



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LIFE S PROMISE PCH INC
LEGAL ENTITY

To operate LIFE'S PROMISE PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 2053 STATE ROUTE 711, LIGONIER, PA 15658
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 October 12, 2018 until April 12, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448391**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 12 2018

Mr. James E. Stambaugh II
President
Life's Promise PCH, Inc.
117 Oliver Road
Uniontown, Pennsylvania 15401

RE: Life's Promise Personal Care Home
2053 State Route 711
Ligonier, Pennsylvania 15658
License #: 448390

Dear Mr. Stambaugh:

As a result of the Department's Bureau of Human Services Licensing inspection on August 8, 2018, 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.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes or assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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.

Mr. Stambaugh

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,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

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

PCH Name: LIFE'S PROMISE PERSONAL CARE HOME		License Number: 44839
Address: 2053 STATE ROUTE 711, LIGONIER, PA 15858		County: Westmoreland
Administrator: Rebecca Svec		Region: WEST
Legal Entity Name: Life's Promise PCH Inc		RECEIVED
Legal Entity Address: 177 Oliver Road, Uniontown, PA 15401		SEP 28 2018
Certificate(s) of Occupancy I-1 05/03/2013 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours.		
Resident Support: 0	Total Daily Staff: 2	Waking Staff: 2
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(a) New		
On-Site Inspection Dates and Department Representatives On-Site 08/08/2018: Evegas, Joseph; Graziano, Belinda		
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: 18 Number of Residents Served: 1 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: 0 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 44839 - 08/08/2018 - Evagas, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa. Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 16 feet from, any fossil fuel device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16. The home has an oil fired boiler, propane stove and propane dryer.

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.

Carbon Monoxide detectors were installed in boiler room, kitchen and laundry room. Advanced Fire and Security installed and monitors system. (See attached pictures).

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)

Date

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

The above plan of correction is approved as of

10/03/18

(Date)

Plan of correction implementation status as of

10/03/18

(Date)

Fully Implemented

SE

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SE

(Initials)

Violation Report: 44838 - 08/08/2018 - Eveges, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2800

2800.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There is no lid on the garbage can next to the Ansul pull station in the home's kitchen area.

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.

Lid was purchased for trash can. (See attached picture)

Immediately, then at least once per day: The administrator or designated staff person shall inspect the home to ensure trash in kitchens and bathrooms is kept in covered trash receptacles that prevent the penetration of insects and rodents.

SO 10/03/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Svec administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rebecca Svec* Date *9/26/18*

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

The above plan of correction is approved as of 10/03/18 (Date)

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

Plan of correction implementation status as of 10/03/18 (Date)

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

Violation Report: 44839 - 08/08/2018 - Eveses, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home uses a well as it's water supply. However, the home did not have documentation of required quarterly coliform testing.

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.

A water sample was obtained and sent to Fairway Laboratories for coliform testing. (See attached report). Quarterly coliform testing will be done.

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)

Date 9/26/18

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

The above plan of correction is approved as of 10/03/18
(Date)

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

Plan of correction implementation status as of 10/03/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44839 - 08/08/2018 - Evages, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.84(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

The top 3 stairs leading from the deck to the home's pond area, and the ramp leading from the deck to the pond area do not have non-skid surfaces.

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.

Non-skid surfaces were applied to stairs.
(see attached pictures)

Immediately, then at least once per week: The administrator or designated staff person shall inspect all interior stairs, exterior steps and ramps to ensure nonskid surfaces are in place.

 10/03/18

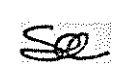
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Rebecca Sue administrator Date 9/20/18

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

The above plan of correction is approved as of 10/03/18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10/03/18
(Date)

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

Violation Report: 44839 - 08/08/2018 - Ewegas, Joseph
PGH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2500

2500.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The wooden bench next to the home's outdoor gazebo is weathered and rough with splintered wood, posing a potential skin tear hazard.

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.

All benches in outdoor areas were sanded and painted. (see attached picture)

Immediately, then at least once per week: The administrator or designated staff person shall inspect all furniture and equipment to ensure all are in good repair, clean and free of hazards.

SE 10/03/18

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)

Date 9/26/18

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The above plan of correction is approved as of 10/03/18
(Date)

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

Plan of correction implementation status as of 10/03/18
(Date)

- Fully implemented
- Partially implemented - Adequate Progress *SE*
- Partially implemented - inadequate Progress
- Not implemented

Violation Report: 44839 - 08/08/2018 - Eveges, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The exterior walkways of the home, rear deck area and exit landing leading from the dining area were littered with several branches, sticks, dead leaves and stones posing a possible trip/fall hazard.

There was a basketball sized wasp nest attached to the lamp post in the home's pond area. Multiple wasps were flying around the nest and the tables and chairs in the pond area.

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.

Wasp nest was removed on 8/9/18
(See attached photo)

Immediately, then at least once per week: The administrator or designated staff person shall inspect the exterior of the building and grounds to ensure they are in good repair and free of hazards.

SE 10/03/18

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Lee Administrator Date 9/26/18

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

The above plan of correction is approved as of 10/03/18
(Date)

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

Plan of correction implementation status as of 10/03/18
(Date)

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

Violation Report: 44839 - 08/08/2018 - Eveges, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There is no thermometer in the chest freezer located in the home's food storage area.

There is no thermometer in the table top cooler located in the home's kitchen area.

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.

*Thermometers were placed in
freezer and cooler.
(see attached pictures)*

Immediately, then at least once per week: The administrator or designated staff person shall inspect all refrigerators and freezers to ensure thermometers are present and operable.

SE 10/03/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Sime administrator* Date *9/26/18*

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(Date)

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

Plan of correction implementation status as of 10/03/18
(Date)

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

Violation Report: 44839 - 09/09/2018 - Eveses, Joseph
 PCH Name: LIFE'S PROMISE PERSONAL CARE HOME
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa. Code §2800
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 There was a large unlabeled, undated plastic bag containing over twenty sausage patties in the chest freezer located in the food storage area.

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 Sausage patties were our personal food.
 All staff will be instructed that any food for residents that is not in original packaging container must be labeled and dated.

Immediately, then at least once per week: The administrator or designated staff person shall inspect all food items in freezers and refrigerators to ensure they are labeled, dated and sealed.

SE 10/03/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rebecca Lee administrator* Date *9/20/18*

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 (Date)

Plan of correction implementation status as of 10/03/18
 (Date)

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

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- Partially Implemented - Adequate Progress *SE*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44839 - 08/08/2018 - Eveges, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The fire evacuation diagram next to room #101 does not include the following:

- * The line of travel to exit doors
- * The location of fire extinguishers
- * The location of pull signals

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 fire evacuation diagram was reviewed & approved by the inspector during inspection. (See attached picture)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Rebecca Lee, admin

Date 9/26/18

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

The above plan of correction is approved as of 10/03/18
(Date)

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

Plan of correction implementation status as of 10/03/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44838 - 09/08/2018 - Eveges, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher outside of the home's boiler room was last serviced and inspected in October 2016.

The Ansel fire extinguishing system in the home's kitchen was last serviced and inspected in June 2015.

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 fire extinguisher and Ansel fire system were inspected by A & I Fire Company (see attached photos)

Immediately, then at least monthly: The administrator or designated staff person shall inspect all fire extinguishers, to include the Ansel Fire System, to ensure they have been inspected and approved by a fire safety expert annually. The date of the inspection shall be on the extinguisher.

SE 10/03/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Rebecca Svec

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Svec admin Date 9/26/18

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

The above plan of correction is approved as of 10/03/18 (Date)

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

Plan of correction implementation status as of 10/03/18 (Date)

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

Violation Report: 44839 - 08/09/2018 - Eveges, Joseph
PCH Name: LIFE'S PROMISE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa. Code §2900

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is located approximately 5 feet from the home's main entrance and directly along the walkway leading from the main entrance to the parking area.

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 designated employee smoking area was moved to a location away from the main walkway and main entrance. (see attached photo)

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)

Rebecca W. Admin.

Date 9/26/18

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

The above plan of correction is approved as of 10/03/18
(Date)

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 10/03/18
(Date)

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