



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: April 1, 2016**

Ms. Wendy Peace, Owner/Administrator  
Wendy Jo Peace  
P.O. Box 536  
429 Union Street  
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home  
Certificate #406550

Dear Ms. Peace:

As a result of the Department of Human Services' licensing inspection on October 8, 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 cursive script that reads "Susie Pollock".

Susie Pollock  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> PEACE S PERSONAL CARE HOME		<b>License Number:</b> 40855
<b>Address:</b> 429 UNION STREET P O BOX 536, BIG RUN, PA 15715		<b>County:</b> Jefferson
<b>Administrator:</b> Wendy Peace		<b>Region:</b> WEST
<b>Legal Entity Name:</b> WENDY JO PEACE		
<b>Legal Entity Address:</b> P.O. BOX 536 429 UNION STREET, BIG RUN, PA 15715		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> I-1 01/11/2012 Bureau Veritas N. America		MAR 30 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 16	<b>Waking Staff:</b> 12
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/08/2015: Cutter, Jan; Hultquist, Cliff		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 16 <b>Number of Residents Served:</b> 16 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents In past year:</b> 1	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 14 <b>Are 60 Years of Age or Older:</b> 3 <b>Have Mental Illness:</b> 16 <b>Have an Intellectual Disability:</b> 1 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0	

MAR 30 2016

Violation Report: 40655 - 10/08/2015 - Cutter, Jan

PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

White-out was used to change the finalized date of resident #1's assessment and support plan, dated 3/25/2015.

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: The administrator will review all current resident records to ensure that all entries are permanent, legible and dated, to include, no correction fluid has been used on the document. sr 3/30/16*

*I was not informed before that white out was not allowed to be used on these forms I was told in the past that if there was no changes that you could just copy them and change necessary information and dates as needed, but as of this inspection I have not been doing that I have been re-doing all assessments and support plans yearly and sooner if needed by hand-writing them. I thought it would not be any different doing them the other way as you can change things on computer and reprint. As I am the administrator I am the only person that does these forms. WP.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Wendy J. Peace*

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

*Wendy J. Peace*

Date

*3-30-16*

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

The above plan of correction is approved as of 3-30-16  
(Date)

Plan of correction implementation status as of 3-30-16  
(Date)

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

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