



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
Mailing Date: May 8, 2017

Mr. Anthony Camilli, Executive Director
Douglassville AID II OpCo LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Amity Place
139 Old Swede Road
Douglassville, Pennsylvania 19518
License #: 226560

Dear Mr. Camilli:

As a result of the Department of Human Services' licensing inspection on April 11, 2017 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22656 - 04/11/2017 - Valence, Duane
 PCH Name: Amity Place

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

- Information provided by the home's administrator indicates that an unannounced fire drill for residents and staff was not conducted by the home as required by this regulation in the month of February, 2017.

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.


1. Newly on boarded PCHA, identified omission of monthly fire drill while conducting audit of Fire Drill Log, for February 2017.
2. Fire Drill commenced on 3/31/17 and documented on DHS Fire Drill Log. (see attached)
3. Staff present for drill on 3/31/17, signed to verify their presence and that drill was conducted (see attached)
4. Facility Maintenance Technician will conduct unannounced monthly fire drills at varying, staggered, times of each month.
5. PCHA will audit monthly fire drill log to verify drills are being conducted
6. PCHA will meet with Facility Maintenance Technician after each monthly fire drill to discuss outcome.

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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 |
|---|------|

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|--|---|
| The above plan of correction is approved as of <u>5-6-17</u> (Date) | Plan of correction implementation status as of <u>5-6-17</u> (Date) |
| The above plan of correction was approved by  (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 |