



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 2, 2016**

Ms. Julian Davenport, Administrator  
Karen Adams  
314 Fallowfield Avenue  
Charleroi, PA 15022

RE: The Adams House  
314 Fallowfield Avenue  
Charleroi, PA 15022  
#413710

Dear Ms. Davenport:

As a result of the Department of Human Services' licensing inspection on December 22, 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 black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: THE ADAMS HOUSE		License Number: 41371
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		County: Washington
Administrator: JULIAN DAVENPORT		Region: WEST
Legal Entity Name: KAREN ADAMS		
Legal Entity Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		
Certificate(s) of Occupancy C-2 LP 01/02/1998 Labor and Industry		<b>RECEIVED</b>  <b>AUG 25 2016</b>  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/22/2016: Bartlett, Patricia; Hultquist, Cliff		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 21 Number of Residents Served: 18 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: 0 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 3 Have Mental Illness: 18 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 0	

AUG 25 2016

Page 2 of 10

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/18/15, resident #1 told staff person A that he/she was sexually assaulted by another resident the previous night. The home did not report the allegation to the local area agency on aging until 12/21/15.

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.

The home's administrator has immediately conducted an investigation into resident #1's allegation and has cooperated with the local area on aging. The home has reviewed our reporting process during the January 2016 annual quality assurance review. All staff persons involved and authorized persons have been educated during the December 2015 staff meeting on regulation 2600.15(a) and are required to complete an incident report during their scheduled shift, but no later than 24 hours, to the Department as well as the local <sup>authorities and</sup> area on aging. This has been implemented in the hiring packet that all new employees receive as well as emphasized in the employee training (initially) and in consecutive meetings.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 8/25/16  
(Date)

Plan of correction implementation status as of 8/25/16  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

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

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
On 12/18/15, resident #1 told staff person A that he/she was sexually assaulted by another resident the previous night. The home did not report the allegation to the Department until 12/21/15.

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.

The home's administrator has immediately conducted an investigation into resident #1's allegation and has cooperated with the Department / local area on aging. The home has reviewed our processes during the Jan. 2016 quality assurance review. All authorized staff persons have been educated during the Dec. 2015 staff meeting on Reg. 2600.16(c) and are required to complete an incident report during their shift but no later than 24 hours to the Department. This information along w/ the regulation has been implemented in the home's hiring packet that all new hires are given as well as emphasized by employees that is training the new hire in the orientation material as well as in subsequent meetings by the administrator.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/11/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Bartlett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia Bartlett* Date *8/25/16*

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

The above plan of correction is approved as of *8/26/16* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *8/26/16* (Date)

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

Search Attachments 1-4

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on [redacted] 13, did not receive annual training in any of the required topics under 2600.65f during training year 2014.

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.

Within 15 days, a binder will be created with all the training certificates instead of in the individual records for staff. Immediately, the administrator will review all staff files, including current and staff person A's file. Within 30 days, the trainings will take place during staff meetings with a designated person completing the hour of education (training) once a month. The administrative assistant will supervise the collection and the maintenance of the annual trainings by the staff monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Julian D. Davenport

Date

8/25/16

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

The above plan of correction is approved as of 8/24/16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
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AUG 25 2016

Page 5 of 10

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on [redacted] 13, did not receive annual training in any of the required topics under 2600.65g during training year 2014.


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 staff files as well as trainings for staff person A. A binder will be compiled with the trainings instead of in the individual files effect within 15 days. Within 30 days, the trainings will take place with a designated staff person overseeing the completion and the administrative assistant supervising the collection and maintaining the annual requirements of all staff by doing monthly meetings and a monthly check.

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)

Julian Davenport Date 8/25/16

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(Date)

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(Date)

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(Initials)

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AUG 25 2016

Page 6 of 10

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 12/15/14, is blank in the areas of height, weight, pulse rate, blood pressure, and temperature.

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.

- The administrator will immediately review all current med evaluation to make sure that they completed accurately and in their entirety. Any incomplete med evaluation will be returned ~~to~~ to the doctor for completion or new in-person med evals will be scheduled and completed.
- Within 30 days of the accepted plan of correction All Staff persons involved with the med eval process will be educated on the required contents of the med eval form and the authorized personelle who are permitted to complete Med eval forms.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 8/25/16

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Plan of correction implementation status as of 8/26/16 (Date)

The above plan of correction was approved by [Initials] (Initials)

- Fully Implemented
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AUG 25 2016

Page 7 of 10

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600 Human Services Licensing  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
The most recent medical evaluation for resident #2 was completed on 8/15/14.

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.

- A designated staff person will immediately review all resident records to ensure an in-person med eval has been completed for all residents within the past year and that the med evals have been completed accurately any incomplete med evals will be referred to the physician for completion of new med-evals will be scheduled.

- The Administrator has made arrangements with the home's house Doctor to see all the residents 2x per year on a "wellness day" on this day no appointment or outings are scheduled for our residents and the doctor see's each one, to complete a med eval and DMG. This has been a success thus far in keeping our med evals up to date, our records in compliance, and our residents health regularly monitored.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/29/2015

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julian Lavenport Date 8/25/16

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The above plan of correction is approved as of 8/26/16 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/26/16 (Date)

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- Not Implemented

See attachment 1

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

Human Services Licensing

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 refused his/her 8 p.m. medications on 12/6/15, 12/8/15, 12/13/15, and 12/15/16, including Benzotropine 2mg, Fluphenazine 10mg, Omeprazole 20 mg, Trazodone 100mg, and Valproic Acid 250mg.

The refusals were not reported to the resident's prescriber.

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.

The administrator immediately created a fax form for the staff to use when a refusal is made during their shift. The staff person will document the refusal in the resident's record and on the medication record. Any refusal and subsequent refusal will be reported to the prescriber within 24 hours. The designated daytime aide and administrative assistant check the e-man daily and all fax forms are kept in the black cabinet for the Department/ staff to access as needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*[Handwritten Signature]*

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

*Juliana Overport*

Date

*8/25/16*

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The above plan of correction is approved as of

*8/26/16*  
(Date)

Plan of correction implementation status as of

*8/26/16*  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

- Fully Implemented
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- Not Implemented

AUG 25 2016

Page 9 of 10

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia

PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 8/7/14.

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 resident records to ensure that assessments for all residents are timely, completed and in compliance within the past year. Any incomplete assessments will be returned to the Administrator assistant ~~for~~ or will be completed by the administrator.
- Within 30 days of receipt of the accepted plan of correction. All staff involved with the RASP and assessments process will be educated on the requirements of assessments and support plans and on the authorized persons who are permitted to complete an rasp.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Patricia Bartlett

Date

8/25/16

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8/26/16  
(Date)

Plan of correction implementation status as of

8/26/16  
(Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

(Initials)

AUG 25 2016

Violation Report: 41371 - 12/22/2015 - Bartlett, Patricia  
 PCH Name: THE ADAMS HOUSE  
 WEST REGION FIELD OFFICE  
 Human Services Licensing  
 1. REGULATION 55 Pa.Code §2600  
 2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION  
 Support plans were inaccessible to direct care staff persons from 12/18/15 until 12/22/15, as staff person B, the administrator, took them home.

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 has made copies of all rasp and purchased a filing cabinet specifically for the aides and staff on duty. All rasp have been locked in this filing cabinet, and a key to it has been added to the main key chain for the Aide on duty.

- the administrator will review all resident rasp to ensure there is a record for each resident and they are accessible in the filing cabinet.

- within 30 days of receipt of the accepted plan of correction All staff persons involved with support plans will be education on the requirement and Compliance guidelines.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 8/26/16  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 8/26/16  
 (Date)

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