



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to RESPICENTER INCORPORATED
LEGAL ENTITY

To operate RESPICENTER INCORPORATED
NAME OF FACILITY OR AGENCY

Located at 545 WEST HIGH STREET, WAYNESBURG, PA 15370
(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 20
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 January 18, 2019 until January 18, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449520**

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

JAN 23 2019

Ms. Rachelle Kamenos
Owner
Respicercenter Incorporated
229 Cumberland Avenue
Waynesburg, Pennsylvania 15461

RE: Respicercenter Incorporated
545 West High Street
Waynesburg, Pennsylvania 15370
Certificate #: 449520

Dear Ms. Kamenos:

As a result of the Department's Bureau of Human Services Licensing inspection on December 14, 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.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your NEW 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.

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.

Ms. Rachelle Kamenos

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". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

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

| | | |
|---|--|--|
| PCH Name: RESPICENTER WEST | | License Number: 44952 |
| Address: 545 WEST HIGH STREET, WAYNESBURG, PA 15370 | | County: Greene |
| Administrator: Jodi Richter | | Region: WEST |
| Legal Entity Name: Rachelle A. Kamenos | | RECEIVED JAN 15 2019 |
| Legal Entity Address: 229 Cumberland Ave, Waynesburg, PA 15461 | | |
| Certificate(s) of Occupancy I-2 04/05/2010 City of Waynesburg | | WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 21 | Waking Staff: 16 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Announced |
| Reason(s) for Inspection(s) Complaint, Change Legal Entity | | |
| On-Site Inspections Dates and Department Representatives On-Site 12/14/2018: Marini, Michael | | |
| 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: 20 Number of Residents Served: 20 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: 2 Number of Hospice Residents in past year: 4 | Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 16 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0 | |

JAN 15 2019

Violation Report: 44952 - 12/14/2018 - Marini, Michael
PCH Name: RESPICENTER WEST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
There was no screen in the window near the old side staircase.

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 screen was made for the window & will remain in window as long as window is operable.
See ^{enclosed} photo:

Immediately, then monthly thereafter: A designated staff person shall check all operable windows, including windows in doors, to ensure a secure screen is present and in good repair. *LM* 1/16/19

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rachelle A. Kamenus*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rachelle A. Kamenus LPN Owner* Date *1-10-2019*

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

| | |
|---|--|
| <p>The above plan of correction is approved as of <u>1/16/19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>LM</i></u> (Initials)</p> | <p>Plan of correction implementation status as of <u>1/16/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LM</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
|---|--|