



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: July 14, 2015

Mr. Daniel J. Millett, Member
Millett Pines, LLC
101 Old Lackawanna Trail
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411
License #226121

Dear Mr. Millett:

As a result of the Department of Public Welfare's licensing inspection on June 24, 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 "Bob Bisignani".

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 22612 - 06/24/2015 - Bisignani, Bob
 PCH Name: The Pines at Clarks Summit

1. REGULATION 55 Pa.Code §2600
 2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION
 During the on-site inspection on 6/24/15, all the entrance/exit doors in the home's Evergreen unit were locked. This includes the entrance leading into the unit from the parking lot, the door leading into the unit from the interior of the home and the doors leading out to the courtyard off the unit. The doors are all equipped with mag-locks and required the use of a four digit code on a keypad not only to gain entry but also to exit from the unit. The home does not have the necessary written approval from the Dept. of Labor and Industry, the Dept. of Health or their local building authority to utilize the locking system to prevent immediate egress from the Evergreen unit and the home is not licensed to operate a Secure Dementia Care Unit.

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.

Regulation 2600.121(b) is important to the safety of the residents because doors equipped with any kind of locking device which prevents immediate egress will make a resident unable to escape during any type of emergency. Although, there was a manual code to release the locks displayed at each door and the magnetic locking device was properly wired to the fire alarm for automatic release of the locking mechanism in the event of fire or power failure, the home does not have the necessary written approval from the local building inspector and is not licensed by the Department to operate a secure locked dementia care unit. The violation was written because during the inspection, the doors in the Evergreen section of the building were locked.

The magnetic locks were disabled at the electrical panel during the inspector's visit and will remain off. The staff were informed that the locks are not active, and proper staffing is in place to ensure the residents safety and as the resident population increases, the amount of staff will increase. The executive director will set up a meeting with the local building inspector to review all options for obtaining approval for the use of the magnetic locks. Once the home has the proper approval letter for use of the locking device, the home will submit application with the Department for a license to operate a secure dementia care unit. The home will not use the magnetic locks on any door until it has the approval from the proper agencies.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/8/15</u> (Date)	Plan of correction implementation status as of <u>7/8/15</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (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