



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 28 2014

Ms. Wendy Jo Peace, Owner/Administrator
429 Union Street, P.O. Box 536
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home
License #: 406550

Dear Ms. Peace:

As a result of the Department of Public Welfare's licensing inspection on October 28, 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 must be maintained.

Your regular license for the period December 14, 2013 to December 14, 2014 was issued on August 22, 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
License Inspection Summary

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

PCH Name: PEACE S PERSONAL CARE HOME		License Number: 40655
Address: 428 UNION STREET P O BOX 536, BIG RUN, PA 15715		County: Jefferson
Administrator: Wendy Peace		Region: WEST
Legal Entity Name: WENDY JO PEACE		RECEIVED
Legal Entity Address: P.O. BOX 536, BIG RUN, PA 15715		
Certificate(s) of Occupancy I-1 01/11/2012 Bureau Veritas North Am	WEST REGION FIELD OFFICE Human Services Licensing Wendy Peace	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/28/2013: Bacher, Mike		
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: 16	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 12	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 3	
Area:	Have Mental Illness: 12	
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: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 40655 - 10/28/2013 - Bacher, Mike
PCH Name: PEACE'S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The bathroom on the second floor near room #8 does not have an operable window or ventilation fan.

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 electric exhaust fan was installed on 10-30-13.

WJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy J Peace

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

Wendy J Peace

Date

12-9-13

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

The above plan of correction is approved as of

12/9/13
(Date)

Plan of correction implementation status as of

12/9/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 40655 - 10/28/2013 - Bacher, Mike
PCH Name: PEACE'S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There is an inoperable light at the second floor emergency exit which leads to the rear deck.

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 new operable light was replaced at time of inspection. Staff will be informed that when a light burns out to replace immediately also residents need of replacement ^{light} ~~to~~ ^{let} ~~staff~~ ^{know} ~~immediately~~

By 1/15/14 - Interior and exterior walkways, ramps, porches and emergency exits will be monitored by the administrator or designee at least weekly to ensure lighting is operable.

Wendy J Peace

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Wendy J Peace

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

Wendy J Peace

Date

12-9-13

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

The above plan of correction is approved as of

12/9/13
(Date)

Plan of correction implementation status as of

12/9/13
(Date)

The above plan of correction was approved by

Wendy J Peace
(Initials)

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

Violation Report: 40655 - 10/28/2013 - Bacher, Mike
PCH Name: PEACE'S PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

DEC 10 2013

2a. DESCRIPTION OF VIOLATION

There is a loose grab bar in the bathtub of the 2nd floor bathroom near room #3.

WEST REGION FIELD OFFICE
Human Services Licensing

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 new grab bar was installed on 10-29-13
the old ~~one~~ one was thrown away. They will
be checked regularly ^{at least monthly on 12/19/13} and replaced as needed.

By 11/15/14 - Direct care staff will be educated ^{WJP}
to monitor grab bars for safety as part of
their daily duties and to report equipment
that is not secure or in need of repair.

P. 12/15/13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/01/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy J. Peace

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

Wendy J. Peace

Date

12-9-13

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

The above plan of correction is approved as of

12/9/13
(Date)

Plan of correction implementation status as of

12/9/13
(Date)

The above plan of correction was approved by

WJP
(Initials)

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

DEC 9 2013

Violation Report: 40656 - 10/28/2013 - Bacher, Mike
PCH Name: PEACE'S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency diagram on the second floor hallway does not include lines of travel to the exit doors.

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.

Lines of travel on emergency diagram on the second floor hallway were added on day of inspection.

WP

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/01/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy J. Peace Date 12-9-13

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

The above plan of correction is approved as of 12/9/13 (Date)

Plan of correction implementation status as of 12/9/13 (Date)

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

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40655 - 10/28/2013 - Bacher, Mike PCH Name: PEACE'S PERSONAL CARE HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.			
2a. DESCRIPTION OF VIOLATION The assessment, dated 9/25/13, for resident #1 does not include the diagnosis of bipolar disorder as indicated on the resident's medical evaluation, dated 9/19/13.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Indicate on this page how you intend to correct the violation. 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.			
<p style="font-size: 1.2em;">Administrator will be sure when doing assessments and Support Plans that all diagnosis from DME are included on RASP.</p> <p style="text-align: right; font-size: 1.5em;">WDP</p> <p>12/9/13 - The assessment for resident #1 was updated with required diagnoses.</p> <p>By 1/31/13 - The administrator will review the assessments of all current residents to ensure each is accurate and complete.</p>			
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
Wendy Jo Peace			12-9-13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/9/13</u> (Date)		Plan of correction implementation status as of <u>12/9/13</u> (Date)	
The above plan of correction was approved by <u>WDP</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	

12/19/13

Violation Report: 40655 - 10/28/2013 - Bacher, Mike
PCH Name: PEACE'S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a diagnosis of bipolar disorder as indicated on the medical evaluation, dated 9/19/13. However, the resident's support plan, dated 9/30/13, does not include the services the home will provide due to this diagnosis.

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.

When doing Support Plan and Assessments Administrator will be sure to include all diagnosis and services home will provide due to the diagnosis.

WP

12/9/13

The support plan for resident #1 was updated to include diagnosis and how home will meet resident's need related to this diagnosis.

By 1/31/13 - The administrator will review support plans for all current residents to ensure they are accurate and complete for all residents' needs and services.

12/19/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/01/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy J. Peace* Date 12-9-13

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

The above plan of correction is approved as of 12/19/13 (Date)

Plan of correction implementation status as of _____ (Date)

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

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