



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 3, 2016

Ms. Janice Hamsche, Board President
Dubois Continuum of Care Community Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
License #: 316060

Dear Ms. Hamsche

As a result of the Department of Human Services' licensing inspection on September 14, 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

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: DUBOIS VILLAGE		License Number: 31606
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Heather Test		Region: NORTHEAST
Legal Entity Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC		
Legal Entity Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		
Certificate(s) of Occupancy C-2 LP 09/14/2016 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 94 Waking Staff: 71		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2016: Novak, Ryan		
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: 118 Number of Residents Served: 77 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: 4		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 17 Have a Physical Disability: 1

Violation Report: 31606 - 09/14/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa. Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 At approximately 6:30pm on 9/6/16 the siding of the home's resident designated smoking area caught on fire. The fire started because of extinguished cigarette butts being placed in a planter next to the siding.
 A foil wrapper and leaf were located in the bucket on the floor used to extinguish cigarette butts in the staffs designated smoking area. This poses a potential fire hazard.

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 plastic flower containers, along with any other objects that could be considered flammable, have been removed from the area. All residents who smoke, currently 2, have been assessed as to whether they can safely smoke unsupervised. All future residents, if they are smokers, will also be assessed as to whether they can safely smoke unsupervised. Please see the attached assessment tool.

All staff have been verbally reminded of the importance of keeping the employee area clean and free of flammable items. They have been told that they cannot put anything into the butt can except for cigarette butts. The maintenance staff will monitor each smoking area daily to ensure that the ashtrays are free of flammable debris. Please see the attached auditing tool.


Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/21/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Test	Date 10-12-16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-1-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 11-1-16
 (Date)

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