



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

Mr. Francisco Peters, Asst. Vice President/Administrator
Allied Services Personal Care Inc.
100 Terrace Lane
Scranton, Pennsylvania 18508

RE: Allied Terrace
License #: 200250

Dear Mr. Peters:

As a result of the Department of Human Services' annual licensing inspection on September 27, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

F. Peters

Violation Report: 20025 - 09/27/2016 - O'Haire, Anne
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa. Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual DME had the date 09-09-15 as the date that resident #1 was seen and was evaluated by his/her physician and a form completion date of 11-05-15. The home was utilizing the form's completion date as the reference date to renew resident #1's annual DME. Resident #1 was required to have a new DME form completed by 09-09-16.

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.

The administrator in conjunction with the resident care coordinator has and will review any and all annual evaluations (DME's) to ensure that the appropriate date for the required annual evaluation is utilized instead of the forms (DME) completion date. This will be done on a continuous basis in order to maintain compliance with regulation 2600.141

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Francisco Peters, RUP. Adm.

Date 10-19-16

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

The above plan of correction is approved as of

10/21/16
(Date)

Plan of correction implementation status as of

10/21/16
(Date)

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

The above plan of correction was approved by


(Initials)