



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 1 1 2015

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

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

Dear Mr. Liang:

As a result of the Department of Human Services' licensing inspection on 02/23/2015 we conducted on-site inspections] 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roslyn Brewer', written over a large, stylized circular flourish.

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Mr Krieger

Violation Report: 13855 - 02/23/2015 - Braswell, Natasha
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12/15/2014, resident #1 required transportation by way of emergency services due to a medical concern, an incident report was not submitted to the department.

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.

Resident #1 is deceased and unable to do an incident report.
 Administrator will ensure that any incident require emergency services shall be reported to DPW within 24 hours in the manner designated by the department.
 Staff was in-serviced on reportable incidents on 1/25/15. Administrator will ensure that the policy is followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sonora Maken Administrator/CPA

Date

6/16/15

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

The above plan of correction is approved as of

6/23/15
 (Date)

Plan of correction implementation status as of

6/23/15
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 13855 - 02/23/2015 - Braswell, Natasha

PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.53(c) - The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.

2a. DESCRIPTION OF VIOLATION

The administrator shall appoint a designee to assist with any concerns that involve overseeing the safety and well being of the resident's.

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.

Administrator will be on call to assist with any concerns that involve overseeing the safety and well being of the residents.
If administrator is unable to be reached then the nurse on call for that week will be contacted next.
On call schedule will be posted at nurses station so staff is aware of who to call as the designated person to assist with any concerns that involve the safety and well being of the residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

SONJA Miller Administrator/CAW

Date 6/16/15

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The above plan of correction is approved as of

[Handwritten Signature]
Date 6/23/15

Plan of correction implementation status as of

[Handwritten Signature]
Date 6/23/15

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

The above plan of correction was approved by

[Handwritten Signature]
(Initials)

Violation Report: 13855 - 02/23/2015 - Braswell, Natasha
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 12/23/14, the support plan for resident # 1 does not reflect how the home will assist in meeting the resident needs.

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.

Resident #1 is deceased and unable to update support plan.
Administrator will ensure support plan reflects who is responsible for medical, dental, vision, hearing, mental health, or other behavioral care services or referrals for the resident to use outside services. Invo on 1/25/15.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Santa Miller Administrator* Date *6/11/15*

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

The above plan of correction is approved as of *6/23/15* (Date)

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

Plan of correction implementation status as of *6/23/15* (Date)

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