



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 24, 2015

Ms. Julian Davenport, Administrator
Karen Adams
104 Park Road
Charleroi, Pennsylvania 15022

RE: The Adams House
314 Fallowfield Avenue
Charleroi, PA 15022
413710

Dear Ms. Davenport:

As a result of the Department of Human Services' licensing inspection on April 23, 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 that reads "Susie Pollock".

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 41371 - 04/23/2015 - Cutter, Jan
PCH Name: THE ADAMS HOUSE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

RECEIVED

NOV 19 2015

2a. DESCRIPTION OF VIOLATION
Resident #1's last medical evaluation was completed on 2/18/2014.

WEST REGION FIELD OFFICE
Human Services Licensing

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 have talked to our house Doctor and we have agreed to get the DME & MA-51's Done twice a year ~~of~~ or once every Six months. This is in addition to having the done when a new resident arrives.

This will add a secondary schedule to our Medical evaluations since will will schedule the next Gmo. appointment while ~~the~~ the Doctor is evaluating the residents for ~~the current~~ that days DME & Ma-51's.

Resident #1 had an in-person medical evaluation completed.

Within 15 days of receipt of the plan of correction: The administrator will review all resident records to ensure an in-person medical evaluation has been conducted by a physician, physician's assistant, or certified registered nurse practitioner within the last 12 months. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form. Any resident identified through this review as not having had an in-person medical evaluation completed within the past 12 months, a medical evaluation will be immediately scheduled. Documentation of the review shall be kept.

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a written policy and procedures to ensure all residents receive an in-person medical evaluation at least every 12 months and the results of the evaluation is documented on the Department-approved DME. All staff persons will be educated on this newly implemented policy and procedures.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Satian Dawenport*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Satian Dawenport* Date *11-19-15*

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

The above plan of correction is approved as of 11-24-15
(Date)

Plan of correction implementation status as of 11-24-15
(Date)

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

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