



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2017

Ms. Jill Reese, Administrator
William Penn Health Care Associates LP
2030 Ader Road
Jeannette, Pennsylvania 15644

RE: William Penn Care Center
1021 Walton Road
Jeannette, Pennsylvania 15644
License #: 444250

Dear Ms. Reese:

As a result of the Department of Human Services' annual licensing inspections on September 20, 2016 and September 21, 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: WILLIAM PENN CARE CENTER		License Number: 44425
Address: 1021 WALTON ROAD, JEANNETTE, PA 15644		County: Westmoreland
Administrator: Jill Reese		Region: WEST
Legal Entity Name: WILLIAM PENN HEALTH CARE ASSOCIATES LP		
Legal Entity Address: 2030 ADER ROAD, JEANNETTE, PA 15644		
Certificate(s) of Occupancy		
I-2 09/20/2012 penn twmsp		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Working Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/20/2016: Rosenblat, Dale; Gillespie, Denise		
09/21/2016: Rosenblat, Dale; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, If Applicable		
<p>RECEIVED</p> <p>DEC 01 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 108 Number of Residents Served: 50 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: 5 Number of Hospice Residents In past year: 15	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1	

Violation Report: 44425 - 09/20/2016 - Rosenblat, Dale
 PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, did not receive training in Resident Rights, The Older Adult Protective Services Act (OAPSA) or Falls and Accident Prevention during training year 2015.

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.

November 18, 2016 all ancillary staff persons were trained in the following areas: resident rights, OAPSA & Falls and accident prevention. This will be a scheduled annual training for all ancillary staff every November. Administrator or designee will add training to home's staff training plan. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Will Bease* Date *12/1/2016*

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

The above plan of correction is approved as of 12-2-16
 (Date)

Plan of correction implementation status as of 12-2-16
 (Date)

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

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