



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: AUG 1 ~ 2015

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 licensing inspection on March 3, 2015 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 circular stamp or mark.

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13855 - 03/03/2015 - Keelty, Jennifer
 -PCFH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

On 2/12/2015, Resident # 1 was involuntarily committed to a crisis intervention center. On 2/14/2015, the resident requested to return to the home and was told they could not return. The home did not issue a 30-day advance written notice, nor did they obtain a physician's certification that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home in writing. The official discharge date of the resident was 2/20/2015.

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.

I believe this violation is incorrect. On 2/12/15 psychiatrist was at facility and psychiatrist stated resident could not be here due to danger to self and others. Also resident went voluntarily not involuntarily as stated in report. Attached is a letter from Psychiatrist to support need for immediate discharge. Administrator and or owner will give residents 30 day advance written notice to discharge.

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 MAYER

Date

6/8/15

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

The above plan of correction is approved as of

6/11/15
 (Date)

Plan of correction implementation status as of

6/11/15
 (Date)

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

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)