



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**FEB 02 2015**

Ms. Audrea Leonard, Owner  
Elite Care Group LLP  
125 Treymore Court  
Pennington, New Jersey 08534

RE: Liza's House  
1357 Blue Mountain Drive  
Danielsville, Pennsylvania 18038  
License #: 214770


Dear Ms. Leonard:

As a result of the Department of Human Services' licensing inspection on September 23, 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 November 24, 2014 to November 24, 2015 was issued on September 12, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director  
/SH

Enclosure  
License Inspection Summary

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

PCH Name: LIZA'S HOUSE		License Number: 21477
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038		County: Northampton
Administrator: ERLING SALVESEN		Region: NORTHEAST
Legal Entity Name: ELITE CARE GROUP LLP		
Legal Entity Address: 125 TREYMORE COURT, PENNINGTON, NJ 08534		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 10/19/1995 LABOR AND INDUSTRY	C-3 SP 10/19/1995 LABOR AND INDUSTRY	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
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>		
09/23/2014: Dumas, Gerald; Yellenic, Cindy		
<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: 20 Number of Residents Served: 14 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: 3	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 14 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 3 Have a Physical Disability: 1	

Violation Report: 21477 - 09/23/2014 - Dumas, Gerald  
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa. Code §2600.  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The boiler/pressure certificate from the Department of Labor and Industry expired on 9/10/2014. The certificate was issued on 9/10/12.

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.

Unlike the Pennsylvania Department of Public Welfare, the Department of Labor & Industry which oversees the inspection of our boiler is understaffed and underfunded. The Administrator of Liza's House Personal Care Home has been in contact with said office and has been assured that the Personal Care Home is on a list of facilities to be inspected. As of this time a definitive date for the state inspection is unknown, but the Personal Care Home's boiler is current in its service and operating well. The Administrator will contact DPW to follow up on this report at the time the inspection occurs. Immediately after the inspection, a reminder will be created for re-inspection that accounts for the time required

to prevent a repeat violation. *Adm Designee will document efforts done well in advance to attain compliance & demonstrate work*

*Inspected on 11-17-14*

*12/16/14*

*OK 12-5-14 via phone.*

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Erling R. Salvesen*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Erling R. Salvesen Administrator* Date: *11/1/14*

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The above plan of correction is approved as of 12-16-14  
 (Date)

Plan of correction implementation status as of 12-16-14  
 (Date)

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

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

Violation Report: 21477 - 09/23/2014 - Dumas, Gerald  
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's funds are managed by the home. The home has not given the resident, and the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

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.

Previously, Liza's House employed proprietary documentation to track the financial account of Resident # 1. On a quarterly basis, the POA of Resident #1 would sign the paperwork indicating their endorsement. Liza's House has since downloaded and employed document 001.776.pdf, the PA DPW created form, for a quarterly financial summary. This form has been integrated into the financial management of Resident #1. The Administrator of Liza's House created a quarterly reminder to prevent any repeated violations.

Repeat Violation No:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Aliq R. Sol*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Erling R. Salvesen Administrator* Date *11/1/14*

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

The above plan of correction is approved as of *12-29*  
 (Date)  
*12-16-14*

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

Plan of correction implementation status as of *12-22-14*  
 (Date)

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

Violation Report: 21477 - 09/23/2014 - Dumas, Gerald  
 PCH Name: LIZA'S HOUSE

1. REGULATION 68 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last overnight fire drill, during sleeping hours, was conducted late on 5/15/14. Based on the previous fire drill during sleeping hours on 10/31/13, an overnight drill was due by 4/30/14.

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.

From henceforth all future fire drills have been designed ahead of time. Times, shifts, who runs and locations of evacuation are scheduled over the course of the following year to prevent any future violations. It will be the responsibility of the Administrator to maintain this schedule.

*Known only to the person the drill is / or the Administrator*

The Adm or Designee will review the Monthly fire drill log following each drill in order to address any problems or take any remedial steps immediately.

*12/29/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erling R. Salvesen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erling R. Salvesen Administrator*      Date *11/1/14*

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The above plan of correction is approved as of <u>12/29/14</u> (Date)	Plan of correction implementation status as of <u>12/29/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 21A77 - 08/23/2014 - Dumas, Gerald  
 PCH Name: LIZA'S HOUSE

**1. REGULATION 55 Pa. Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

The medication trainer of the home, on the date of the inspection, is not employee of a personal care home or legal entity that uses this training. The following medication technicians were trained by the trainer - Staff persons A initial training 3/29/14, B, annual practicum 7/21/14, C, initial training 9/10/14, D, annual practicum 8/8/14, E, initial training 9/12/14, F, initial training 6/12/14 and G initial training 6/12/14.

**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 medication trainer, a former PCA and once per deim Licensed Practical Nurse kept on to inspect our med cart and train our employees in medication administration, is now a regular part-time employee of the personal care home. Immediately following the inspection, the medication trainer was brought into the facility for orientation and employee training. The trainer filled out requisite documentation and underwent an updated criminal background check. Once the medication trainer became an employee, all staff persons previously trained by her were reevaluated for medication administration and re-certified. From this time all owners and employees, no matter what their status, will be trained in accordance with the employment regulations. It will be the responsibility of the Administrator to prevent any future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Erling R. Salvesen*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Erling R. Salvesen Administrator* Date: *11/1/14*

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The above plan of correction is approved as of 12-4-14  
 (Date)

Plan of correction implementation status as of 12-4-14  
 (Date)

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

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

Violation Report: 21477 - 09/23/2014 - Dumas, Gerald  
 PCH Name: LIZA'S HOUSE

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  
 An annual Resident Assessment Support Plan ( RASP), for resident # 2 ( Date of admission 8/9/2011), was not completed by 9/6/14. The last RASP was completed on 8/6/13.

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.

Due to changes in the medical status of Resident #2 the DME and RASP no longer aligned within the regulated time allowed. While waiting for the finished DME to be returned in order to complete Resident #2's RASP, the regulated 365 day requirement for the RASP lapsed. This resulted in a violation. Since then the DME has been brought in line with the RASP. A reminder has been created to check every Resident's DME and bring them in line with the RASP if necessary. It will be the responsibility of the Administrator and the resident Nurse to prevent any future violations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erling B. Salvesen Administrator</i>	Date <i>11/1/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12-4-14</u> (Date)	Plan of correction implementation status as of <u>12-4-14</u> (Date)
The above plan of correction was approved by <u><i>ES</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