



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 16 2015

Mr. Alex Mains, Administrator/Owner
Penn Assisted Care, LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License #: 139050

Dear Mr. Mains:

As a result of the Department of Human Services' licensing inspection on April 15, 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.

Your regular license for the period May 28, 2015 to May 28, 2016 was issued on January 30, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director _{LSH}

Enclosure
License Inspection Summary

Violation Report: 13905 - 04/15/2015 - McHale, Christine
PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION

The contract states "the residence reserves the right to not wash any items soiled by incontinence. The Guest authorizes the residence to immediately discard any clothing soiled by incontinence."

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.

Effective immediately, it will no longer be the policy of the facility to discard excessively soiled clothing. The administrator will notify and interview staff members periodically to insure compliance with the adjusted policy. In addition, the facility will implement an addendum to the contract and notify all current guests and designated persons of the change in policy.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Alex Mairs*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alex Mairs* Date *5/27/15*

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The above plan of correction is approved as of *6/8/15*
(Date)

Plan of correction implementation status as of *6/8/15*
(Date)

The above plan of correction was approved by *RB*
(Initials)

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

Violation Report: 13905 - 04/15/2015 - McHale, Christine
PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.227(f) - A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan dated 7/3/14 did not have an indication that the resident was given an opportunity to participate in the development of the support plan.

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.

Effective immediately the Administrator or their designated person will review Resident assessment support plans on a monthly basis to insure that all Residents have been given the opportunity to participate in the development of their support plan.

The administrator will review all Resident RASPs, with 30 days of receipt of this plan of correction, to ensure they have all received the opportunity to review the RASP.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alex Mains* Date *5/27/15*

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

The above plan of correction is approved as of <i>4/8/15</i> (Date)	Plan of correction implementation status as of <i>4/8/15</i> (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