



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 20, 2017

Ms. Deneane R. Miller,
Owner/Administrator
Deneane Armel
142 Fairview Avenue
Confluence, Pennsylvania 15424

RE: Deneane's Personal Care Home
Certificate #: 321520

Dear Ms. Armel:

As a result of the Department of Human Services' licensing inspection on August 8, 2017 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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 cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32152 - 08/08/2017 - Hoover, Douglas
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 died unexpectedly at the hospital on [redacted] 17. The home did not submit an incident report to the Department.

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 unclear to the Administrator that Regulation 2600.16 (c) is interpreted in a manner that all unexpected deaths must be reported to the Department.

In the future All unexpected deaths will be reported to the Department's Regional Office or the Complaint Hotline by the Administrator or Designee. All staff will be trained on incidents required to be reported by 2600.16e by Administrator or Designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) Deneane R. Muler Armet

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deneane R. Muler Armet Date 9/26/17

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

The above plan of correction is approved as of 9-20-17 (Date)

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

Plan of correction implementation status as of 9-20-17 (Date)

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