



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 19 2014

Mr. Robert Getz, President
Getz Personal Care Home Inc.
1026 Scenic Drive
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home
License #: 240500

Dear Mr. Getz:

As a result of the Department of Public Welfare's licensing inspection on December 16, 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 March 14, 2014 to March 14, 2015 was issued on December 2, 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: GETZ PERSONAL CARE HOME		License Number: 24050
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTHEAST
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
C-2 LP 09/20/1996 Department of L&I	C-2 LP 08/10/1993 Department of L&I	C-2 LP 01/03/1992 Department of L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/16/2013: Hummel, Jesse; 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: 60 Number of Residents Served: 54 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: 4	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 24050 - 12/16/2013 - Hummel, Jesse
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2500
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 12/16/2013 the facility had 54 residents residing in the facility. The facility is required to have a minimum of 162 gallons of emergency water on hand. On 12/16/13, the facility did not have any emergency drinking water on hand at the facility. The facility has a contract dated 6/14/2007 with a local company to deliver water to the facility, however the letter does not indicate that the water would be delivered as a priority even in the event of a regional general emergency.

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.

On 1-16-14, BA Hawk ~~Trucking~~ Trucking issued an updated contract stating that delivery of water to Getz Personal Care Home would be a priority even in the event of a regional general emergency. The administrator will be responsible for maintaining contact with BA Hawk Trucking annually to ensure the contract reads correctly + is still being enforced by both parties.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz	Date 1-16-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/30/14
 (Date)

Plan of correction implementation status as of 1/30/14
 (Date)

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

The above plan of correction was approved by *RG*
 (Initials)