



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 16 2015

Ms. Elaine Swartz, Owner
Orrstown Personal Care Home
3329 Orrstown Road
Orrstown, Pennsylvania 17244

RE: Orrstown Personal Care Home
License #: 309380

Dear Ms. Swartz:

As a result of the Department of Human Services' licensing inspection on July 30, 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 September 18, 2015 to September 18, 2016 was issued on June 10, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 30938 - 07/02/2015 - McCloskey, Jason
 PCH Name: ORRSTOWN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening forms for Resident 1, admitted 3-27-15, and Resident 2, admitted 1-8-15, do not include a determination that the home can meet the service needs of the resident.

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.

The administrators both failed to check the determination box and feel as though it was in part due to the placement on the form and was ^{an oversight} an oversight on our part. Both the residents' pre-admission screens were residing at facility greater than 6 months so their needs were being met appropriately.

We added checking the determination box to our admission checklist as another means to remember this area of the form. This violation falls under Administration responsibility so no further staff training needs to be implemented. *Kris High*
 *see attachment (Admission checklist)

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristine High</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristine High LCN</i>	<i>8/10/15</i>

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

The above plan of correction is approved as of <u><i>8/10/15</i></u> (Date)	Plan of correction implementation status as of <u><i>8/10/15</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</i></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