



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2015

Ms. Vanessa Perez, Director of Operations
Spirit of Gheel
10 Hollow Road, P.O. Box 610
Kimberton, Pennsylvania 19442


RE: Gheel House
License #: 144320

Dear Ms. Perez:

As a result of the Department of Human Services' annual licensing inspection on October 20, 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,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 14432 - 10/20/2015 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired [redacted] 15, did not have a criminal history background check completed until 10-13-15.

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.

Going forward, when a new staff person is hired, we will complete the online Background check the date of hire to prevent any lapse and be sure we have the Background check within the 30 day time period. The director of operations will be responsible for this oversight.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) Vanessa Perez Date 10/26/15

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The above plan of correction is approved as of <u>10/27/15</u> (Date)	Plan of correction implementation status as of <u>10/27/15</u> (Date)
The above plan of correction was approved by <u>BAS</u> (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