



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 18 2014

Mr. Larry Liang, Owner/CEO
Penstate Best Care, Inc.
347 73rd Street
Brooklyn, New York 11209

RE: Haskins House
1009 Rhoads Avenue
Secane, Pennsylvania 19018
License # 138550

Dear Mr. Liang:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 11, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,


Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: HASKINS HOUSE		License Number: 13855
Address: 1009 RHOADS AVENUE, SECANE, PA 19018		County: Delaware
Administrator: Sonja Maher		Region: SOUTHEAST
Legal Entity Name: PENSTATE BEST CARE INC		
Legal Entity Address: 347 73RD STREET, BROOKLYN, NY 11209		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/11/2014: Kazimer, Lauren; McHale, Christine		
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: 21 Number of Residents Served: 20 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: 0 Are 60 Years of Age or Older: 17 Have Mental Illness: 13 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 13855 - 08/11/2014 - Kazimer, Lauren

PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There were two bars of unlabelled soap in the shower of the second floor common bathroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

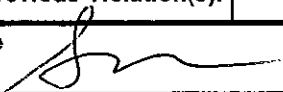
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Soap was removed immediately by administrator. Staff In-Serviced on personal items on 8/5/14. Administrator spoke with resident who the soap belonged to and made aware he needs to keep soap in his room. Purchased soap container for resident to keep soap in. Labeled container with his name on it. Administrator will monitor daily that personal items are not left in the bathroom and that individuals personal items are labeled and kept in their rooms.

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)

Sonis A Mohr Administrator

Date

9/2/14

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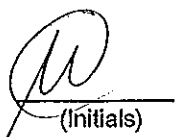
The above plan of correction is approved as of

9/11/14
(Date)

Plan of correction implementation status as of

9/11/14
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 13855 - 08/11/2014 - Kazimer, Lauren

PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The freezer in the basement, located near the boiler, contained a bag of french fries and two bags of frozen vegetables that were opened and unsealed.

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.

Food in freezer was immediately removed by administrator.

Staff in-serviced on proper food containment on 8/5/14.

Kitchen staff made aware on 8/15/14 of need to monitor daily that food is stored in sealed containers and labeled.

Kitchen staff will monitor daily that food is properly stored and labeled.

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)

Sonda Miller Administrator

Date

9/2/14

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The above plan of correction is approved as of

9/11/14
(Date)

Plan of correction implementation status as of

9/11/14
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 13855 - 08/11/2014 - Kazimer, Lauren
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

According to Administrator A and multiple resident interviews, there have been visiting dogs present in the home. The home does not have a record of current certificate of rabies vaccination for these pets.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

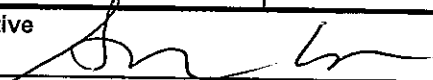
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The visiting dogs in the past no longer come to the facility.

The administrator will make sure to obtain current rabies vaccination for any dogs or cats who visit the facility.

The administrator will obtain current rabies vaccination of any dog or cat that comes into the facility and keep on file.


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) Sondra Miller, Administrator, LPA Date 9/2/14

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The above plan of correction is approved as of 9/1/14
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 9/1/14
(Date)

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