



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to FAVERS RESIDENTIAL CARE HOME INC
LEGAL ENTITY

To operate FAVERS RESIDENTIAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 574 TEECE AVENUE, PITTSBURGH, PA 15202
(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 14
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 March 1, 2019 until September 1, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449131**

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

FEB 28 2019

Ms. Nanci Favers
Administrator
Favers Residential Care Home, Inc.
574 Teece Avenue
Pittsburgh, Pennsylvania 15202

RE: Favers Residential Care Home, Inc.
Certificate #:449131

Dear Ms. Favers:

As a result of the Department's Bureau of Human Services Licensing inspection on November 15, 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 the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) 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, 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 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.

Ms. Nanci Favers

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". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The Department's poster of the list of residents' rights is not posted in the home.

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.

owner has posted a list of residents rights in the dinningroom in clear view for ALL residents to see.

Administrator Job description will also be to post all inquired paperwork including residents rights in a visible place which will be in the dinning room. owner will write and put in administrators file a Job description. by march 1st, 2019.

* List of Residents rights that will be hung is Attached *
 Immediately: The administrator or designated staff person shall check monthly to ensure the Department's poster of resident's rights is posted in the home. 2/7/19 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favens*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favens owner</i>	Date <i>1-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/7/19</u> (Date)	Plan of correction implementation status as of <u>2/7/19</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.44(g) - The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania (DRN), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The required telephone numbers were not posted in the home accessible to include:
 * The telephone number of the Department's personal care home regional office,
 * The local ombudsman or protective services unit in the area agency on aging,
 * Pennsylvania Protection and Advocacy, Inc.
 * The local law enforcement agency,
 * The Commonwealth Information Center
 * The personal care home complaint hotline

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.

owner has posted a poster of all the above number in the homes dinning room in clear view for all Residents and visitors to see.

Immediately: The administrator or designated staff person shall check monthly to ensure all required telephone numbers in accordance with regulation 2600.44(g) are posted in the home. 2/7/19 g

a part of Administrator's job description is to post all required paperwork according to Dpw regulations.

owner will write and put in administrators file a list of the job description by March, 1st 2019

* a poster of all number above is attached*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers owner* Date *1-14-19*

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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There are multiple large, full black trash bags with trash items throughout the interior of the facility, in resident rooms, hallways, and kitchen area. The owner indicated that the home had exceeded the waste removal contractor's bag limit causing a back-up of excess trash for removal.

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 TRASH has been thrown out.

The home has a contract with Vogel trash pickup weekly.

Any staff on duty is required to take trash out daily a list of staff duties are posted in staff office.

Immediately: The administrator or designated staff person shall check the home daily to ensure all trash is properly disposed of and sanitary conditions are maintained. If the home exceeds the amount of trash contracted to be removed, the administrator shall make arrangements for additional trash removal. 2/7/19 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Favere*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Favere owner</i>	Date <i>1-14-19</i>
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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 There are three large, full black trash bags with trash items on the exterior front porch, to the left of the front door.

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.

TRASH on front porch has been picked up.

The home has a contract with Vogel trash pick up weekly

Any staff on duty is required to take trash out daily a list of staff duties are posted in Staff office.

Immediately: The administrator or designated staff person shall check the outside of the home weekly to ensure all trash is kept in a covered receptacle. 2/7/19 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers owner</i>	Date <i>1-14-19</i>
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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The wall at the base of the main, indoor stairway, has a hole measuring approximately 36 inches tall by 10 inches wide, exposing area behind the drywall.

The cream colored wood trim board, measuring approximately 9 inches by 5 inches is pulled away from the wall approximately 1/2 inch, at the 2nd landing on the stairs leading from the foyer.

There is a hole in the wall measuring approximately 27 inches x 9 inches at the left, top of the stairs leading from the vestibule to the 2nd floor, exposing the area behind the drywall, posing a skin tear hazard.

There is a circular hole measuring approximately 3 inches in diameter on the wall at the top, right of the stairs leading from the vestibule to the 2nd floor, exposing the area behind the drywall.

There is a missing ceiling tile measuring approximately 2 feet by 2 feet in front of the attic door, near the 2nd floor bathroom.

There is a dry, brown, water stain on the ceiling tile measuring approximately 2 feet x 3 feet, in the 2nd floor bathroom/shower.

There are approximately a dozen black 12 inch square vinyl composition tiles that are loose on the floor of the second floor bathroom/shower to the right of the stairs.

There is a hole measuring approximately 36 inches x 4 inches in the corner wall of the 2nd floor hallway near the bathroom exposing the area behind the drywall and the drywall corner bead.

The locked 2nd floor bathroom #3, is in disrepair, and is utilized for storage of cleaning supplies. Three ceiling tiles are water damaged and have holes measuring in some places approximately 9 inches by 8 inches exposing the area above the drop ceiling.

There is a hole measuring approximately 6 inches by 9 inches in the wall behind the shower stall of the 1st floor bathroom.

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 work in the above description of violation has been done
 Immediately: The administrator or designated staff person shall check the home weekly to ensure floors, walls, ceilings, windows, and other surfaces are clean, in good repair and free of hazards. 2/7/19 g
 * Pictures attached to verify work *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers owner</i>	Date <i>1-14-19</i>
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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 At approximately 11:20 a.m., the water temperature at the accessible kitchen sink, measured approximately 134.2 degrees Fahrenheit.

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.

HOT water tank has been turned down ~~not~~ to exceed more then 120°F

STAFF will check water temperature with thermometer supplied by owner daily. If exceeds over 120°F STAFF are to notify administrator immediately. either owner or administrator or trained STAFF will turn water heater down to measure 120°F

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Favers owner</i>	Date <i>1-14-19</i>
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The above plan of correction was approved by <u><i>EF</i></u> (Initials)	

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required telephone numbers were posted on or by the landline kitchen telephone.

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 above telephone numbers have been printed and posted by ever phone in home.

staff on duty is required to notify administrator if any post are missing from any phone and administrator will replace any post needed.

Immediately: The administrator or designated staff person shall check the home weekly to ensure the required telephone numbers requires in accordance with 26--.91 are posted in the home. 2/7/19 g

* photo attach *

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Favers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nancy Favers owner* Date *1-14-19*

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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

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 are no screens in the two large living room windows on the side of the building.

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.

Screens was placed in the windows in living room at time of use.

owner has 2 window screens place at windows for use.

STAFF ON duty is required to place screens in windows when open at all times.

note place on wall by windows.

* Pictures attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers owner</i>	Date <i>1-14-19</i>
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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The second floor shower faucet does not shut off and has a constant slow-flow of water. The owner indicated that the building water bill was very high and was probably due to the running water.

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.

Plumber has been scheduled for Thursday
 2/07/19

owner will send paperwork soon as it done.

owner will schedule plumber work as needed
 at any time.

Immediately: The administrator or designated staff person shall check the home weekly to ensue furniture and equipment is clean, in good repair, and free of hazards. 2/7/19 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers Owner</i>	Date <i>1-14-19</i>
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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The home does not have a first aid kit in the facility.

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 owner has placed a first aid kit in the home in the office

Administrator will keep and check ^{first} aid kit periodically.

Immediately: The administrator or designated staff person shall check the first aid kit monthly to ensure the first aid kit has the required contents and is accessible to staff. 2/7/19 *g*

* picture attached *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favens owner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favens OWNER</i>	Date <i>1-14-19</i>
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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 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 handicapped-accessible exterior L-shaped wood ramp measuring approximately 45-foot-long, leading from the kitchen door to the back of the building and making an L approximately 20 feet long to N. Sprague Street is in disrepair to include:
 At the top landing, the 3 steps are pulled away from the ramp exposing 2 three inch nails.
 Approximately 16 feet from the building, the left handrail is pulled up from the railing, approximately 3 inches, exposing 3 three inch nails on the left.
 Approximately 16 feet from the building, the right handrail is horizontally sagging approximately 4 inches, approximately 20 feet from the building, the right handrail is horizontally sagging approximately 4 inches.
 There is 1 missing horizontal plank, measuring approximately 3 feet long, on the right side of the rail leading away from the home.

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 back ramp was demolished and hauled away. The step are reattached to the back porch

picture Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers owner</i>	Date <i>1-14-19</i>
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The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

There is approximately a quarter of an inch of ice, covering the non-skid strips, on the entire handicapped ramp measuring approximately 10 foot at the front of the building.

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.

It was freezing rain the day of the Inspection
 New non-skid strips was replaced.

any STAFF on duty is required to remove snow
 off ramp and put down salt to keep safe
 from slips.

owner will keep supplies of salt at all times.

Immediately: The administrator or the designated staff person shall check the outside walkways, ramps, steps, recreational areas and exterior fire escapes every half hour during snow and ice conditions to ensure all snow and ice is removed. 2/7/19 *g*

* picture attached *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers* Date *1-14-19*

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Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600 .

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The second floor bedroom #4 has a hole measuring approximately 2 inches x 2 inches in a 2 foot x 2 foot ceiling tile near the window.

The second floor bedroom (#7) to the left of the stairs has an area of drop ceiling measuring approximately 3 feet x 3 inches that is unsecured from the ceiling.

The second floor bedroom #5 has dried, brown, water damage to 2 ceiling tiles over a resident's bed and a patch of chipped off paint from the wall measuring approximately 10 inches by 8 inches about 4 feet off of the floor next to the bed.

The second floor bedroom #6 has dried, brown, water damage measuring approximately 18 inches x 10 inches on the corner ceiling tile.

The first floor bedroom #1, has dried, brown, water damage measuring approximately 6 inches by 4 inches on the ceiling tile near the window.

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 tiles have been replace in # 4 , # 7 , # 5
 # 6 & # 1

owner will check tiles periodically and
 Replace or fix as needed

Immediately: Checks by the administrator shall be completed weekly. 2/7/19 g

* picture Attached *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers owner* Date *1-14-19*

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

The above plan of correction is approved as of 2/7/19
 (Date)

Plan of correction implementation status as of 2/7/19
 (Date)

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

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

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600

2600.102(a) - There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.

2a. DESCRIPTION OF VIOLATION

The home is required to have 3 operational flush toilets for the license capacity of 14 residents and plus staff persons. However, the home only has 2 operational flush toilets.

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 3rd Bathroom on the 2nd Floor was cleaned and tiles replaced. toilet always flushed

owner will keep 3rd toilet in operating manor at all times.

Immediately: Checks shall be completed weekly. 2/7/19 *g*

* picture Attached *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers* Date *1-14-19*

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

The above plan of correction is approved as of <u>2/7/19</u> (Date)	Plan of correction implementation status as of <u>2/7/19</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The second exterior floor egress to the black metal emergency fire escape at the back of the building is obstructed by a large black plastic pan measuring approximately 3 feet x 5 feet x 2 inches deep.

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 large black plastic pan was removed off emergency fire escape on day of inspection.

administrator and staff will check fire escape for any blockage during monthly fire drills.

Immediately: The administrator or designated staff person shall check all stairways, hallways, doorways, passageways, and egress routes from rooms and from the building to ensure none are locked or obstructed. 2/7/19 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers</i>	Date <i>1-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/7/29</u> (Date)	Plan of correction implementation status as of <u>2/7/29</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency procedures and the local emergency preparedness plan are not posted in the home.

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.

Emergency procedures was perpered and ready to be hung.

a part of administrator's job description is to post all required paperwork according to spw regulations

Immediately: The administrator or designated staff person shall check the home weekly to ensure the home's emergency procedures and the municipal emergency preparedness plan are posted in the home. 2/7/19^g

owner will write and put in a dministrators file a list of the job description by MARCH 15th 2019

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers owner</i>	Date <i>1-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/7/19</u> (Date)	Plan of correction implementation status as of <u>2/7/19</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.123(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 homes intended capacity is 14 residents. There are no emergency evacuation diagrams posted in the home.

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 emergency evacuation diagrams are prepared and ready to be hung.

owner has placed emergency evacuation diagram on every floor and Exit visible for all residents, staff & visitors to see.

administrator will check periodically to make sure diagrams are in place.

Immediately: The administrator or designated staff person shall check the home monthly to ensure emergency diagrams are posted in the home with all of the required information. 2/7/19 *gj*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nanci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nanci Favers</i>	Date <i>1-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>gj</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gj</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's 2 RHEEM furnaces have not been inspected since 6/25/16 to include:
 * RHEEM basement floor Serial # 5432F030209286
 * RHEEM 2nd floor Serial #5429M170205542

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 furnaces have been scheduled to be inspected on 1-15-19

The home has a contract with Sullivan Plumbing to inspected units annually.

owner will contact Sullivan annually to remind company to ~~come~~ scheduled inspection on month before schedule inspection.

* Inspection letter attached *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Manci Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Manci Favers owner</i>	Date <i>1-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/7/19</u> (Date)	Plan of correction implementation status as of <u>2/7/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>EJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44910 - 11/15/2018 - Bartlett, Patricia
 PCH Name: FAVERS RESIDENTIAL CARE HOME, INC

1. REGULATION 55 Pa.Code §2600

2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION

The home has not developed a program of activities designed to promote resident's active involvement with other residents, the resident's family, and the community.

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.

owner has developed a activity schedule for the home and posted in the diningroom

administrator, owner or staff may change activities and post for residents to see at all times.

there will be a activities schedule posted in diningroom at all time and carried out by staff. * Activity schedule Attached *

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Favers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Favers OWNER</i>	Date <i>1-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/7/19</u> (Date)	Plan of correction implementation status as of <u>2/7/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u><i>g</i></u> (Initials)	