



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 3 1 2013

Mr. William Todd Hoover, President
Wilbri Inc.
206 Lane Avenue
Punxsutawney, Pennsylvania 15767

RE: Lane Avenue Personal Care Home
License #: 424090

Dear Mr. Hoover:

As a result of the Department of Public Welfare's licensing inspection on October 23, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period December 21, 2013 to December 21, 2014 was issued on August 28, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
Licensing Inspection Summary

NOV 27 2013

Violation Report: 42409 - 10/23/2013 - Orme, Melinda
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not had a fire safety inspection and supervised drill since 8/7/12.

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.

ATTACHED IS A COPY OF THE DOCUMENTATION OF OUR FIRE SAFETY INSPECTION AND FIRE DRILL CONDUCTED BY A FIRE SAFETY EXPERT ([REDACTED] FIRE CHIEF)

THE ADMINISTRATOR AND OWNER WILL MONITOR MORE CLOSELY THE DATES OF THESE ANNUAL FIRE SAFETY INSPECTIONS AND ASSURE THAT IN THE FUTURE THESE INSPECTIONS ARE TIMELY.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Ciocarello

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

JAMES T. CIOCARELLO, ADMINISTRATOR

Date 11-25-2013

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

The above plan of correction is approved as of

10/2/13
(Date)

Plan of correction implementation status as of

11/2/13
(Date)

The above plan of correction was approved by

JT
(Initials)

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