



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: adamshousepch@gmail.com

MAILING DATE: July 2, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 13, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE ADAMS HOUSE*
Address: *314 FALLOWFIELD AVENUE,, CHARLEROI, PA 15022*
County: *WASHINGTON* Region: *WESTERN*

License Number: *41371*

Administrator

Name: *Julien Davenport* Phone: *7244837171* Email: *ADAMSHS@VERIZON.NET*

Legal Entity

Name: *KAREN ADAMS*
Address: *314 FALLOWFIELD AVENUE,, CHARLEROI, PA, 15022*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *C-2 LP* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

03/13/2020 - On-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *21* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *NA*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were no paper towels or other means of sanitary hand drying in the shared full bathroom on the lower level. The mechanical hand dryer was not operational.
There were no paper towels or other means of sanitary hand drying in the shared half bathroom on the lower level. The mechanical hand dryer was not operational.

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 bathrooms on the lower level were installed with paper towel dispensers. The facility owner/administrator replaced the items and the maintenance person installed. The facility owner/administrator will verbally address the direct care staff to contact him if the dispenser breaks. The facility owner/administrator will add the paper towels to his monthly toilet paper order. As of March 16, 2020 all the above was done.

Legal Entity Representative

Christina Davehport
Signature

- Continued next page -
Christina Davehport
Administrative Assistant
06/30/2020
Date

See Page 2A

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

The above plan of correction is approved as of 6/30/20
(Date)

Plan of correction implementation status as of 6/30/20
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Implemented
 Not Implemented

The Adam's House

41371

PAGE 2A OF 4

85a Sanitary Conditions

- continued -

The food service person inventories all products from the storage room on a monthly basis. He reports his numbers to the facility owner who would then order the paper towel refills.

41371 Adam's House

Christina Davenport

Christina Davenport

Administrative Assistant

06-30-2020

 6/30/20

102b - Bath/Sinks/Mirrors - 6 users

Regulations

2600.

102.b. There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.

Description of Violation

On 3/13/2020, the home served 20 residents and there were 3 staff persons on site, requiring a total of 4 operational bathroom sinks; however, there were only 2 operational bathroom sinks in the home. The sink in the upper level shared half bathroom had a sign indicating "out of order" hanging above it and the sink in the lower level shared full bathroom was leaking water onto the bathroom floor and the water was turned off at the time of inspection, rendering it inoperable.

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 facility owner/administrator hired a new maintenance person to take calls regarding toilet and sink parts and clogs. This maintenance person fixed both sinks and they have both been opened for use and are operational as of March 24, 2020. To prevent the use of "out of order" signs, the facility owner/administrator has verbally addressed the direct care staff to report problems to the maintenance person who will follow up with plans for replacement/fixing with the facility owner/administrator. The facility owner/administrator will also take calls as needed and inspect weekly.

Legal Entity Representative

Christina Davenport

Signature

Christina Davenport
Administrative Assistant

Printed Name and Title

06/30/2020
Date

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(Date)

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(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The soap dispenser in the upper level shared full bathroom was not operational and did not contain any soap.

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 facility owner/administrator reviewed and ordered all 4 bathrooms as well as the Kitchen sink commercial use hand soap dispensers. He also ordered the coordinating soap products that are easily changed out. The installation was done by the maintenance person and as of March 16, 2020 all the above was done as well. The facility owner/administrator has also added the soap refills to his monthly paper product order through WB Mason. The food service person inventories all products from the storage room on a monthly basis. He reports his numbers to the facility owner who would order the soap refills.

Legal Entity Representative

Christina Davenport
Signature

Christina Davenport
Administrative Assistant
Date 06/30/2020

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The above plan of correction is approved as of 6/30/20 (Date)

Plan of correction implementation status as of 6/30/20 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Implemented
- Not Implemented