



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 20 2017

Ms. Linda E. Brandon, Administrator
PO Box 455, 11293 Route 422
Elderton, Pennsylvania 15736

RE: Family Pines Personal Care Home
License #: 426710

Dear Ms. Brandon:

As a result of the Department of Human Services' annual licensing inspection on September 1, 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, appearing to read "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: FAMILY PINES PERSONAL CARE HOME		License Number: 42071
Address: P O BOX 455 11293 ROUTE 422, ELDETON, PA 15738		County: Armstrong
Administrator: Linda Brandon		Region: WEST
Legal Entity Name: LINDA E BRANDON		RECEIVED
Legal Entity Address: PO BOX 455 11293 ROUTE 422, ELDETON, PA 15736		
Certificate(s) of Occupancy C-3 SP 11/23/1088 L & I		NOV 07 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/01/2016: Gunnars, Vicky		
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: 8 Number of Residents Served: 6 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		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 5 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0

NOV 07 2016

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Violation Report: 42671 - 09/01/2016 - Summers, Vicky		WEST REGION FIELD OFFICE	
PCH Name: FAMILY PINES PERSONAL CARE HOME		Human Services Licensing	
1. REGULATION 55 Pa.Code 52600 2000.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.			
2a. DESCRIPTION OF VIOLATION On 9/1/16 the home served 8 residents, requiring a supply of 18 gallons of water; however, no drinking water was stored onsite. The home has a contract with a water supplier for water delivery, but the contract does not guarantee immediate delivery upon request, 24-hours-per-day.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>			
<p>11-04-16 A supply of 18 gallons of water will be on hand.</p> <p>Immediately - The administrator will implement monitoring procedures to ensure compliance. The procedures will include, at a minimum, monthly checks on the inventory of drinking water and review of the number of residents served to ensure the home maintains at least a 3-day supply of drinking water for residents. If, upon the checks, the home does not have at least 3 gallons of drinking water for each resident then the administrator will take immediate remedial action to maintain at least 3 gallons of drinking water for each resident. <i>BB 11/10/16</i></p> <p>On 10/7/16 the home submitted a receipt for 5 gallons of water and on 11/10/16 the home submitted a receipt for 20 gallons of water. <i>BB 11/10/16</i></p>			
Repeat Violation No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative <i>Linda Brandon</i>			
Printed Name and Title of Legal Entity Representative <i>Linda Brandon Administrator</i>			Date <i>11-04-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11/10/16</u> (Date)		Plan of correction implementation status as of <u>11/10/16</u> (Date)	
The above plan of correction was approved by <u><i>BB</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

NOV 07 2016

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Violation Report: 42871 - 09/01/2016 - Summers, Vicky
PCH Name: FAMILY PINES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 3/10/15 and the next medical evaluation was not completed until 4/22/16.

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.

11-04-16 Residents medical evaluation will be done in the time frame from now on. Family was suppose to take [redacted] but did not show up for [redacted] appointment. Appointment had to be rescheduled.

Immediately - The administrator will implement procedures to ensure that each resident has a medical evaluation at least annually. The procedures will include the home providing transportation for residents or assistance with securing and using transportation to medical appointments.

BB 11/10/16

4/22/17 - Resident #1 will have an annual medical evaluation completed.

BB
11/10/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon
Administrator

Date

11-04-16

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The above plan of correction is approved as of

11/10/16
(Date)

Plan of correction implementation status as of

11/10/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress BB

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BB
(Initials)