



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 27, 2016

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 August 11, 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 "Jason Williams" followed by a checkmark.

Jason Williams
Humans Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: THE ADAMS HOUSE		License Number: 41371
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		County: Washington
Administrator: Julian Davenport		Region: WEST
Legal Entity Name: KAREN ADAMS		
Legal Entity Address: 104 PARK ROAD, CHARLEROI, PA 15022		
Certificate(s) of Occupancy C-2 LP 12/16/1999 Labor & Industry		RECEIVED DEC 10 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 21	Waking Staff: 16
Type of Inspection: Partial	BHA Docket Number: NN/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/11/2015: Park, Beth; Culter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 21 Number of Residents Served: 21 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 7 Have Mental Illness: 19 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

Violation Report: 41371 - 08/11/2015 - Park, Beth
PCH Name: THE ADAMS HOUSE
DEC 10 2015

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.
WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
At 9:05 AM, agents of the Department requested access to resident records, including resident #1's record. The designee present, staff person A, stated that the records were locked in the administrator's office and that he/she could not access them until the administrator returned. The records were not made available to the Department until 10:40 AM.

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.

To correct this, the coordinator who is here during the weekdays now has access to the Admins office and the files & folders in it. However this is a temporary fix until our ~~B~~ new filing Cabinets come in for the Coordinator's area for copies of the records. (Cabinets) will arrive by the first of the year within 15 days of receipt of plan of correction - all staff will be educated on the new record filing system to ensure that records are available immediately to agents of the Department. J.W. 1/25/16

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

Signature of Legal Entity Representative (Required on EVERY Page)
Julian Davenport

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Julian Davenport Date 12/10/15

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

The above plan of correction is approved as of 1/25/16 (Date)
The above plan of correction was approved by J.W. (Initials)
Plan of correction implementation status as of 1/25/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress J.W.
 Partially Implemented - Inadequate Progress
 Not Implemented

DEC 10 2015

Violation Report: 41371 - 08/11/2015 - Park, Beth
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

*The home's notes indicate that on 7/29/15, resident #2 hit resident #3 on the side of the head and a police report was made.

*The home's notes indicate that on 7/29/15, resident #4 fell in the shower and was unresponsive. The resident was sent to the emergency room by ambulance.

The home did not report these incidents to the Department.

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.

To correct this the Coordinator, who is here during weekdays. Currently has a key to ^{the} ~~out~~ office and access to the files. This is a temporary solution until our Filing Cabinet comes in for the Coordinator's area for copies of the records.

Write page

We have done individual staff training with all current staff. It has also been added to the new hire trainings and we have put a reminder on the med cart and Computer on how and when to do incidents reports. The responsibility to write the incident Report has been moved from the administrator to the Aides so there is never a lapse of 24 hours, like weekends when the Admin is not here to write them.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Julian Davanport*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julian Davanport* Date *12/10/15*

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The above plan of correction is approved as of 1/25/16 (Date) Plan of correction implementation status as of 1/25/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J.W. (Initials)