2/14/13 the top drawer of the medication cart located in the kitchen was unlocked and accessible to residents. The drawer contained resident #1's clozapine 100mg and resident #2's acetaminophen 325mg.

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.

Top Drawer of the med cart has been fixed by armory locksmith. The Administrator will ensure that if the top drawer or any drawers were to malfunction again no medication will be left in the drawers. The Administrator has also addressed this at the last all-hands staff meeting March 20 2013.

* See attached copy of staff meeting notes.

* see attached copy of med-cart receipts

5-10-13. The Administrator or designated staff person qualified to administer medications checks the home including the medication cart daily on each shift to ensure all medications and syringes are kept in an area or container that is locked. 4-18-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jalimar Davenport

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

Jalimar Davenport

Date

4/3/13

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

The above plan of correction is approved as of

4-18-13
(Date)

Plan of correction implementation status as of

4-18-13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 4-18-13

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

Jalimar Davenport
(Initials)

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden

PCH Name: THE ADAMS HOUSE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 does not include the strength, the dosage form, the dose, and the route of administration for acetaminophren 325mg.

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 Administrator or Designee will review each new prescription that is written in the MAR to ensure all information is complete & current. Administrator has ensured that the Designated Supervisor will re-train on medication & prescription MAR records at the next staff meeting on 4/9/13.

5-10-13 - The Administrator or designated staff person qualified to administer medications will check all resident MARs at least monthly to ensure all MARs have the required information in accordance with regulation 2600.187a. 4-18-13/

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julian Davernport* Date *4/3/13*

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

The above plan of correction is approved as of 4-18-13
(Date)

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

Plan of correction implementation status as of 4-18-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-18-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 5 2013

Violation Report: 41371 - 02/14/2013 - Miller-Linhart, Alden
 PCH Name: THE ADAMS HOUSE

Western Field Office
 Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed sliding scale Novolog as follows:

	BB	BL	BD
<100	0	0	0
BASE			
100-180	3	3	3
181-220	+2	+2	+2
221-260	+3	+3	+3
261-300	+4	+4	+4
>300	+5	+5	+5

On 5/28/12 before lunch Resident # 4's blood glucose was 299. The resident was administered 14 units of insulin instead of the prescribed 7 units.

On 6/3/12 before lunch Resident #4's blood glucose was 451. The resident was administered 10 units of insulin instead of the prescribed 8 units.

On 5/24/12 Resident #4's blood glucose was 301 the resident was administered 7 units of insulin instead of the prescribed 8 units.

Resident #5 is prescribed sliding scale Humalog Inject 10 units base plus if fasting blood sugar is:

150-200	Base + 2 units
201-250	Base +4 units
251-300	Base + 6 units
301-350	Base +8 units

At 7:00 a.m., 11:00 a.m. and 4:00 p.m.

On 2/24/13 at 4:00 p.m. resident #5's blood glucose was 201. The home administered 10 units of Humalog instead of the prescribed 14 units.

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.

Staff will be going through Insulin Re-training given by our Supervisor, New hires are to be trained by an insulin expert but will also receive a 1 on 1 training by the Administrator on Sliding Scale. The diabetic sheet will be Audited and all parties, including the ones responsible for these errors will be getting Re-trained by our Insulin expert trainer/certifier scheduled for the week of April 14th

Repeat Violation: No	Date(s) of Previous Violation(s):	- See Calendar
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Julian Davenport</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Julian Davenport</i>	4/4/13

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

The above plan of correction is approved as of 4-18-13
 (Date)

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

Plan of correction implementation status as of 4-18-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 4-18-13
- Partially Implemented - Inadequate Progress
- Not Implemented

5-10-13 A designated STAFF person qualified to administer medications will review MARS at least weekly to ensure medications are administered in accordance with the directions of the prescriber. 4-18-13