



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**Mailing Date: January 11, 2018**

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 September 7, 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 - 09/07/2017 - Hummel, Jesse  
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 8/2/17 at 9:30pm, staff of the facility observed resident #1 and resident #2 sitting on the couch together located in the common living area. Resident #2 was sleeping. Resident #1 was observed with the resident's hand on the breast of resident #2, performing a massaging motion. Resident #2 was unaware that this occurred and therefore was not a consenting partner. Resident #1 sexually assaulted resident #2. The facility failed to report this incident to the local Area Agency on Aging. A mandatory abuse report was also not submitted to the local Area Agency on Aging.

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.*

2600.15(a)

- The community notified the local Area Agency on Aging on 11/16/2017 and submitted the mandatory suspected abuse incident report on 11/16/2017.
- Moving forward, when a suspected case of abuse is identified, the Executive Director (ED) will ensure that the Area Agency on Aging is immediately notified by submitting a mandatory abuse report.
- Additionally, the community initiated a facility-wide inservice highlighting our Incident Reporting Guidelines which indicate that the Executive Director must be notified immediately of alleged or suspected cases of abuse. This inservice will be completed by 11/24/2017. (see attached)
- Additionally, the community initiated a facility-wide inservice addressing "Abuse and Abuse Reporting" and the flow-sheet illustrating "Suspected Resident Abuse Reporting and Investigation Requirements". These inservices are pulled directly from pages 181 and 182 of the Regulatory Compliance Guide (RCG). This inservice will be completed by 11/30/2017. (see attached)

*documents provided. ep.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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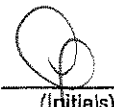
Signature of Legal Entity Representative  
 (Required on EVERY Page) *John Mc Govern*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John Mc Govern - Executive Dir.* Date *11/17/17*

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

The above plan of correction is approved as of 1-9-18  
 (Date)

Plan of correction implementation status as of 1-9-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 22656 - 09/07/2017 - Hummel, Jesse  
 PCH Name: AMITY PLACE

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 8/2/17 at 9:30pm, staff of the facility observed resident #1 and resident #2 sitting on the couch together located in the common living area. Resident #2 was sleeping. Resident #1 was observed with the resident's hand on the breast of resident #2, performing a massaging motion. Resident #2 was unaware that this occurred and therefore was not a consenting partner. Resident #1 sexually assaulted resident #2.

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.

2600.42(b)

- The community's staff members will continue to observe interactions among residents, staff and visitors and immediately intervene to protect our residents from neglect, intimidation, physical or verbal abuse, mistreatment, corporal punishment or any form of discipline.
- Moving forward, any reports or signs of inappropriate behavior, sexual or not, will immediately be reported to the Executive Director or designee, added to the residents RASP and communicated to the residents PCP and/or Psychiatrist.

*The Administrator will oversee to ensure ongoing compliance.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *John McGovern*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John McGovern Executive Dir.*      Date *11/17/17*

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The above plan of correction is approved as of 1-9-18  
 (Date)

Plan of correction implementation status as of 1-9-18  
 (Date)

The above plan of correction was approved by *JM*  
 (Initials)

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

Violation Report: 22656 - 09/07/2017 - Hummel, Jesse  
 PCH Name: AMITY PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

On 8/2/17 at 9:30pm, staff of the facility observed resident #1 and resident #2 sitting on the couch together located in the common living area. Resident #2 was sleeping. Resident #1 was observed with the resident's hand on the breast of resident #2, performing a massaging motion. Upon staff entering the area, resident #1 removed the resident's hand. The resident assessment and support plan completed on 3/10/17 for resident #1 was not updated to indicate this behavior and how the facility is going to meet the needs of the resident while keeping the other residents of the facility safe.

**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.*

**2600.227(d)**

- Moving forward, the residents assessment and support plan (RASP) will indicate the behavioral services available to the resident should they require them. The RASP will also indicate the residents history of behaviors, sexual or not, and how the facility will meet their needs while keeping the community's population and staff safe.

*The Administrator will oversee to ensure ongoing ongoing compliance. Q*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John McGovern*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*John McGovern Executive Dir.*

Date

*11/17/17*

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The above plan of correction is approved as of

1-9-18  
 (Date)

Plan of correction implementation status as of

1-9-18  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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