

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

July 26, 2023

[REDACTED], OWNER
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/21/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE ADAMS HOUSE* License #: *41371* License Expiration: *03/13/2024*
 Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022*
 County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
 Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA, 15022*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/21/2023*

Inspection Dates and Department Representative

06/21/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *21* Residents Served: *19*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *19*

Number of Residents Who:
 Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *15*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/21/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/15/2023*

07/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/24/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/24/2023*

Inspections / Reviews *(continued)*

07/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the staff training year 1/1/22 to 12/31/22.

Plan of Correction**Accept** [REDACTED] - 07/17/2023)

The administrator and director have arranged for staff person A and the rest of the home's staff to receive training specifically on fire safety by an outside provider within the confines of the next 60 days. Training was completed in 2023 with the fire department but due to the lapse of training in 2022, we will seek out an additional hour of training for this lapse although we understand we cannot make up for the lapse. The Adams House administrator and director have both been educated on this regulation and these education requirements shall be kept up to date through oversight herein. The home's monitoring step is that the administrator has designated the director as responsible to follow the needed communication, receive the documents, and keep the certificates from the outside provider once arranged. The director will keep a binder and audit this binder on Tuesday, July 18, 2023. Then the director will audit with this audit sheet once a month with the monthly fire drill. These items will be kept in the fire safety binder accessible to the Department. The fire training documentation needed for Staff Person A will be kept in this file for review after completion.

See attached 2 documents please:

Fire Training Audit AH Monthly Audit Sheet

Fire Training Educ AH Education

Licensee's Proposed Overall Completion Date: 07/18/2023

Implemented [REDACTED] - 07/26/2023)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medication evaluation was completed [REDACTED]

Plan of Correction**Accept** [REDACTED] - 07/17/2023)

On [REDACTED] 2023, a new medical evaluation (DME) was completed for Resident #1. The director and the administrator have both been educated on §2600.(141)(b)(1), the violation, and the corrective actions needed. The home's monitoring step will be that the director will audit all resident medical evaluations for completeness and timeliness in accordance with Regulation 141. This audit will be on Monday, July 17, 2023. This thorough audit sheet will be done every 3 months. The audit sheet will also be used to audit the RASPs. This form also includes an audit automatically for the MA51 as well. Following the initial audit, the director will coordinate with the residents that need updated DMEs to get them updated with the house Dr. Although the residents are seeing the house Dr monthly, the documentation will be kept up to date with these audits. The director will also do a monthly DME checklist to make sure their DMEs are being updated. This will be once a month. This will assure that the resident's are getting the document done with their monthly physical when the Dr comes. The checklist will be kept for documentation

141b1 - Annual Medical Evaluation (continued)

purposes along with the audit sheet. Attached is the newest MA51 and DME for resident#1.

See attached 6 documents please:

DME Audit AH - Initial Audit Form

DME Checklist AH - Monthly Audit Checklist

DME Educ AH - Education

Multi Doc Audit Sheet AH - 3 Month Audit Sheet

TCM DME AH - Resident#1 DME

TCM MA51 AH - Resident#1 MA51

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented (█) - 07/26/2023)

225c Additional Assessment**3. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed █

Plan of Correction

Accept █ (07/17/2023)

The director updated the RASP for Resident #1. Resident #1's RASP was updated █. The home's director was educated on this regulation, the violation, as well as our predicted plan of correction. The administrator was also educated on the regulation, violation, and the plan. The director will audit all the RASPs for accuracy on Monday, July 17, 2023. The home's monitoring step will be to audit all of the RASPs and this will be done initially on Monday and then once every 3 months thereafter done by the director. There will be an audit sheet for documentation purposes. The audit sheet will also be used for the annual DME and MA 51. Any RASPs needing updated will be done immediately after and will be filed in the appropriate binder for DHS to review. Attached is the newest RASP for Resident #1 as well.

See attached 4 documents please:

Multi Doc Audit Sheet AH - 3 Month Audit Sheet

RASP Audit AH - Initial Audit Form

RASP Educ AH - Education

TCM RASP AH - Resident#1 RASP

Licensee's Proposed Overall Completion Date: 07/17/2023

Implemented █ - 07/26/2023)