



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 26, 2015**

Ms. Joan McDowell, Owner/Administrator  
St Jude's Haven, Inc.  
1072 Mt. Airy Drive  
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Home  
Certificate #: 307870

Dear Ms McDowell:

As a result of the Department of Human Services' licensing inspections on September 23, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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 "Brett Swanger", written over a horizontal line.

Brett Swanger  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 30787 - 09/23/2015 - McCloskey, Jason  
PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

During interviews, Residents and staff reported profane language being used in areas common to residents. Multiple sources identified Staff A and B by name and description as the ones using profanity.

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.

*First of all immediate action was taken with Staff B - She was discharged immediately 9/30/15. Staff A was let go on 10/1/15 to make her feel POC test. Also she was actively objecting to the accusations. In order to eliminate this type of situation we are going to meet with residents monthly and address any issues they may have with staff that will be addressed. Case of Staff A. The objective of constant respect shall then be definitely guaranteed.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jean Mc Dowell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jean McDowell Administrator* Date *10-8-15*

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

The above plan of correction is approved as of <u>10/26/15</u> (Date)	Plan of correction implementation status as of <u>10/26/15</u> (Date)
The above plan of correction was approved by <u>JWT</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30787 - 09/23/2015 - McCloskey, Jason  
PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a valid high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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.

10-5-15 Plan of action to eliminate a similar situation  
We will check with the Dept of Education and  
Diplomas and schools which we don't possess  
or are not familiar with. This should meet  
definitely correct this problem

\* This employee was discharged from her employment with  
the personal care home due to not having a valid  
high school diploma.

BAS  
10/26/15

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joan Mc Dowell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Joan Mc Dowell Administrator*      Date *10-8-15*

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Violation Report: 30787 - 09/23/2015 - McCloskey, Jason  
PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident 1 did not sign the support plan completed 7/10/15. The home did not make a notation regarding the resident's inability or refusal to sign.

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.

Request this incident the spouse who was the power of attorney refused for [redacted] to sign. As of 10-2-15 any new resident will have to sign the contract and we can't accept them in fee then a contract from some other who is a complaint, they will understand and comply. Also if a situation would occur it shall than be properly documented

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John Mc Dowell*

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

John McDowell Administrator

Date

10.8.15

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The above plan of correction is approved as of

10/26/15  
(Date)

Plan of correction implementation status as of

10/26/15  
(Date)

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

The above plan of correction was approved by

JMS  
(Initials)