

Department of Human Services  
Bureau of Human Service Licensing

December 9, 2020

KAREN DAVENPORT, OWNER  
KAREN ADAMS  
314 FALLOWFIELD AVENUE  
CHARLEROI, PA 15022

RE: THE ADAMS HOUSE  
314 FALLOWFIELD AVENUE  
CHARLEROI, PA, 15022  
LICENSE/COC#: 41371

Dear Ms. Davenport,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *THE ADAMS HOUSE* License #: *41371* License Expiration Date: *03/13/2021*  
 Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022*  
 County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: *Julian Davenport* Phone: *7244837171* Email: *adamshousepch@gmail.com*

**Legal Entity**

Name: *KAREN ADAMS*  
 Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA, 15022*  
 Phone: *724-797-3313* Email: *adamshousepch@gmail.com*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *09/23/2020*

**Inspection Dates and Department Representative**

*09/23/2020 - On-Site: Joe Eveges, Belinda Graziano*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *21* Residents Served: *18*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *1* Have Physical Disability: *1*

**Inspections / Reviews**

**09/23/2020 - Partial**

Lead Inspector: *Joe Eveges* Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2020*

Inspections / Reviews (*continued*)

## 10/21/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *POC Submission*Follow-Up Date: *10/28/2020*

## 11/3/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *12/04/2020*

## 12/9/2020 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Not Required*

## 16c - Written Incident Report

### 1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

### Description of Violation

*On 9/11/20, police were present in the home, responding to an alleged altercation between resident #1 and resident #2. However, the home failed to report this incident to the Department.*

### Plan of Correction

**Accept**

*The incident report was submitted late past the 24 hour window. The staff person responsible for that shift when the incident occurred was verbally educated that any involvement with police is criteria for doing an incident report. The facility will have a meeting for all direct care staff on Saturday, Oct. 17, 2020 where we will go over how to do an incident report form as well as when to do one using the list of reportable incidents. Documentation of this meeting can be provided upon request by the Department.*

**Completion Date:** 10/17/2020

### Document Submission

**Implemented**

*The incident report was submitted late past the 24 hour window. The staff person responsible for that shift when the incident occurred was verbally educated that any involvement with police is criteria for doing an incident report. The facility will have a meeting for all direct care staff on Saturday, Oct. 17, 2020 where we will go over how to do an incident report form as well as when to do one using the list of reportable incidents. Documentation of this meeting can be provided upon request by the Department.*

## 20b1 - Financial Records

### 1. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

### Description of Violation

*The home provides financial management and holds funds for resident #3. The home had access to resident #3's debit card and used this card to withdraw cash to pay her monthly rent of \$1172.30 and her monthly personal needs allowance of \$85.00 for several months, to include April 2020, May 2020 and June 2020. However, these financial transactions are not documented on resident #3's Record of Financial Transactions.*

*The home provides financial management and holds funds for resident #3. However, the current balance is not documented on her Record of Financial Transactions for 15 disbursements that occurred between 3/12/20 - 6/18/20.*

## 20b1 - Financial Records (continued)

**Plan of Correction****Directed**

*The owner no longer manages Resident #3's funds as of July 2020. The facility owner now has receipts in the financial record binder for any cash disbursements made. The administrator and administrative assistant went over the home's financial management policy and regulation and violation together on 10/21/2020. Please see attached documentation labeled "financial management" which includes Policy Review signatures and an example receipt.*

11/3/20 - SQ

*The home developed a policy indicating it will keep a record of financial transactions with each resident for whom finances are managed, including dates, amounts of deposits, amounts of withdrawals and the current balance; along with their approval and their initials. Immediately, this policy shall be implemented and adhered to for all residents for whom the home provides financial management.*

**Completion Date:** 10/21/2020

**Document Submission****Implemented**

*The home developed a policy indicating it will keep a record of financial transactions with each resident for whom finances are managed, including dates, amounts of deposits, amounts of withdrawals and the current balance; along with their approval and their initials. Immediately, this policy shall be implemented and adhered to for all residents for whom the home provides financial management.*

## 102h - Toilet Paper

**1. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

*There was no toilet paper in the second floor men's common bathroom.*

**Plan of Correction****Directed**

*The facility owner has verbally educated housekeeping staff on the proper routine for providing toilet paper to the facility restrooms. The problem was not lack of supply but the implementation of making sure it was replaced in a timely manner. Within facility policy, the housekeeping job duties include cleaning of and tending to the restrooms at the beginning of housekeeping's shift and throughout the day totaling at least 3x a day. Furthermore, the administrator and housekeeper went over the regulation's violation, and policies together on 10/17/2020 regarding bathroom cleanliness and replenishing of paper product supplies including toilet paper as well as paper towels. See documentation attached labeled "Soap Toilet Paper" where housekeeping has signed that they understand the teaching.*

11/3/20 - SQ

*Immediately and at least 3x/day as indicated above, documentation of the inspection of all facility restrooms shall be kept. Any missing toilet paper discovered shall immediately be replaced.*

**Completion Date:** 10/17/2020

102h - Toilet Paper (*continued*)**Document Submission****Implemented**

*Immediately and at least 3x/day as indicated above, documentation of the inspection of all facility restrooms shall be kept. Any missing toilet paper discovered shall immediately be replaced.*

## 102i - Soap Dispenser

**1. Requirements**

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 Repeat Violation**

*There was no hand soap available in the first floor common bathroom near the kitchen area.*

*There was no hand soap available in the second floor common bathroom marked "restrooms".*

*Repeat Violation: 3/13/20*

**Plan of Correction****Directed**

*The facility owner has verbally educated housekeeping staff on the proper routine for providing hand washing soap to the facility restrooms. The problem was not lack of supply but the implementation of making sure it was replaced in a timely manner. Within facility policy, the housekeeping job duties are cleaning of and attending to the restrooms at the beginning of housekeeping's shift and throughout the day totaling at least 3 times per shift. Also, the administrator with housekeeping went over documentation of policy regarding bathroom cleanliness and replenishing of supplies such as hand soap as well as the violation and regulation to teach the "why" behind it. Housekeeping signed the form to acknowledge understanding. See attached documentation also labeled as "Soap Toilet Paper" in regards to previous violation on toilet paper as well.*

*11/3/20 - SQ*

*Immediately and at least 3x/shift as indicated above, documentation of the inspection of all facility restrooms shall be kept. Any empty soap dispensers discovered shall immediately be refilled.*

**Completion Date:** *10/17/2020*

**Document Submission****Implemented**

*Immediately and at least 3x/shift as indicated above, documentation of the inspection of all facility restrooms shall be kept. Any empty soap dispensers discovered shall immediately be refilled.*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*On 9/14/20, Resident #4 was intoxicated in the home and fell, resulting in an orbital fracture to his face, for which he was hospitalized. Resident and staff interviews indicate he had an increase in alcohol use for several weeks prior to this injury. However, the home failed to indicate this change on his most recent assessment, dated 10/31/19.*

225c - Additional Assessment (*continued*)**Plan of Correction****Directed**

*The facility administrative assistant failed to complete an updated resident assessment and support plan in regards to Resident #4's significant change. It has been updated by the administrative assistant according to the Resident #4's needs and changes, completed and signed, and placed in the RASP binder available to the Department. This rasp was completed on 9/24/2020. On 10/21/2020, the administrative assistant talked to direct care staff about communication in regards to significant changes of residents. In hopes that this attention and close communication between administrative assistant's desk duties can collaborate with the hands on care of the direct care staff and that it will be effective in future resident situations that involve falls and broken bones and other significant changes. The facility has attached a copy of the entire Support Plan document labeled "significant change".*

11/3/20 - SQ

*By 12/3/20 and monthly thereafter, the administrator or designee shall audit all resident records to ensure all resident assessments are completed at least annually or if the condition of the resident significantly changes prior to the annual assessment. Documentation of the audit shall be kept.*

**Completion Date:** 12/03/2020

**Document Submission****Implemented**

*By 12/3/20 and monthly thereafter, the administrator or designee shall audit all resident records to ensure all resident assessments are completed at least annually or if the condition of the resident significantly changes prior to the annual assessment. Documentation of the audit shall be kept.*