



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Christine Makowiecki
Owner / Administrator
H and 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. Makowiecki:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 16, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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 inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44848 - 11/16/2018 - Marini, Michael

PCH Name: H & M PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, enacted on 11-21-16, requires personal care homes to post influenza information in a public place year-round. No influenza information was posted in the home in accordance with the Influenza Awareness Act.

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.

On November 21, 2018 the licensed state inspector emailed me the required influenza Awareness act poster and it was immediately placed in the kitchen hanging in clear view for everyone to see.

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 Makowiecki, Home Administrator

Date 12/11/18

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

The above plan of correction is approved as of

12/12/18

(Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of 12/12/18

(Date)

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

Violation Report: 44848 - 11/16/2018 - Marini, Michael

PCH Name: H & M PERSONAL CARE HOME

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 11-16-18, the home served 16 residents requiring a minimum of 48 gallons of emergency drinking water to be available on-site. However, only 45 gallons of water were available in the home. The home does not have a contractual agreement with a water supplier to supply drinking water during an emergency.

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.

on 11/16/18 the licensed state inspector had made the home aware that they were short 3 gallons of emergency drinking water for the 16 residents in the home. The administrator had then sent a member of the staff to replace the 3 gallons of water and the violation was corrected immediately and while the inspector was still present in the home.

Immediately: A designated staff person shall check the home's supply of water monthly to ensure at least 1 gallon of water, per resident per day is present. *Ih*

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)

Christine Makowicki, Home Administrator

Date *12/11/18*

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(Date)

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12/12/18

(Date)

Fully Implemented *Ih*

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Handwritten Initials]

(Initials)

Violation Report: 44848 - 11/16/2018 - Marini, Michael

PCH Name: H & M PERSONAL CARE HOME

12 2018

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill during sleeping hours on 7-20-18 at 1:00 AM; however, the previous fire drill conducted during sleeping hours was held on 6-24-17 at 4:00 AM, which exceeds 6 months.

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 Fire drill was conducted on 11/24/2018 at 12:45 am. This should correct the above violation, Moving forward the PCH will be sure to conduct a fire drill during sleep hours once every 6 months, by reviewing the fire drill records monthly. *LM*

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 12/11/18

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

The above plan of correction is approved as of 12/12/18
(Date)

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

Plan of correction implementation status as of 12/12/18
(Date)

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