



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to AROTINS HUMMINGBIRD ESTATE INC
LEGAL ENTITY

To operate AROTIN'S HUMMINGBIRD ESTATE
NAME OF FACILITY OR AGENCY

Located at 400 PARK AVENUE, PATTON, PA 16668
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 15
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 January 26, 2017 until January 26, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333070**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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

JAN 27 2017

Ms. Carolyn Arotin, Owner/ Administrator
Arotin's Hummingbird Estate Inc.
400 Park Avenue
Patton, Pennsylvania 16668

RE: Arotin's Hummingbird Estate Inc.
License #: 333060

Dear Ms. Arotin:

As a result of the Department of Human Services' licensing inspection on January 23, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW 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 provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 33307 - 01/23/2017 - Palermo, Michael
 PCH Name: AROTIN'S HUMMINGBIRD ESTATE, INC

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 1/23/17, at 12:00 noon, the water temperature at the sink in the dining room measured 130.2 degrees Fahrenheit.

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.

I have immediately contacted the contractor that built the building. On 1-25-2017 the contractor will be in to adjust the water temperature in the dining room. He agreed to check all the rooms with sinks + showers to make sure the temperature does not exceed 120°F. Contractor adjusted temperatures on 1-25-17. (BE)
 Administrator (BE)

I have put water temperature on the list of items that will need to be checked monthly. This list will be initialed & dated by the employee. List attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carolyn Arotin* OWNER Administrator Date *1-24-17*

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

The above plan of correction is approved as of 1-25-17 (Date)

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

Plan of correction implementation status as of 1-25-17 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented