



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2014

Ms. Celeste Dashiell, Administrator
TEC Corp
P.O. Box 447
Point Pleasant, Pennsylvania 18950

RE: Family and Friends (Stone Ridge Building)
112 Cafferty Road
Pipersville, Pennsylvania 18947
License # 136330

Dear Ms. Dashiell:

As a result of the Department of Public Welfare's licensing inspection on September 19, 2013 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care homes) must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller".

Chevon Miller
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: FAMILY AND FRIENDS STONE RIDGE BUILDING		License Number: 13633
Address: 112 CAFFERTY ROAD, PIPERSVILLE, PA 18947		County: Bucks
Administrator: Celeste Dashiell		Region: SOUTHEAST
Legal Entity Name: TEC CORP		
Legal Entity Address: PO BOX 447, POINT PLEASANT, PA 18950		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
09/19/2013: Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
09/23/2013: Kazimer, Lauren		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 23 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: 11 Are 60 Years of Age or Older: 15 Have Mental Illness: 0 Have an Intellectual Disability: 21 Have a Mobility Need: 0 Have a Physical Disability: 8	

Violation Report: 13633 - 09/19/2013 - Kazimer, Lauren
 PCH Name: FAMILY AND FRIENDS STONE RIDGE BUILDING

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/23/13 at approximately 10:30pm, the administrator received a verbal incident report from staff member A involving staff member B. The reporting staff member A provided a witness statement on 8/25/13, and the administrator believed there may have been a violation of resident rights. According to the DPW incident report, staff member B was suspended on 8/25/13 pending the outcome of a certified investigation. The home did not submit an incident report until 8/26/13.

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.

Please see attached POC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Celeste DASHIEN ADM/PRES

Date *10-14-13*

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

The above plan of correction is approved as of

10/29/13
 (Date)

Plan of correction implementation status as of

10/29/13
 (Date)

The above plan of correction was approved by

CDM
 (Initials)

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

The following actions will be made to correct the violation and assure continued compliance ongoing

Plan of Correction

All staff will be retrained in incident reporting guidelines 2600.16 inclusive of abuse reporting as indicated in 2600.15 no later than 11/1/13. Training will be provided by Administrator or Program Coordinator. (see enclosed training packet) Staff will be trained either at the mandatory meeting or in a one on one setting. Incident reporting training will be held twice a year ongoing this will be reflected on ongoing training year plans.

Quick guide reporting sheet (see enclosed) has been posted in staff bulletin board in staff room. Review of its location documented in shift report 10/16/13 (see enclosed copy of shift page and memo), discussed at next mandatory meeting scheduled 11/19/13 and will be included with orientation ongoing.

Administration and Administrative delegate will have incident reporting regulations, OAPSA reporting requirements and Family & Friends internal policy & procedure and associated phone numbers available onsite and offsite. (See enclosed incident reporting package) The incident management package will be located at the Administrator and Administrative designee's home, administrative office and staff office.
Completed 10/16/13

Signature of Legal entity Representative: _____



Printed name and Title of Legal Entity Representative: _____

Celeste DaShiell/ Administrator/ Pres.

Date: _____

10-14-13