



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

Ms. Elaine Swartz, Administrator/Owner
Orrstown Personal Care Home
3329 Orrstown Road
Orrstown, Pennsylvania 17244

RE: Orrstown Personal Care Home
License #: 309380

Dear Ms. Swartz:

As a result of the Department of Human Services' annual licensing inspection on August 11, 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 blue ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30938 - 08/11/2016 - Springs, Israel
 PCH Name: ORRSTOWN PERSONAL CARE HOME

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

The completion date was missing from the prescreening form for Resident #1, admitted [redacted] 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.

All charts have been reviewed for completion. This was the only chart with a missing date. Pre-admission screen was completed @ her residence the day prior to admission @ our facility.
 A line has been added to our admission checklist to include that the date is filled in on Pre-admission screening.

* Administrator, or designee, shall review all new preadmission screening forms to assure each form is complete.

BAS 8/23/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/30/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Elaine R. Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elaine R. Swartz* Date *8/22/16*

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

The above plan of correction is approved as of <u>8/23/16</u> (Date)	Plan of correction implementation status as of <u>8/23/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented