



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
Mailing Date: March 13, 2018

Mr. Anthony Camilli
Authorized Officer
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 December 27, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22656 - 01/16/2018 - Deluca, Amy
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600
 300.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:
 (1) If a resident is a danger to himself/herself or others.
 (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
 (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
 (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
 (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
 (6) If closure of the home is initiated by the Department.
 (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was discharged from the home on [redacted] 2017 to a local hospital according to a notice that was addressed to the resident's family member. The letter indicates the resident was being discharged due to multiple occasions of violating the rights of other residents. After an incident occurred on 8/2/2017 involving resident #1 and another resident, the home developed a plan to monitor the resident with 30 minute checks to prevent further incidents. The home did not adequately implement the 30 minute checks and after another incident occurred on [redacted] 2017, decided to discharge the resident immediately.

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.

Please see attached documentation.

See Attachment →

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John McGovern, Executive Director</i>	Date <i>3-1-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/13/18</u> (Date)	Plan of correction implementation status as of <u>3/13/18</u> (Date)
The above plan of correction was approved by <u>M</u> (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

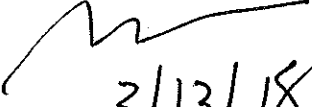
2600.228(h)

This regulation is important because "limiting the allowable grounds for discharge protects residents from retaliatory discharge as well as their right to remain in the home. Building flexibility into the allowable grounds for discharge allows homes to discharge residents who pose a threat to other residents, whose needs cannot be met by the home, or who do not pay for services".

- Moving forward, any future instances where a resident proves to be a danger to themselves or others and it is determined the community *cannot* ultimately ensure a residents safety, the Executive Director or designee will *immediately* obtain written certification by a physician or the Department of Human Services that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or other in the home in accordance with 2600.228(b).

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

The administrator shall monitor and be responsible for ongoing compliance.


3/13/18