



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 1 1 2016

Ms. Karen Haverilla, Administrator
Haverilla Personal Care Home, Inc.
775 Stonetown Road
Rossiter, Pennsylvania 15772


RE: Haverilla Personal Care Home
License #: 427930

Dear Ms. Haverilla:

As a result of the Department of Human Services' annual licensing inspections on April 25, 2016 and April 26, 2016 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,


Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: HAVERILLA PERSONAL CARE HOME		License Number: 42793
Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		County: Indiana
Administrator: Kelli Haverilla		Region: WEST
Legal Entity Name: HAVERILLA PERSONAL CARE HOME INC		
Legal Entity Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		
Certificate(s) of Occupancy Boarding Home 07/28/1977 Labor & Industry		
Staffing Hours Resident Support: N/A Total Dally Staff: 24 Waking Staff: 18		
Type of Inspection: Full		BHA Docket Number: N/A Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/25/2016: Pride, Tara; Kachmar, Jill 04/26/2016: Pride, Tara; Kachmar, Jill		
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: 24 Number of Residents Served: 24 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: 0	Number of Residents who: Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 16 Have Mental Illness: 24 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

MAY 11 2015

Violation Report: 42793 - 04/25/2016 - Pride, Tara
PCH Name: HAVERILLA PERSONAL CARE HOME WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
The contract for resident #1, dated, 6/20/95, indicates the resident shall retain a personal needs allowance of \$60; however, the current personal needs allowance is \$ 85.

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.

Resident [redacted] - copy of the Rate Change notice from January 12, 2009 - included. It was attached to [redacted] contract.

Within 30 days of receipt of the plan of correction: The administrator or designated person shall review all resident contracts to ensure all contracts include the current personal care needs allowance.

Within 30 days of receipt of the plan of correction: The administrator or designated person shall update the resident-home contract to ensure the current personal care needs allowance is indicated for future resident admissions.

for 6/2/16

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

Signature of Legal Entity Representative (Required on EVERY Page) Kelli Haverilla

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelli Haverilla Administrator Date 5.16.15

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

The above plan of correction is approved as of 6/2/16 (Date)

Plan of correction implementation status as of 6/2/16 (Date)

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

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

MAY 11, 2016

Violation Report: 42793 - 04/25/2016 - Pride, Tara PCH Name: HAVERILLA PERSONAL CARE HOME	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.10(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There is no bedside table or shelf beside the third bed in bedroom #3.

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.

Table in bedroom 3 was replaced.
In the future - if resident requests [redacted] table to be removed - we will find an alternative - as a smaller table or a shelf to stay in compliance.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person shall check each resident bedroom to ensure each resident has a bedside shelf or bedside table within reach at bedside.

RM
6/2/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Kelli Havenilla</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelli Havenilla - Administrator</i>	Date <i>5/16/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/2/16*
(Date)

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

Plan of correction implementation status as of *6/2/16*
(Date)

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

Violation Report: 42793 - 04/25/2016 - Pride, Tara
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2500.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's written description of services policy does not address criteria for admission and discharge.

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.

See attached paper.

The home has updated their description of services, to include the criteria for admission and discharge.

Within 30 days of receipt of plan of correction: All residents shall be notified, in writing of the criteria for admission and discharge. All future residents shall also be notified, in writing, of the home's criteria for admission and discharge. Documentation shall be kept.

for
office

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kelli Haverille

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

Kelli Haverille Administrator

Date

5-16-16

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6/2/16
(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)