



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
Mailing Date: September 12, 2016

Ms. Sharon Ahearn, Administrator/Owner  
Sharon Ahearn  
44 Broad Street  
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home  
License # 243860

Dear Ms. Ahearn:

As a result of the Department of Human Services' licensing inspection on May 13 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report:

PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

2a. DESCRIPTION OF VIOLATION

-Resident #1's monthly rent and board charge of \$1,107.30 for the months of January, February and March, 2016 was in excess of resident#1's actual monthly income of \$1,162.30 reduced by the resident monthly personal needs allowance of \$85.00. The monthly room and board charge should have been in the amount of \$1,077.30 per month. The resident was over charge \$30.00 per month and is entitled to a refund of \$90.00.

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.

As Administrator I understand the homes charges may not exceed the residents SSI actual current monthly income reduced by the personal needs allowance. The violation states I charged in excess of that amount for three months. As Administrator admitting a new resident who had Advocacy Alliance as Rep. Payee, confirmed the resident would pay \$ 1,107.30 for room and board. They agreed and requested a statement to that effect. I complied. I eventually recieved a statement (actual SSI letter) sent to me with the correct amount the resident recieves. However, I did reimburse Advocacy Alliance \$ 90. To be in compliance I will request a new resident who already receives SSI have the award letter to confirm the actual monthly amount so I can charge them accordingly as a ongoing practice and to continue to comply as per regulations.

Any new resident w/ an award letter can have the home's charges as the resident's current income, w/ an amendment to reflect the pending awards.

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

Signature of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Date 6/30/2016

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

The above plan of correction is approved as of 8/31/16 (Date)

Plan of correction implementation status as of 8/31/16 (Date)

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

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



**Violation Report:**

**PCH Name:** ADULT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

- The administrator failed to schedule a follow-up medical appointment for resident #1 for additional medical evaluation following resident#1's mammogram test on 2/17/2016. A scheduled appointment for 3/9/2016 was cancelled by the administrator and a subsequent follow-up medical appointment was never rescheduled by the administrator prior to resident#1's discharge from the home on [redacted] 2016.

**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.*

I completely understand the violation and the importance of assisting the resident to secure medical care if the residents health status declines. As Administrator, to comply with this regulation and to assure the safety and and health of residents, that appointments cancelled will be rescheduled at that same time. Adding a notation on the facility calendar with the new date and time where the cancelled appointment was. This will be a ongoing practice to protect the residents and to be in compliance as per regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sharon Ahearn*

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

Sharon Ahearn

Date

6/30/2016

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The above plan of correction is approved as of 8/31/16  
(Date)

Plan of correction implementation status as of 8/31/16  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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