



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 4, 2015**

Ms. Lori Fisher, Administrator  
Senior Choice, Inc.  
The Patriot A Choice Community  
495 Patriot Street  
Somerset, Pennsylvania 15501

RE: The Patriot A Choice Community  
#321360

Dear Ms. Fisher:

As a result of the Department of Human Services' licensing inspection on August 5, 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/Ce".

Susie Pollock  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE PATRIOT A CHOICE COMMUNITY		License Number: 32136
Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501		County: Somerset
Administrator: MS. LORI FISHER		Region: WEST
Legal Entity Name: SENIOR CHOICE INC		
Legal Entity Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501		
Certificate(s) of Occupancy C-1 09/11/1990 PA, Dept. of Health		SEP 6 2 2015
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 75	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/05/2015: Cutter, Jan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 76 Number of Residents Served: 51 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 9		<b>Number of Residents who:</b> Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 24 Have a Physical Disability: 0

SEP 09 2015

Violation Report: 32136 - 08/05/2015 - Cutter, Jan  
PCH Name: THE PATRIOT A CHOICE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION  
On 7/26/15, at approximately 6:15 a.m. an allegation of abuse was made against direct care staff person A regarding resident #1. The home immediately suspended direct care staff person A, however, staff person A returned to work unsupervised on 8/3/15. The Department did not investigate the allegation of abuse until 8/5/15.

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.

Area Agency on Aging concluded their investigation indicating that the abuse allegation reported on 7/26/15 was unsubstantiated, as well as the internal investigation by The Patriot determined the abuse was unsubstantiated. Staff person "A" came back to work, after suspension, without any further action required.

If/when future allegations are reported, the PCH Administrator will assure alleged staff person(s) will remain suspended and/or work under a plan of supervision until both Area Agency on Aging and the Bureau of Human Services Licensing has concluded their investigations. Staff will continue to be educated upon hire, annually and as needed on Abuse and reporting procedures. Personal Care Home Administrator and Director of Resident Services will monitor all incident reporting and report at Quality Management meetings monthly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lori A. Fisher, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori A. Fisher*      Date *8/27/15*

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

The above plan of correction is approved as of 9-3-15 (Date)

Plan of correction implementation status as of 9-3-15 (Date)

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

The above plan of correction was approved by SNP (Initials)