

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY

LEGAL ENTITY

To operate M.H.A. ENHANCED PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 200 SPRING STREET, BENTLEYVILLE, PA 15314

(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 12

(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: 424150

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



JUN 17 2013

Ms. Lynne M. Loesch, Executive Director
Mental Health Association of Washington County
575 North Main Street
Washington, Pennsylvania 15301

RE: M.H.A. Enhanced Personal Care Home
200 Spring Street
Bentleyville, Pennsylvania 15314

Dear Ms. Loesch:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 11, 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 "Ronald Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42415 - 03/11/2013 - Marini, Michael
PCH Name: M H A ENHANCED PERSONAL CARE HOME

APR 20 2013

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted in May, 2012.

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.

On May 3, 2012 a fire drill was done by the fire department at 4:20pm for the May fire drill. We were then notified that we were within the 5-day grace period for the April nighttime drill. A drill was done on May 3, 2012 at 11:30pm. Documentation of the fire department's drill and the nighttime drill were provided at the time of inspection on March 11, 2013. A second staff member will continue to assist in the oversight of timely fire drills. In response to this citation, the Program Director will also designate this second staff member to assist in oversight of the fire log so that documentation of all drills is clearly and correctly marked in the fire log.

5-30-13 All fire drills conducted by the home shall be recorded on the Department's fire drill record.

5-30-13 The administrator will monitor all fire drills and the fire drill record to ensure at least one unannounced fire drill conducted monthly. Documentation will be kept at the time of each fire drill. 4-22-13 JJP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lynne M. Loresch*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lynne M. Loresch

Date 4/18/13

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

The above plan of correction is approved as of 4-22-13
(Date)

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

Plan of correction implementation status as of 4-22-13
(Date)

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

RECEIVED

Violation Report: 42415 - 03/11/2013 - Marini, Michael
 PCH Name: M H A ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

APR 10 2013

2a. DESCRIPTION OF VIOLATION

Western Field Office
 Adult Protective Licensing

All exits were used to evacuate residents during fire drills from February through December 2012.

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.

During fire safety group residents have been taught to exit at the closest door. The fire log will reflect one exit/ area being blocked to simulate a possible fire situation and clearly documented in the fire log. During fire drills the blocking of one exit will be consistently done. The EPC will continue to educate residents on signs of a fire by using props and liquid smoke so residents will have an idea what an igniting fire may be like.

5-30-13 All staff persons will be educated on all emergency exits of the home and using alternate exits during fire drills. Documentation will be kept.

5-30-13 The administrator will monitor fire drills and the fire drill record monthly to ensure alternate exits are used during fire drills. 4-22-13 JSP

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lynne M. Lovesch*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynne M. Lovesch* Date *4/18/13*

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

The above plan of correction is approved as of <u>4-22-13</u> (Date)	Plan of correction implementation status as of <u>4-22-13</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented