



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to H AND M PERSONAL CARE HOME INC
LEGAL ENTITY

To operate H & M PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 590 BOGGS SCHOOL ROAD, MOON TOWNSHIP, PA 15108
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

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 18
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 November 30, 2017 until November 30, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448480

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.



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NOV 29 2017

Ms. Christine Makowiecki, Owner
Ms. Jayme Hiner, Owner
H&M Personal Care Home, Inc.
3700 42nd Avenue
New Brighton, Pennsylvania 15066

RE: H&M Personal Care Home
590 Boggs School Road
Moon Twp., Pennsylvania 15108
Certificate #: 448480

Dear Ms. Hiner and Ms. Makowiecki:


As a result of the Department of Human Services' licensing inspection on October 13, 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 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

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,


Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

RECEIVED

OCT 27 2017

Page 2 of 3

Violation Report: 448#8 - 10/13/2017 - Cutter, Jan
PCH Name: H & M PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There were no screens in the 2 kitchen windows which open.

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.

Immediately after receiving the Violation

- 1) Appropriate Personal Came to measure windows.
- 2) measurement were then taken to a hardware store where they are being prepared
- 3) windows will be completed with a fitting screen as of November 1st

To prevent screen from being without a screen ^{designated person} staff will make sure to check screens to make sure they stay in good repair and if such occurrences were to happen we will immediately repair or replace screen.

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) Christine Makowicki Home Administrator Date 10/25/17

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

The above plan of correction is approved as of 11/6/17 (Date)

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

Plan of correction Implementation status as of 11/6/17 (Date)

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

OCT 27 2017

Violation Report: 44848 - 10/13/2017 - Cutter, Jan
PCH Name: H & M PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The municipality's emergency procedures were not posted in a conspicuous and public place in the home.

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.

After the On Site inspection the municipality emergency procedures were

- 1) Copied
- 2) Placed in a cubby easily accessible to any resident or staff.
- 3) The copy was then placed back in a file for safe keeping

To prevent this from happening again ^{a designated} staff person ^{JW} will check the cubby to ensure a copy is easily accessible to ALL ^{11/6/17} personal monthly.

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) Christine Makowicki - Home Admin. Date 10/24/17

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

The above plan of correction is approved as of 11/6/17
(Date)

Plan of correction implementation status as of 11/6/17
(Date)

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

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