



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

Ms. Aundrea Leonard, Owner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

As a result of the Department of Public Welfare's licensing inspection on September 26, 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.

Your regular license for the period November 24, 2013 to November 24, 2014 was issued on September 16, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matt Jones".

Matthew Jones ^{JH}
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: LIZA S HOUSE		License Number: 214770
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038		County: Northampton
Administrator: Lee Moyer		Region: NORTHEAST
Legal Entity Name: ELITE CARE GROUP LLP		
Legal Entity Address: 125 TREYMORE COURT, PENNINGTON, NJ 8534		
Certificate(s) of Occupancy		
C2LP C3SP 10/19/1995 L&I	C2LP 03/24/1999 L&I	C3SP 05/13/1992 L&I
Staffing Hours		
Resident Support: NA	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/26/2013: Patton, Leslie; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20	Number of Residents who:	
Number of Residents Served: 17	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 17	
Area:	Have Mental Illness: 6	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 2		

Violation Report: 21477 - 09/26/2013 - Patton, Leslie
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION

The following resident records were reviewed and the home's contract did not contain any statement regarding the home's complaint procedure.

- Resident # 1
- Resident #2
- Resident #3
- Resident #4
- Resident #5

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.

An addendum to our contract was created regarding our complaint procedures. This addendum was reviewed with and signed by residents and/or responsible parties. (see attached, signed addendums for residents #1, #2, #3, #4, and #5)

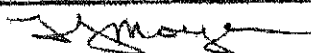
All current resident files were reviewed for compliance with 2600.25(c)(13).

All future resident contracts will include written information on complaint procedures.

The Administrator/designee is responsible to ensure future compliance with 2600.25(c)(13).


Resident contracts will be reviewed by the Quality Management Committee.

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) <u>L.J. Moyer, Interim Administrator</u>	Date <u>10/8/13</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/15/13</u> (Date)	Plan of correction implementation status as of <u>10/15/13</u> (Date)
The above plan of correction was approved by <u></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

Violation Report: 21477 - 09/26/2013 - Patton, Leslie
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #6 expired on 04-01-13. The home did not have a written itemized account of the resident's funds still owed to the home or funds owed to the resident by the home.

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.

Resident #6's account was reviewed. This review showed no funds due to the home and no funds due to the resident. (see attached final invoice) The final invoice was placed in resident #6's file.
 A copy of the final invoice for all future discharged residents will be placed in the resident's individual files.

- The Administrator/designee will be responsible to ensure future compliance with 2600.28(f)(2).
 Discharge files will be reviewed by the Quality Management Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) L.J. Moyer, Interim Administrator


Date 10/8/13

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 (Date)

Plan of correction implementation status as of 10/15/13
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 21477 - 09/26/2013 - Patron, Leslie
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

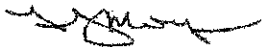
2a. DESCRIPTION OF VIOLATION
 The Pennsylvania state criminal background check for staff person A (hired 1/7/13) was completed on 2/13/13. The criminal background check was completed more than 30 days after the staff person's first day of work which, according to the home's timecards, was determined to be 1/7/13. The staff person continued to work beyond the 30-day provisional hiring period.

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.

A review of employee records showed that all employees hired after 2/13/13 had PA criminal background checks completed prior to their orientation.
 Liza's House will continue the practice of completing the PA Criminal Background Check prior to the first day of work for all future employees.

- The Administrator/designee will be responsible to ensure future compliance with 2600.51. PA Criminal Background Checks will be reviewed by the Quality Management Committee.

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) L.S. Moyer, Interim Administrator Date 10/8/13

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Violation Report: 21477 - 09/26/2013 - Patton, Leslie
 PCH Name: LIZA S HOUSE

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

The home held a fire drill on 06/06/13 at 11:30 PM and residents were evacuated from the home in 4 minutes and 45 seconds. This evacuation time exceeded the home's fire safety expert letter granting and evacuation time of 4 minutes and 30 seconds.

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 the sleeping hours fire drill that was held on 6/6/13, a resident fell, was injured, and required an emergency room visit. This caused the staff to exceed the allowable evacuation time by 15 seconds.
- A sleeping hours drill was repeated the next month, as documented on the fire drill log, and was completed in 3 minutes 50 seconds, well within the allowable time frame.
- If a future drill is not executed within the allowable time frame, a subsequent drill will be held within the same month. Any steps taken to correct a problem occurring during a drill will also be documented on the fire drill log.
- The Administrator/designee will be responsible to ensure future compliance with 2600.132(d). Fire drill records will be reviewed by the Quality Management Committee.

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) L.J. Moyer, Interim Administrator Date: 10/8/13

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Violation Report: 21477 - 09/26/2013 - Patton, Leslie
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident #1's initial support plan dated 05/31/13 was not signed by the resident or their designee. No notation was made regarding the resident's inability or refusal to sign the support plan.

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.

This was corrected on the day of inspection.
 9/26/13 - Resident #1 signed her Support Plan. (see attached signature page of support plan)
 Other resident records were reviewed and found to be compliant with 2600.227(h).
 Staff persons who are responsible for completing support plans were re-educated on resident/family participation with support plans and obtaining their signature or noting their inability or refusal to sign.
 The Administrator/designee will be responsible to ensure future compliance with 2600.227(h).
 Resident support plans will be reviewed by the Quality Management Committee.

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