



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 2 1 2015

Ms. Joan McDowell, Owner/Administrator
St. Jude's Haven, Inc.
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Home
License #: 307870

Ms. McDowell:

As a result of the Department of Human Services' licensing inspection on May 13, 2015, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period June 20, 2015 to June 20, 2016 was issued on March 25, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

Violation Report: 30787 - 05/13/2015 - Rouse, McKinley
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The reach in freezer located in the home's kitchen did not have a thermometer at 2:00PM.

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.

This was an oversight as when we received our new freezer we were told the regulator on the outside of the fridge was a thermometer that is built into the door. Upon inspection it was not in compliance with DPW. To correct this issue we have since purchased a thermometer that sits inside of the freezer.

* Staff shall monitor the internal temperature of the freezer to ensure the temperature is at or below 0°F.
 BAS

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan McDowell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joan McDowell</i>	Date <i>7/9/15</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>7/15/15</u> (Date)	Plan of correction implementation status as of <u>7/15/15</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented