



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUG 9 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 July 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: THE ADAMS HOUSE		License Number: 41371
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		County: Washington
Administrator: Julian Davenport		Region: WEST
Legal Entity Name: KAREN ADAMS		
Legal Entity Address: 104 PARK ROAD, CHARLEROI, PA 15022		
Certificate(s) of Occupancy C-2 LP 01/02/1998 Labor & Industry		<p><b>RECEIVED</b></p> <p>AUG 01 2013</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p> <p align="right">JE 19</p>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/02/2013: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 21 Number of Residents Served: 17 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: 1	Number of Residents who: Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 5 Have Mental Illness: 17 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

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Violation Report: 41371 - 07/02/2013 - Whitney, Diane  
PCH Name: THE ADAMS HOUSE

AUG 01 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.42(s) - A resident has the right to privacy of self and possessions. ~~Human Services provided to the resident during bathing, dressing, changing and medical procedures.~~

2a. DESCRIPTION OF VIOLATION

The 1st floor shower room and the 2nd floor powder room do not have latches or locks to ensure privacy.

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 door knobs have been bought and installed on all bathrooms & powder rooms we also bought several extra to ensure that we are in constant compliance if any should break.
- A new bullet point has been added to our maintenance mans check list to ensure door knobs will lock and are in proper working order
- See Att pictures.

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

July 31 2012

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

The above plan of correction is approved as of

8/2/13  
(Date)

Plan of correction implementation status as of

8/2/13  
(Date)

The above plan of correction was approved by

*J*  
(Initials)

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

AUG 01 2013

Violation Report: 41371 - 07/02/2013 - Whitney, Diane  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
On 7-2-2013, the side double hung window and the front sliding window did not have screens.

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.

- We ordered and installed new screens for the windows that open & the ones that are missing them.  
- A new bullet point has been added to the maintenance man's check list to ensure all windows that open have screens and are in good repair - checked monthly  
- See AH pictures.

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 *July 31, 2012*

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

The above plan of correction is approved as of 8/7/13  
(Date)

Plan of correction implementation status as of 8/7/13  
(Date)

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

- Fully implemented *d*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 41371 - 07/02/2013 - Whitney, Diane  
PCH Name: THE ADAMS HOUSE

AUG 01 2013

1. REGULATION 55 Pa.Code §2600

2600.102(c) - There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7-2-2013, the home served 17 residents. On that date, the home had 1 shower available for use.

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 floor in the shower room has been fixed and the new Restroom shower installed. The Restroom has been ready to use since 7-5-13.

- The Care home will be installing a 3<sup>RD</sup> Shower in the Near future to ensure that if one bath room is in need of repair there will be 2 available for all residents to use.

- See Attach pictures.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/7/13  
(Date)

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

Plan of correction implementation status as of 8/7/13  
(Date)

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

AUG 01 2013

Violation Report: 41371 - 07/02/2013 - Whitney, Diane  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 12-3-2012. The medical evaluation for the resident was completed on 9-5-2012.

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.

The med eval that was in the resident #1's file is from that individual's old care home. The initial med eval upon coming to the Adams House was placed in the file's we keep for 7 years upstairs and a copy was not made for the downstairs file that was given to the inspector. - please see the correct med eval

- Attached - Med eval

Violation  
Withdrawn  
8/1/13

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 July 31-13

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

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

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of (Date)

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