



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

Ms. Suzanne Owens, President/CEO
Peter Becker Community
Attention: Director of Personal Care
800 Maple Avenue, 1st Floor
Harleysville, Pennsylvania 19438

RE: Peter Becker Community
License #: 127730

Dear Ms. Owens:

As a result of the Department of Human Services' annual licensing inspection on July 8, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: PETER BECKER COMMUNITY		License Number: 12773
Address: 800 MAPLE AVENUE 1ST FLOOR, HARLEYSVILLE, PA 19438		County: Montgomery
Administrator: KATHLEEN PINEKA		Region: SOUTHEAST
Legal Entity Name: PETER BECKER COMMUNITY		
Legal Entity Address: 800 MAPLE AVENUE, HARLEYSVILLE, PA 19438		
Certificate(s) of Occupancy		
I-1, I-2, R-2	C-1	
08/15/2012	07/30/1974	
TOWNSHIP OF FRANCONIA	PA DEPT OF L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/08/2016: Colon, Lissette		
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: 53	Number of Residents who:	
Number of Residents Served: 43	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 43	
Area: LARKSPURE LANE	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 11	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 10	Have a Mobility Need: 12	
Number of Current Hospice Residents: 2	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 8		

Violation Report: 12773 - 07/08/2016 - Colon, Lissette
 PCH Name: PETER BECKER COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 1:20pm, in the main kitchen, there were two large trash cans filled with trash with no lid covers.

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.

On 7/8/16, when the DHS Inspector was still present at Peter Becker Community, the trash can lid covers were put on the two trash cans.

The Dietary Staff was inserviced in July 2016, regarding Regulation 2600.85(d). Please see Attachment A.

Beginning August 2016, the Dietary Supervisor will audit the trash cans in all kitchens on a monthly basis to ensure that they are covered.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathleen Pinaka, Director of PC

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

Kathleen Pinaka, Director of PC

Date: *8/11/16*

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: 12773 - 07/08/2016 - Colon, Lisselle
 PCH Name: PETER BECKER COMMUNITY

1. REGULATION 56 Pa.Code §2600.

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in room #133, does not have emergency service number posted nearby.

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 original telephone in room #133 had the emergency telephone numbers posted on it but the phone wasn't working properly so it was removed (from the resident's room) and replaced with a different phone. The PC Med Tech mistakenly did not put the stickers on the replacement phone.

On 7/8/16, the emergency phone number stickers were immediately placed on room #133's phone. Also, all telephones with an outside line were audited by the Director of PC and all phones had the emergency phone number stickers on them.

The PC Staff was inserviced on 7/27/16 regarding Regulation 2600.91. Please see the attachment B.

The PC Team Leader will be responsible to apply emergency phone numbers to a new resident's phone on the day they are admitted.

Beginning August 2016, the Director of PC will audit all telephones on a monthly basis to ensure that the emergency phone numbers stickers are on each phone with an outside line.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathleen Pinka, Director of PC</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathleen Pinka, Director of PC</i>	<i>8/11/16</i>

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The above plan of correction is approved as of *8/11/16*
 (Date)

Plan of correction implementation status as of *8/11/16*
 (Date)

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

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Violation Report: 12773 - 07/08/2016 - Colon, Lisselle
 PCH Name: PETER BECKER COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The most current fire safety inspection observed by a fire safety expert was conducted on 2/22/16. However, the last fire safety inspection was conducted on 1/20/16.

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.

Plan of Correction: In order to assure timely completion of required annual inspections by local Fire Safety and Code Enforcement officials, performance of a witnessed Fire Drill, and the review and approval of Personal Care Unit Evacuation Plans, the task of making contact and arrangements with local authorities for these inspections has been added to the Fire Drill Schedule for the current year (attachment C). This task, to be completed by the Director of Facilities Management, will involve contacting Township officials each year in December, and scheduling the inspection for January of the upcoming year. Upon receiving confirmation of the inspection date from local authorities, the Director of Facilities will notify the Director of Personal Care and Senior Vice President.

This task assignment will be carried forward in the Fire Alarm Schedule for each succeeding year. Additionally, Microsoft Outlook events have been added to the calendar of responsible individuals in order to further assure completion of this task.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Pincka, Director of PC*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Pincka, Director of PC* Date *8/11/16*

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The above plan of correction is approved as of *8/11/16* (Date)

Plan of correction implementation status as of *8/11/16* (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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