

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HUMAN SERVICES CENTER  
LEGAL ENTITY

To operate CARITAS  
NAME OF FACILITY OR AGENCY

Located at 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 11  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 3, 2014 until June 3, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441330

Robert E. Robinson  
ISSUING OFFICER

*Matthew J. [Signature]*  
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 09 2014

Mr. Dennis W. Nebel, Psy.D. Executive Director  
Human Service Center  
130 West North Street  
New Castle, Pennsylvania 16101

RE: Caritas  
2882 Old Princeton Road  
New Castle, Pennsylvania 16101  
License #: 441330

Dear Mr. Nebel:

As a result of the Department of Public Welfare's licensing inspection on February 4, 2014, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: CARITAS		License Number: 44133
Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Lucille Murphy		Region: WEST
Legal Entity Name: HUMAN SERVICES CENTER		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		<b>RECEIVED</b>
Certificate(s) of Occupancy R-4 07/09/2010 Code.sys Code consulting		MAR 21 2014 <b>WEST REGION FIELD OFFICE Human Services Licensing</b>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/04/2014: Phillips, Joseph		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 11 Number of Residents Served: 11 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 4 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44133 - 02/04/2014 - Phillips, Joseph  
PCH Name: CARITAS

MAR 21 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a hole measuring 1' x 2" x 1/2" deep located in bedroom #1 on the right side of the bedroom.

There is a hole measuring 2' x 2" x 1/4" to 1/2" deep located in bedroom #1 on the left side of the bedroom.

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.

Feb 11, 2014 the holes on both sides of bedroom #1 have been repaired, the administrator had the maintenance department put wooden chair rails on holes on both sides of bedroom #1, so the violation does not occur again.

The administrator has met with the maintenance staff to ensure the residence is in good repair and free of hazards as described in Regulation 55 Pa Code § 2600

I. the maintenance staff will check the resident every month for needed repairs.

II. If called by the administrator or residential staff to make repairs the maintenance staff will show up and assist in a timely manner

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jucille Murphy*

Printed Name and Title of Legal Entity Representative Jucille Murphy Date 3/19/14

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

The above plan of correction is approved as of <u>4-7-14</u> (Date)	Plan of correction implementation status as of <u>4-7-14</u> (Date)
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>4-7-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>S</u> (Initials)	

5-10-15. All STATE persons will be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous. Documentation of education will be kept. 4-7-14

Violation Report: 44133 - 02/04/2014 - Phillips, Joseph  
PCH Name: CARITAS

MAR 21 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 5/15/13, was not signed by the physician completing the evaluation.

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 February 5 the administrator met Dr. [redacted] and ask him to sign the medical evaluation of Resident #1.

Since May 31, 2013 the Resident has acquired a new physician (Dr. [redacted]) who has done well completing and signing our other Residents medical evaluations.

On March 19, 2014 the administrator conducted a Residential staff meeting at Caritas detailing the violations of our recent licensure inspection on February 4, 2014.

The following steps will be made to ensure the violation does not occur:

I The staff and administrator will check to make sure all medical evaluations are signed by the physician completing the evaluation (as soon as possible.)

II If the medical evaluation is not signed and completed the staff will inform the administrator and she will contact the physician.

5-10-14 - The administrator or designated staff person will review all current medical evaluations for accuracy and completion including required signatures. 4-7-14

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

Signature of Legal Entity Representative *Lucille Murphy*  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Lucille Murphy*      Date *3/19/14*  
(Required on EVERY Page)

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

The above plan of correction is approved as of 4-7-14  
(Date)

Plan of correction implementation status as of 4-7-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-7-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

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