



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 8, 2019

Ms. Kaitlyn Magro
Administrator/Owner
St. Jude's Haven, Inc.
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Care Home
Certificate #: 307870

Dear Ms. Magro:

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

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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ST. JUDE'S HAVEN PERSONAL CARE HOME*
Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904*
County: *CAMBRIA* Region: *CENTRAL*

License Number: *30787*

Administrator

Name: *Kaitlyn Magro* Phone: *8142692244* Email:

Legal Entity

Name: *ST JUDES HAVEN INC*
Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA, 15904*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

08/14/2019 - On-Site: Israel Springs, Doug Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *16*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A small bottle of Acetone nail polish remover with a manufacture's label indicating " contact poison control if ingested.", was unattended and accessible to residents in an unlocked closet off of the dining room. None the residents of the home have been assessed capable of recognizing and using poisons safely.

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.)

Staff member went to closet to get depends out for a resident & forgot to lock it back up. The depends have been moved to another area to prevent this from happening again.

*Within 10 days from the approval date of this plan, all staff will be educated on proper storage and labeling of poisons in relation to regulation 2600.82(c).

The administrator will inspect the home's supply areas during her daily walk-throughs of the home to ensure that poisonous materials are properly secured.

BAS 9/5/19

Legal Entity Representative

Kathlyn Magro
Signature

Kathlyn Magro - Admin
Printed Name and Title

9/11/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/5/19 (Date)

Plan of correction implementation status as of 9/5/19 (Date)

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

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

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home did not perform a sleeping hours fire drill during the time period of 3/31/18 at 11:15 pm to 4/29/19 at 11:00 pm.

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.)

I miss counted the fire drills making them 7 months apart instead of 6 months. I have made a calendar for the next year to ensure all fire drills are appropriately spaced.

*The administrator will review the fire drill log at least once per month to monitor when the previous sleeping hours fire drill was held an ensure that a sleeping hours fire drill is performed at least once per each six month period. BAS 9/5/19

Legal Entity Representative

Kaitlyn Magro
Signature

Kaitlyn Magro 9/1/19
Printed Name and Title Date

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