



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

FEB 10 2016

Ms. Aundrea Leonard, Owner/Partner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

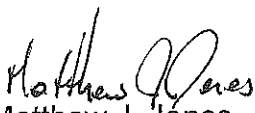
RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038
License #: 214770

Dear Ms. Leonard:

As a result of the Department of Human Services' licensing inspection on December 9, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,


Matthew J. Jones
Director ^{LSH}

Enclosure
Licensing Inspection Summary

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

PCH Name: LIZA'S HOUSE		License Number: 21477
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038		County: Northampton
Administrator: JESSICA ROBBINS		Region: NORTHEAST
Legal Entity Name: ELITE CARE GROUP LLP		
Legal Entity Address: 125 TREYMORE COURT, PENNINGTON, NJ 08534		
Certificate(s) of Occupancy		
C-2 LP 10/18/1995 L&I	C-3 SP 10/19/2015 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
12/09/2015: Novak, Ryan; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 8 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 21477 - 12/09/2015 - Novak, Ryan
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION
 On 11/17/15, resident #1 had an unobserved fall in the am. Later that day around 1:30pm the resident was complaining of leg pain and was sent to the emergency room. The home submitted an initial incident report on 11/17/15. The home did not submit a final report to the Department.

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.

Effective Immediately:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. Training will include the 2 page version of the BHSL Reportable Incident Form, as well as timelines for reporting.

There is a policy in place that in the absence of the Administrator, the Owner will provide direction and assistance to staff as necessary to insure reporting is done within the required time frames.

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

The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 21477 - 12/09/2015 - Novak, Ryan
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #2's DME dated 4/2/15 does not include page #2 and nothing is noted on page one regarding cognitive functioning.

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.

Effective Immediately:

The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on the required DME. Attachments will be added to the required DME as needed to ensure that all actions are documented.

Upon the return of the DME to the home, the Administrator/Designee will review the document and any attachments in their entirety to ensure the form is completed correctly and in its entirety. If there are items missing or some other problem is presented, the home will follow up with the physician's office, allowing sufficient time to allow completion of the document within the required time frames.

A system of tracking and reviewing all resident medical evaluations will be implemented and maintained to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 21477 - 12/09/2015 - Novak, Ryan
 PCH Name: LIZA'S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There is no preadmission screening form for resident #1, admitted [REDACTED] 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.

Effective within five (5) days of receipt of the Directed Plan of Correction:

The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

The Administrator/Designee will review all required documents on the day of Admission, specifically the Pre Admission Screening, in order to ensure ongoing compliance.

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)	Date
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