



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 8, 2018**

Ms. Brenda Campbell  
Administrator  
Chicora Medical Center, LP  
160 Medical Center Road  
Chicora, Pennsylvania 16025

RE: Quality Life Services - Chicora  
Certificate #:405530

Dear Ms. Campbell:

As a result of the Department's Bureau of Human Services Licensing inspection on June 6, 2018, 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,

A handwritten signature in black ink, appearing to read "Suzy Quinn".

Suzy Quinn  
Acting Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: Quality Life Services, Chicora		License Number: 40553
Address: 160 Medical Center Road, Chicora, PA 16025		County: Butler
Administrator: Brenda Campbell		Region: WEST
<b>RECEIVED</b>		
Legal Entity Name: Chicora Medical Center Limited Partnership		
Legal Entity Address: 160 Medical Center Road, Chicora, PA 16025		
Certificate(s) of Occupancy C-1 02/05/1992 PA DOH		JUL 06 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/06/2018: Garvey, Jody		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 26 Number of Residents Served: 14 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: 1 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 14 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report: 40563 - 06/06/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Chicora

JUL 06 2018

1. REGULATION 56 Pa.Code §2600  
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial assessment, dated 2/28/18, does not include the diagnoses of unsteadiness on feet and muscle weakness, as indicated on the resident's initial medical evaluation, dated 2/15/18.

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.

The PC Administrator will develop a process/plan to review each resident DME to RASP to ensure all diagnosis are the same on each document current charts will be Audited over the next 2 months to ensure consistency and will be checked semi annually

Immediately - Resident #1's assessment will be updated to include all of the resident's diagnoses from the 2/15/18 medical evaluation. *BB* 7/27/18

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell Administrator*      Date *7-6-18*

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

The above plan of correction is approved as of *7/27/18*  
(Date)

Plan of correction implementation status as of *7/27/18*  
(Date)

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

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