

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNITED CHURCH OF CHRIST HOMES INC

LEGAL ENTITY

To operate THORNWALD HOME

NAME OF FACILITY OR AGENCY

Located at 442 WALNUT BOTTOM ROAD, CARLISLE, PA 17013

(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 36  
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 May 25, 2013 until May 25, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 343420

*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

**MAY 28 2013**

Ms. Gail K. Potter, Executive Director  
United Church of Christ Homes, Inc.  
30 North 31<sup>st</sup> Street  
Camp Hill, Pennsylvania 17011

RE: Thornwald Home  
442 Walnut Bottom Road  
Carlisle, Pennsylvania 17013

Dear Ms. Potter:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 1, 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 34342 - 04/01/2013 - Hoover, Douglas  
 PCH Name: THORNWALD HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, hired on 6/28/12, and staff person B, hired on 1/21/13 did not receive training on the reporting of reportable incidents and conditions.

**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.*

see attached ~~(10 pages total)~~  
 Page 2A of 3 - 2E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Ryanne Houser

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

Ryanne Houser, PCHA

Date 4-15-2013

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

The above plan of correction is approved as of 4-25-13  
 (Date)

Plan of correction implementation status as of 4-25-13  
 (Date)

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

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

Thornwald Home #343420

**Plan of Correction**

**Regulation 2600.65(b)(4)**-Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have orientation that includes the follow:

(4) Reporting of reportable incidents and conditions

All personnel in the building need to be aware of what is classified as a "reportable event" to ensure compliance with the United Church of Christ Home Resident Care Policies- that all reportable incidents and conditions will be promptly documented, investigated, evaluated, and reported in compliance with regulation 16b.

During first day orientation, all employees are provided a list of all training that will be reviewed. The appropriate supervisor then signs the document to ensure verification that the education was provided. Although reportable incidents are reviewed, our current verification does not reflect that this topic is covered.

As a result of not having verification of reportable incidents and conditions, new information has been added to the form UCC#1199-TH (Orientation Checklist for New Employees). A copy of this form is attached to this document.

To ensure immediate compliance, staff person A and staff person B, along with all direct care staff and ancillary staff will be provided with orientation of reportable events and conditions by April 30, 2013. A copy of this verification will be sent to the Department upon completion. To ensure future compliance, PCHA or designee will be attending all new hire orientation to deliver the initial training and orientation training as required. After the training is complete, this information will be transferred over to the employee training log. A copy of the training log is also being attached.

I am confident that there will never be a future repeated violation now that this plan is in effect. All new employees will receive the direct orientation from the PCHA (or designee) and the Environmental Service Director on their first day of employment. This orientation will be verified on the New Orientation Checklist (UCC#1199) and the Training Log (UCC# 2214 & 2215)

RE

Ryanne Houser 4-15-13  
Ryanne Houser, PCHA

Violation Report: 34342 - 04/01/2013 - Hoover, Douglas  
 PCH Name: THORNWALD HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

All staff receive annual fire safety training from staff member C who is not a fire safety expert and has not been trained by a fire safety expert.

**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.*

see attached ~~(3 pages total)~~  
 Page 3A of 3. - &c

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Ryanne Hauser

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Ryanne Hauser, PCHA</u>	Date <u>4-15-13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4-25-13  
 (Date)

The above plan of correction was approved by &c  
 (Initials)

Plan of correction implementation status as of 4-25-13  
 (Date)

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

Thornwald Home #343420

**Regulation 2600.65(g)(1)** Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert.

All personnel in the building need to be aware of the home's emergency procedures and fire safety practices to ensure the safety of all residents. All personnel need to be trained annually by an appropriate, knowledgeable trainer to ensure that proper information is delivered to all staff.

During the annual fire safety training, Environmental Director, [REDACTED] provided the training to staff. Although [REDACTED] has been trained by a fire safety expert, Thornwald Home was not able to provide verification of his training with the fire safety expert.

Upon notice of this deficiency on 4/1/2013, fire safety training was immediately scheduled with [REDACTED] Fire Protection & Safety Equip. Co, Inc. [REDACTED] completed his fire safety training with the fire safety expert on Friday, April 12, 2013. Verification letter of this training is attached to this document.

On Monday, April 8<sup>th</sup> and 15<sup>th</sup>, all staff was trained annually in fire safety practices by [REDACTED]. There were 14 individuals that were trained on April 8, 2013 that are required to be re-trained by [REDACTED] by April 30, 2013. A copy of this verification will be sent to the Department upon completion.

After each individual has met the requirements of being trained by a staff person trained by a fire safety expert, PCHA will document this training on the individuals' training log. This two step process will assure that all staff is being trained appropriately. Now that [REDACTED] has been trained, it will ensure compliance with this regulation for the duration of his employment at Thornwald Home. In the event that [REDACTED] is no longer able to provide fire safety training to Thornwald staff, it will be the PCHA's responsibility to see that a new staff person be trained by a fire safety expert.

JE

Ryanne Houser  
Ryanne Houser, PCHA  
4-15-13