



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
MAILING DATE: September 25, 2015

Ms. Judy Bailey, Owner
Heartland Retirement Personal Care Home, Inc.
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
License: #316150

Dear Ms. Bailey:

As a result of the Department of Human Services' licensing inspection on September 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31615 - 09/11/2015 - Moskalczyk, Michele
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The home's exits labeled A&B continue to need repair. The doors are very difficult to open and require great force to open and operate. This does not allow immediate egress from the building in the event of an emergency. Per conversation with the home's administrator, the door is still sticking and difficult to open.

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.

Immediately upon the receipt of the Directed Plan of Correction, and ongoing thereafter.

Repairs will be made to the doors A and B as identified in the violation. If necessary, they will be re-examined by a fire safety expert in order to determine that their effectiveness has not compromised by any subsequent repairs or alterations. Documentation of this review will be kept by the home.

The identified area will be unobstructed, as will all stairways, hallways, doorways, passage ways and egress routes from rooms and from the building. The Administrator will oversee any necessary care or repair needed in order that all egress doors in the home open immediately and without effort in the event of an emergency.

The Administrator will make weekly rounds throughout the building to ensure ongoing compliance.

Repairs have been completed. 9/12/15

Repeat Violation: No	Date(s) of Previous Violation(s):	07/22/2015	
----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *9/18/15*

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

The above plan of correction is approved as of 9/23/15
 (Date)

Plan of correction implementation status as of 9/23/15
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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