



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via fax
January 31, 2019**

Mr. Alex Mains, Administrator
Penn Assisted Care, LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License #: 139050

Dear Mr. Mains:

As a result of the Department's Bureau of Human Services Licensing inspection on June 5, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

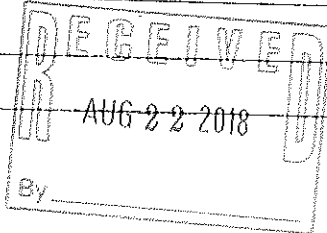
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams
Regional Licensing Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: PENN ASSISTED CARE		License Number: 13905
Address: 68 MAIN STREET, PENNSBURG, PA 18073		County: Bucks
Administrator: Mr. Alex Mains		Region: SOUTHEAST
Legal Entity Name: PENN ASSISTED CARE LLC		
Legal Entity Address: 68 MAIN STREET, PENNSBURG, PA 18073		
Certificate(s) of Occupancy I-1 12/07/2008 Borough of Pennsburg		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/05/2018: Thomas, Tahesia; Carrion, David		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 31 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 20 Have Mental Illness: 23 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 13905 - 06/05/2018 - Thomas, Tahesia
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 05/19/18 Resident #1 entered the kitchen to get a cup. Staff member B put a hand on the resident's shoulder to escort the resident out of the kitchen as residents are not allowed in the kitchen per resident rules. The resident became physically aggressive and punched the staff in face.

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.

Effective immediately the involved staff person was suspended from duty pending investigation. The Administrator trained all staff persons on the following: Resident rights, OAPSA, OCD, de-escalation, positive approach, and safe management. In addition, Montgomery County Area on Aging provided all staff persons with an additional training on Resident rights. Effective immediately the Administrator clarified the safe management and positive approach policies to include a hands-off approach in all situations unless providing direct care to a Resident. After the investigation and at the direction of the BHSL the employee was provisionally reinstated under supervision for a period of two weeks where no further incidences had occurred during the provisional period or since reinstatement.

All training and audits to be maintained for Department review.

(Signature) 1/29/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *8/16/18*

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

The above plan of correction is approved as of *1/29/19*
 (Date)

Plan of correction implementation status as of *1/29/19*
 (Date)

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

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

Violation Report: 13905 - 06/05/2018 - Thomas, Tahesia
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #1 on 06/9/17. Resident #1 has issues with irritability and agitation. As of 06/05/18 the support plan did not include a plan to meet service need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

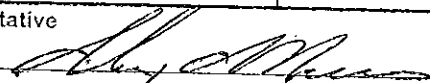
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective immediately the affected Resident's assessment support plan was updated by the Care Coordinator to reflect a plan to meet the Resident's service needs for irritability and agitation using the positive approach method. Effective August 15, 2018 Resident Assessment Support plans will be reviewed and updated by the Care Coordinator on a biweekly basis to insure that all service needs are reflected. The Care Coordinator has been provided additional training by the Administrator on completing Resident assessment support plans using the positive approach method.

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)

Alex Mains, Administrator

Date 8/16/18

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The above plan of correction is approved as of

8/29/18
 (Date)

Plan of correction implementation status as of

8/29/18
 (Date)

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

The above plan of correction was approved by


 (Initials)