



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: January 26, 2017

Mr. Robert Getz, President  
Getz Personal Care Home Inc.  
1026 Scenic Drive  
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home  
License #: 240500

Dear Mr. Getz:

As a result of the Department of Human Services' licensing inspection on December 22, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: GETZ PERSONAL CARE HOME		License Number: 24050
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTHEAST
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 08/10/1993 PA Dept of L&I	C-2 LP 01/03/1992 PA Dept of L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/22/2016: Foulkes, Kimberli		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 51 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 2	

**Violation Report:** 24050 - 12/22/2016 - Foulkes, Kimberli  
**PCH Name:** GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600 - 2600.42(b)** - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**  
 On 12/19/16 at 9:15am resident #1 became angry picking up a decorative Angel and shoving resident #2 with it. Resident #2 fell backwards hitting his/her head. Resident #2 required medical attention and suffered from a contusion of the right hip, contusion of the head, and skin tears and bruising to the right arm.

**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.

Resident # 2 went to ER for examination + was DIC back to facility. Resident #1 was 302 commitment to order Adult Unit, DIC from facility + relocated by guardian.  
 Our plan to prevent incidents like this to happen in future is to provide training to staff on noticing potential dangerous incidents prior to happening so we can prevent + remove from situation. Staff will also be trained in proper Act 13, abuse reporting. Residents will be encourage to be kind to one + another + also encourage to walk away from potentially harming situations + report to staff. Training will be provided by Administrator + outside agencies.  
 • The administrator shall monitor and assume ongoing compliance. M 1/20/17

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) Robert Getz President	Date 1/18/17

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

The above plan of correction is approved as of <u>1/20/17</u> (Date)	Plan of correction implementation status as of <u>1/20/17</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented