



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KAREN ADAMS
LEGAL ENTITY

To operate THE ADAMS HOUSE
NAME OF FACILITY OR AGENCY

Located at 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 21
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 13, 2017 until March 13, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413710**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 13 2017

Ms. Julian Davenport,
Administrator
Karen Adams
314 Fallowfield Avenue
Charleroi, Pennsylvania 15022

RE: The Adams House
License #: 413710

Dear Ms. Davenport:

As a result of the Department of Human Services' annual licensing inspection on December 20, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital "J".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Child Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired [redacted] 6, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Staff person C, hired [redacted] 16, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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.

- It was the administrators understanding that if a potential New-hire was enrolled in a ged program they had 6 months to acquire the ged. The inspectors explained, after I had given them the letters from the ged program stating the New-hires are enrolled that they the new-hires cannot work without supervision if they are only enrolled in a ged program.

- Both New-hire "B" & "C" have been terminated with Staff person B taking her ged tests before the end of January in hopes to be rehired

- The Administrator will receive education on regulation 2600.54a to ensure a complete understanding on hiring regulations.

Documentation will be kept immediately. The administrator will implement procedures to ensure compliance with Chapter 2600.54(a) immediately. The administrator or designee will review each direct care staff person's records to ensure staff are qualified in accordance with Chapter 2600.54(a) BB 2/6/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jillian Davenport* Chapter 2600.54(a) BB 2/6/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jillian Davenport* Date *1/24/17*

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

The above plan of correction is approved as of 2/6/17 (Date)

Plan of correction implementation status as of 2/6/17 (Date)

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

The above plan of correction was approved by BB (Initials)

JAN 27 2017

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE

WEST BIRCHFIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
The home's staff training year is 1/1-12/31. Staff person D, hired [redacted] 14, did not have any training records for annual training in 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.

Immediately, the administrator will review all staff files as well as trainings as well as trainings for staff person D. A binder will be compiled with the trainings instead of in the individual files, within 15 days of receiving the complete VR. Within 30 days the training will take place with designated staff person overseeing the completion and the admin assistant supervising the collection completion and maintaining the annual requirements of all staff by doing monthly meetings & checks.

- As stated in previous VR's a pipe burst and destroyed many files. Some were recovered but some were not able to be salvage. Attached a resource that were recovered for staff person D.

On 1/27/17, the home submitted training records indicating that staff person D received 5 hours of annual training in 2015. BB 2/6/17

Immediately - The administrator will implement procedures to ensure Agents of the Department have access to records immediately upon request. BB 2/6/17

By 12/31/17 - Staff person D will receive 19 hours of annual training in 2017 to make up for the hours not received in 2015. BB 2/6/17

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) Date 1/24/17

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- Partially Implemented - Adequate Progress BB
- Partially Implemented - Inadequate Progress
- Not Implemented

JAN 27 2017

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The home's staff training year is 1/1-12/31. Staff person A, hired [redacted] 11, did not receive annual training in 2015 on the following topics:

- Fire safety
- Resident Rights
- Older Adult Protective Services Act

Staff person D, hired [redacted] 14, did not receive annual training in 2015 on the following topics:

- Fire safety
- Resident Rights
- Older Adult Protective Services Act

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.

- Immediately the administrator will designate a person to review all files for training on 2600.65(g) for staff persons A & D

- A binder will be compiled with trainings instead of the individual files within 15 days of receiving the completed VR

- within 30 days, training will take place with designated staff person overseeing the completion and maintaining the annual requirement of all staff by monthly meetings & checks on 1/18/17, the home submitted training records indicating that staff person A and D received fire safety training on 12/13/15. BB 2/6/17

- as stated in previous VR a pipe burst at our facility destroyed many files some were recovered but some were not able to be salvaged. attached are some we were able to recover of obtained from our fire trailer! on 2/6/17, the home submitted training records indicating staff D received training on resident rights on 3/28/16 and the Older Adult Protective Services Act on 4/20/16. BB 2/6/17 See page 5A

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|----------------------|-----------------------------------|--|--|
| 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) Date 1/24/17

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

| | |
|--|---|
| The above plan of correction is approved as of <u>2/7/17</u> (Date) | Plan of correction implementation status as of <u>2/7/17</u> (Date) |
| The above plan of correction was approved by <u>BB</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Immediately the administrator will find and schedule trainings for the Older Adults Protective Services Act and Resident rights. Our homes understanding was that this regulation (2600.65(g)) on annual trainings for OAPSA and Resident rights were for direct care staff and not for Administration with no direct care. We will update our policies upon Approved VR.

By 3/31/17 - staff person A will receive training on resident rights and the Older Adult Protective Services Act. Documentation will be kept to include the individual trained, date, source, content, length of each course and copies of certificates received. BB 2/7/17

Immediately - The administrator will be included in the home's staff training plan. BB 2/7/17

Julian Davenport Feb 7 2017

Julian Davenport 2-7-17

RECEIVED

FEB 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

BB 2/7/17

JAN 27 2017

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The microwave in the kitchen of the home contained dried food particles on the top, bottom, and all sides of the inside of the appliance. There was also dried food particles on the inside of the microwave door.

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.

Immediately, the microwave has been cleaned and disinfected. By our next staff meeting, Feb. 14th, 2017, all staff will be trained on Regulation 2600.85(a). Every shift is required to clean the microwave and it has been added to the duties list.

Documentation will be kept and fax when complete

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Date 1/24/17

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

The above plan of correction is approved as of 2/6/17
(Date)

Plan of correction implementation status as of 2/6/17
(Date)

The above plan of correction was approved by BB
(Initials)

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

JAN 27 2017

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Mutual Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There is a 3 1/2 foot drop onto cement behind the base of the fire escape.

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.

Immediately, a 2x4 wood blockade has been put up to prevent any falls. By Feb. 7, 2017, lattice will be added to further the noticeability of the blockade. Please see attached photo.

By 3/15/17 - All staff persons will be educated on Chapter 2600.100(a).
Immediately and weekly thereafter - The administrator or designee will check the exterior of the building and grounds or yard to ensure areas are in good repair and free of hazards.

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|---|-----------------------------------|--|------|
| 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) | | | Date |

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

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|--|---|
| The above plan of correction is approved as of <u>2/6/17</u> (Date) | Plan of correction implementation status as of <u>2/6/17</u> (Date) |
| The above plan of correction was approved by <u>BB</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

JAN 27 2017

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Lancaster Services Licensing

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 preadmission screening form, dated [redacted] 16, for Resident #1, admitted [redacted] 16, was incomplete and did not indicate if the resident could use or avoid poisonous materials.

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.

Responsible staff for error will be trained on Regulation 2600.224(a). Immediately, preadmission will be corrected in compliance with the regulation. Staff will review all preadmissions line by line for any other possible errors.

Documentation will be kept upon approved VR trainings will be completed within 15 days

On 1/27/17, the home submitted documentation indicating that resident #1's preadmission screening form was updated to include the resident's inability to safely use and avoid poisonous materials. BB 2/6/17

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) Date 1/24/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/6/17
(Date)

Plan of correction implementation status as of 2/6/17
(Date)

The above plan of correction was approved by BB
(Initials)

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

JAN 27 2017

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|---|-----------------------------------|--|--|
| Violation Report: 41371 - 12/20/2016 - Knee, Donald PCH Name: THE ADAMS HOUSE | | WEST REGION FIELD OFFICE Human Services Licensing | |
| 1. REGULATION 55 Pa.Code §2600 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. | | | |
| 2a. DESCRIPTION OF VIOLATION Resident #3's initial assessment, dated [redacted] 16, was incomplete and the following areas were blank: | | | |
| <ul style="list-style-type: none"> • Eating • Drinking • Transferring in/out of bed/chair • Toileting | | | |
| 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>Responsible staff will be trained on regulation 2600.225(a), Immediately, Staff will correct unmarked check boxes, immediately for eating, drinking, transferring in/out of bed/chair, and toileting. Staff will review all assessments line by line and make any corrections to be in compliance. Upon approved UR trainings will be documented and fax to DPW within 15 days</p> <p>On 1/27/17, the home submitted documentation indicating resident #3's assessment has been updated to include eating, drinking, transferring and toileting. BB 2/6/17</p> | | | |
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | <i>[Signature]</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date 1/29/17 | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |
| The above plan of correction is approved as of <u>2/6/17</u> (Date) | | Plan of correction implementation status as of <u>2/6/17</u> (Date) | |
| The above plan of correction was approved by <u>BB</u> (Initials) | | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress BB <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented | |

JAN 27 2017

Violation Report: 41371 - 12/20/2016 - Knee, Donald
PCH Name: THE ADAMS HOUSE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
Resident #2's assessment, dated 4/10/16, contained correction fluid in the following areas:
• Description of need for caring for personal possessions
• Plan to meet psychological need, "Seroquel" was written over the correction fluid.

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.
Responsible staff will be trained on Regulation 2600.251(b). Staff will also review all assessments line by line and correct any pages that white-out has been used on. Staff has also been instructed to only line out a mistake, initial, date, and write correction beside the error, upon approved UR Training documentation will be kept and faxed to DPW.

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) Date 1/24/17

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

The above plan of correction is approved as of 2/6/17 (Date)
The above plan of correction was approved by BS (Initials)

Plan of correction implementation status as of 2/6/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress BS
 Partially Implemented - Inadequate Progress
 Not Implemented