



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: DEC 15 2015**

Mr. Larry Liang, Owner  
Pennstate Best Care, Inc.  
347 73<sup>rd</sup> Street  
Brooklyn, New York 11209

RE: Haskins House  
1009 Rhoads Avenue  
Secane, Pennsylvania 19018  
License #: 138550

Dear Mr. Liang:

As a result of the Department of Human Services' licensing inspection on August 27, 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, appearing to read "Patricia Adams", written over a horizontal line.

Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 13855 - 08/27/2015 - Colon, Lissette

PCH Name: HASKINS HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.25(c)(4) - The contract shall specify the party responsible for payment.

**2a. DESCRIPTION OF VIOLATION**

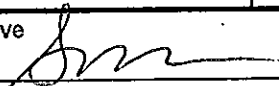
The contract for resident's #1 and #2, does not specify the party responsible for payment.

**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.*

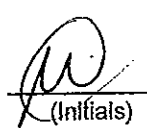
I believe the violation is incorrect. The contract did specify party responsible for payment which is resident #1 and #2. Administrator will ensure that the contract specifies party responsible for payment when contract signed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/09/2015
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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) *Sonia M. Colon Administrator* Date *9/10/15*

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

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

Violation Report: 13855 - 08/27/2015 - Colon, Lissette  
 PCH Name: HASKINS HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident's #1 and #3, does not state if the home will or will not collect a portion of the rent rebate.

**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.*

Resident #1 and #3 signed the rent rebate contract on 8/28/15.  
 Administrator will ensure that resident or designated person sign the rent rebate contract upon admission.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/09/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Sonia Miller Administrator

Date

9/10/15

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10/8/15  
 (Date)

Plan of correction implementation status as of

10/8/15  
 (Date)

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

The above plan of correction was approved by

(Initials)