



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

DEC 30 2013

Ms. Georgetta Stotka, Co-Owner/Administrator
Advanced Personal Care Home, Inc.
PO Box 5, 245 Center Street
Clarksville, Pennsylvania 15322

**RE: Advanced Personal Care Home
Certificate/License #440480**

Dear Ms. Stotka:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 13, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ADVANCED PERSONAL CARE HOME		RECEIVED DEC 27 2013	License Number: 44048
Address: 245 CENTER STREET PO BOX 5, CLARKSVILLE, PA 15322			County: Greene
Administrator: GEORGETTA STOTKA			Region: WEST
Legal Entity Name: ADVANCED PERSONAL CARE HOME INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322			
Certificate(s) of Occupancy			
C-2 LP 11/16/1992 Labor & Industry			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Incident			
On-Site Inspections Dates and Department Representatives On-Site			
11/13/2013: Flinner-Alman, Lisa			
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: 39 Number of Residents Served: 36 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: 1 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 18 Have Mental Illness: 31 Have an Intellectual Disability: 5 Have a Mobility Need: 1 Have a Physical Disability: 2	

Violation Report: 44048 - 11/13/2013 - Flinner-Alman, Lisa
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person A, hired 8/29/10, had a criminal background check requested on 9/21/10 with results indicating "Request under review for control". The home has never received the results and staff person A has worked unsupervised in 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.

Staff person A was hired under McDaniels PCH. When all of the employee paper work was sent into Harrisburg in order for Advanced Personal Care Home to be licensed she was included. At that time no one informed me that a new background check was needed. Being that she was approved for our initial licensing we were unaware that a new check was needed. Staff person A has never worked unsupervised in the home due to the fact there are at least two employees on shift at all times.

Now and in the future if any criminal background check has a result of request under review for control no employee shall work in the Personal Care Home unsupervised until the results are received.

A new criminal background check was done on staff person A immediately. Results are attached.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta M Stotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta M Stotka* Date *12-26-13*

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

The above plan of correction is approved as of 12/30/13 (Date)

Plan of correction implementation status as of 12/30/13 (Date)

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

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44048 - 11/13/2013 - Flinner-Alman, Lisa
 PCH Name: ADVANCED PERSONAL CARE HOME

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WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 10/10/13, indicates Resident #1 cannot safely use or avoid poisonous materials. However the assessment, dated 11/12/12, indicates the resident can safely use and avoid them.

The medical evaluation, dated 10/10/13, indicates Resident #1 is totally immobile. The assessment, dated 11/12/12, indicates the resident is moderately immobile.

The medical evaluation, dated 10/10/13, indicates Resident #1 has a diagnosis of thyroid, anxiety and depression, which are not indicated on the assessment, dated 11/12/13.

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.

A complete review of every RASP and medical evaluation will be done by the Administrator to assure all significant changes are updated in every resident chart.

This will be completed no later than February 15, 2014. Now and in the future any and all changes will be updated immediately.

Resident #1 no longer in the home. The resident ceased to breathe on 11/13.

12/30/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/08/2013	
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Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta M. Stotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta M. Stotka* Date *12-26-13*

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The above plan of correction is approved as of <u>12/30/13</u> (Date)	Plan of correction implementation status as of <u>12/30/13</u> (Date)
The above plan of correction was approved by <u><i>GS</i></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