

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST JUDES HAVEN INC

LEGAL ENTITY

To operate ST. JUDE'S HAVEN PERSONAL HOME

NAME OF FACILITY OR AGENCY

Located at 1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904

(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 17

(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 20, 2013 until June 20, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 307870

Robert E. Robinson

ISSUING OFFICER

[Signature]

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 20 2013

Ms. Joan McDowell, Administrator
St. Jude's Haven, Inc.
St. Jude's Haven Personal Home
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904

Dear Ms. McDowell:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 13, 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 "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 30787 - 03/13/2013 - Rosenblat, Dale
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management review did not address:

- The reportable incident and condition reporting procedures
- Complaint procedures
- Staff person training
- Licensing violations and plans of correction
- Resident or family councils if applicable

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 and assistant administrator guarantee the quality management will be properly done. ~~The assistant administrator misunderstood procedure.~~ It will be double checked to ensure this situation will not occur again. The assistant administrator being more aware after completing the 100-hour state classes, understands the necessity for a fully implemented quality control management correction. This is in effect 3-24-13.

See attached 2A of 7
 JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan Mc Dowell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOAN McDOWELL - ADMINISTRATOR* Date *3-24-13*

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

The above plan of correction is approved as of <u>4/18/13</u> (Date)	Plan of correction implementation status as of <u>4/18/13</u> (Date)
The above plan of correction was approved by <u>JE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2A of 7

The home's quality management plan will be amended to include, at a minimum:

- (1) The date the administrator and assistant administrator will review the effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16b, and a plan to correct any errors or inefficiencies identified during a review or all incidents reported within the past year.
- (2) The date the administrator and assistant administrator will review all of the complaints received from residents within the past year, a plan to reduce future complaints, and review of how the home addressed each complaint in accordance with the requirements of these regulations.
- (3) A plan to review all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful.
- (4) A review of all of the violation reports received within the past year, and a complete self-inspection using the Department's licensing measurement instrument.
- (5) The development and maintenance of a resident council if applicable. JE

Violation Report: 30787 - 03/13/2013 - Rosenblat, Dale
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person A has a criminal history record that reflects a prohibitive hire. Staff person A has been working in the home since 6/22/12.

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 has gone to great lengths to correct this situation. Staff person A said she was expunged 2/20/12. Records say so from the judge, but the PA Patch has put it under review. We have enclosed all information we have available. The administrator and assistant administrator guarantee this will never occur again. All records will be double checked to avoid such an issue. If any misdemeanor is shown on PA Patch they will not be hired. This will be a total way to comply with the issue. Effective 3/23/13.

The home will obtain a valid criminal history check for Staff Person A. Staff Person A will not work or will be supervised at all times until the results of the check are returned. If the staff person has a prohibitive offence, the staff person will be terminated immediately. JE

The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with Older Adults Protective Services Act. JE

Repeat Violation: <i>NO</i>	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan McDaniel*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOAN McDaniel Administrator* Date *3-24-13*

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 (Date)

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

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

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

Violation Report: 30787 - 03/13/2013 - Rosenblat, Dale
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Clorox Bleach, with a manufacture's label indicating "If ingested, call Poison Control Center Immediately", was unlocked and accessible to residents. Residents of the home have not been assessed capable of recognizing and using poisons safely.

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.

To prevent future occurrence of this nature, we will instruct residents on poisonous materials for their own safety. We will also have a double check to ensure door is locked at all times.

This will be under Policy 18. Addendum G - Instruction on Poisons Materials to Residents. Effective 3/24/13.

The identified materials were moved to a locked area that is inaccessible to residents. *JE*

Staff will be instructed to check all areas of the home for poisonous materials at least once per shift. Any poisonous materials not in use will be made locked and inaccessible to residents immediately. *JE*

All current residents and new admissions will be assessed regarding their capability of recognizing and using poisons safely. This documentation will be recorded in the resident's assessment. *JE*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John McDowell - Administrator* Date *3-24-13*

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 (Date)

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

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

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

Violation Report: 30787 - 03/13/2013 - Rosenblat, Dale
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the fire drills conducted on 1/29/13 and 2/24/13 does not include the actual number of residents evacuated and the number of staff participating in the drills. The fire drill record for the drills conducted on 1/29/13 and 2/24/13 indicate that 3 residents evacuated; however, 16 residents evacuated during both drills.

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 1/29/13 and 2/24/13 the fire drill records were incorrectly filled out with 3 residents evacuated. I contacted and requested the fire drill records be corrected.~~

accidentally transposed numbers on the sheet; in order to avoid this issue we will re-instruct the leads on the procedure to fill out the fire drill sheets. The administrator instructed the leads and rectified by 3-24-13.

The fire drill log will be completed in its entirety. *JE*

The administrator or the assistant administrator will be responsible to review the fire drill log after each drill to ensure the log is completed correctly. If changes are made during the review process, the administrator or assistant administrator will initial and date the change. *JE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joan McInnell Administrator</i>	Date <i>3-24-13</i>
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Violation Report: 30787 - 03/13/2013 - Rosenblat, Dale
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

During the fire drill of 7/24/12, 14 of the 16 residents in the home evacuated to a public thoroughfare; 2 residents did not evacuate to a public thoroughfare.

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 the issue of Hospice - fire drill, the family had requested not to evacuate her during drills. Her room is right by the exit. I was remiss in not knowing to get a letter from the family doctor requesting she not be evacuated. Enclosed you will find copies of both. If I have any other residents that become hospice patients we will implement the same procedure. ~~Our pink code book doesn't state the instructions nor does the RCG so we re-instructed the staff on this situation.~~ The other resident passed away. This has been corrected and rectified 3/24/13.

5/1/13 - The home will conduct a fire drill. During the drill all residents will evacuate the entire building to a public thoroughfare. If the home is serving a resident that is receiving hospice services and the resident is not evacuated due to the resident actively dying, the home will implement all provisions of the hospice statement of policy procedures. JE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOAN MCDOWELL Administrator</i>	Date <i>3-24-13</i>
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