



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

Mr. Barry Ramper II, NHA, President/CEO
Home for the Friendless, Inc.
1901 North Fifth Street
Harrisburg, Pennsylvania 17102

RE: Homeland Center
License #: 342800

Dear Mr. Ramper:

As a result of the Department of Public Welfare's licensing inspection on July 9, 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.

Your regular license for the period September 11, 2014 to September 11, 2015 was issued on June 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

5/14

Enclosure
License Inspection Summary

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

PCH Name: HOMELAND CENTER		License Number: 342800
Address: 1901 NORTH FIFTH STREET, HARRISBURG, PA 17102		County: Dauphin
Administrator: Ginger Sergott		Region: CENTRAL
Legal Entity Name: HOME FOR THE FRIENDLESS INC		
Legal Entity Address: 1901 NORTH FIFTH STREET, HARRISBURG, PA 17102		
Certificate(s) of Occupancy		
I-2 12/08/2003 City of Harrisburg	I-1 12/08/2003 City of Harrisburg	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Ind - Partial/Center head	BHA Docket Number: NA	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 07/09/2014: Riel, Becky; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 21 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers: 224a		Random Indicators: 171b7; 90b; 101h; 130f; 101i
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 47 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: 2 Number of Hospice Residents in past year: 11	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34280 - 07/09/2014 - Riel, Becky
 PCH Name: HOMELAND CENTER

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident #1, admitted 1/27/2014, which includes the determination that the home can meet the resident's service needs, is dated 12/12/2013.

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.

Violation of 2600.224(a) Preadmission Screening

The PCHA is responsible for the completion of the screening.

The Unit Secretary is responsible for filing the screening.

The PCHA and Unit Secretary will review the screening date 7-10 days prior to a new admission to ensure the screening date meets the 30 day requirement. This comparison will ensure the screening is valid or reveal the need for an updated screening. If a new screening is needed, the PCHA shall be responsible for completing the screening in a timely manner prior to the new admission. This enhanced procedure was effective July 11, 2014 and will ensure continued compliance with regulation 2600.224(a).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ginger A. Sergott*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ginger A. Sergott, PCHA Director of Personal Care* Date *7/16/14*

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

The above plan of correction is approved as of <u>8.01.14</u> (Date)	Plan of correction implementation status as of <u>8.01.14</u> (Date)
The above plan of correction was approved by <u><i>JS</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