



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

Ms. Christina Davenport  
Owner / Administrator Assistant  
Karen Adams  
314 Fallowfield Avenue  
Charleroi, PA 15022

RE: The Adams House  
Certificate #: 413710

Dear Ms. Davenport:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 10, 2019, 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.

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](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  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: THE ADAMS HOUSE		License Number: 41371
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		County: Washington
Administrator: JULIAN DAVENPORT		Region: WEST
Legal Entity Name: KAREN ADAMS		
Legal Entity Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 09/17/1992 Labor & Industry		MAR 15 2019 Western Region
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/10/2019 Flinner-Alman, Lisa; Barry, Courtney		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 21 ✓ Number of Residents Served: 19 ✓ 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: 18 ✓ Are 60 Years of Age or Older: 7 ✓ Have Mental Illness: 19 ✓ Have an Intellectual Disability: 2 ✓ Have a Mobility Need: 0 Have a Physical Disability: 1 ✓

Violation Report: 41371 - 01/10/2019 - Flinger-Alman, Lisa  
PCH Name: THE ADAMS HOUSE

Western Region

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding document was attached to the licensing inspection summary, dated 11/7/17, in a binder on an end table in the living room. The names of multiple residents were included in the privacy coding document, including residents #1, #2, and #3.

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 resident privacy coding document was removed after inspection by the administrator. The administrator and administrative assistant [redacted] will check all forms of licensing inspection summaries before placing them in the living room binder so that we can prevent violation of 2600.17.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date *3/13/19*

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

The above plan of correction is approved as of 4/8/19 (Date)

Plan of correction implementation status as of 4/8/19 (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: 41371 - 01/10/2019 - Flinner-Alman, Lisa  
PCH Name: THE ADAMS HOUSE

Western Region

1. REGULATION 55 Pa.Code §2600  
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home's record of 1st day initial orientation and training to be completed within 40 hours of working for staff person A does not include the date of the training.

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 initial orientation and training for person A was corrected to show the date of the training. See attached. In order to prevent this violation, the administrative assistant will check that the training is dated before it is filed. To provide a cohesive effort, the aides involved in training will be educated at the next meeting, March 26, 2019.

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

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(Required on EVERY Page) *Julian Davenport*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Julian Davenport*      Date *3/13/19*

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(Date)

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(Initials)

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Violation Report: 41371 - 01/10/2019 - Flinner-Alman, Lisa  
PCH Name: THE ADAMS HOUSE Western Region

1. REGULATORY CODE: 2600.85(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 was a full, uncovered garbage can near the back door and laundry room.

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.


Immediately, trash can will be replaced with a trash can with a working lid see attached photo. At our next staff meeting (March 26) will have a training for all staff on Code/Regulation 2600.85(d) to express the importance of keeping the trash free of insects & rodents. The administrator & Maintenance will be inspecting all garbage cans in the building once per month to ensure that we are in compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julian Davenport*      Date *3/13/19*

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Violation Report: 41371 - 01/10/2019 - Finner-Alman, Lisa  
PCH Name: THE ADAMS HOUSE

Western Region

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill log does not indicate a.m. or p.m. for fire drills conducted on the following dates and times:  
- 2/18/18 at 10:12  
- 6/5/18 at 11:38  
- 7/28/18 at 3:20  
- 8/31/18 at 9:50

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.

Starting immediately, the administrator and assistant will both be checking the fire log once after every fire drill. We hope this double checking between two people will allow us to fix any errors that have been missed when it is first filled out by the administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Julian Davenport*

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

*Julian Davenport*

Date

3/13/19

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