pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ET 141 OPERATIONS LLC**
LEGAL ENTITY

To operate **ELIZABETHTOWN PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **39**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **June 7,** **2023** until **June 7,** **2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338810**

ISSUING OFFICER

ACTING 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.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: June 6, 2023

ET 141 Operations LLC
[redacted]

RE: Elizabethtown Personal Care
141 Heisey Avenue
Elizabethtown, Pennsylvania 17022
Certificate #: 338810

Dear ET 141 Operations LLC:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 22, 2023 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).

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.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 21, 2023

[redacted]
ET 141 Operations LLC
[redacted]

RE: Elizabethtown Personal Care
141 Heisey Avenue
Elizabethtown, PA, 17022
LICENSE/COC#: 33881

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023 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: *Elizabethtown Personal Care* **Licen e #**: *33881* **Licen e Expiration**:

Address: *141 Heisey Avenue, Elizabethtown, PA 17022*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] [redacted]

Legal Entity

Name: *ET 141 Operations LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *12/07/1992* **I ued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *NaN* **Waking Staff**: *NaN*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *Change Legal Entity* **Exit Conference Date**: *03/22/2023*

Inspection Dates and Department Representative

03/22/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *NM* **Are 60 Years of Age or Older**: *NM*

Diagnosed with Mental Illness: *NM* **Diagnosed with Intellectual Disability**: *NM*

Have Mobility Need: *NM* **Have Physical Disability**: *NM*

Inspections / Reviews

03/22/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/03/2023*

04/10/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/19/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/14/2023*

Inspections / Reviews *(continued)*

04/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/19/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/20/2023*

04/21/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/19/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 3/22/23 at 9:33 am, resident #1 had an uncovered enabler bar installed on each side of [redacted] bed. The opening for each enabler bar is approximately 11 inches wide and 6 inches high, posing an entrapment risk. Both enabler bars are unsecured, moving approximately 3 to 4 inches when weight is applied to them.

Plan of Correction ***Accept ([redacted] - 04/14/2023)***

On 3/22/23, the Maintenance Director immediately removed and installed enabler bars with the appropriate size and requirements on resident #1's bed.
Direct care staff, therapy staff and maintenance director were educated on the requirements by the Personal Care Home Administrator on 3/23/23.
The maintenance director and/or designee will ensure that all resident enabler bars are appropriate and installed correctly beginning 3/23/23.
A check-off sheet was created immediately and Maintenance Director and/or designee will initial during rounds on a weekly basis for two months beginning 3/30/23.

Licensee's Proposed Overall Completion Date: *04/12/2023*

Implemented [redacted] - 04/21/2023)

91 - Telephone Numbers

2. Requirements

2600.
91. Emergency Telephone Numbers - 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.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in rooms #1-9, rooms #20-27 or room #31.

Plan of Correction ***Directed ([redacted] - 04/14/2023)***

On 3/22/23, the direct care staff staff immediately placed emergency telephone numbers for the nearest hospital and fire department on doors to rooms #1-9, rooms #20-27 and room #31.
The personal care staff were educated on this requirement by the Personal Care Home Administrator on 3/23/23.
A check-off sheet was also created in order to ensure compliance and the Personal Care Administrator and/or designee will sign off during weekly routine rounds for a two-month duration beginning 3/30/23.

[Directed]

On 3/22/23, the direct care staff staff immediately placed emergency telephone numbers for the nearest hospital and fire department on doors to rooms #1-9, rooms #20-27 and room #31.
The direct care staff were educated on this requirement by the Personal Care Home Administrator on 3/23/23.

91 - Telephone Numbers (continued)

A check-off sheet was also created in order to ensure compliance and the Personal Care Administrator and/or designee will sign off during weekly routine rounds for a two-month duration beginning 3/30/23.

Directed Completion Date: *04/12/2023*

Implemented (- 04/21/2023)

96a - First Aid Kit

3. Requirements

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.

Description of Violation

The first aid kit located at the 2nd floor med room is missing a thermometer and adhesive bandages.

Plan of Correction ***Accept - 04/14/2023)***

On 3/22/23, the direct care staff immediately placed a thermometer and adhesive bandages in the first aid kit ocated at the 2nd floor med room.
Direct Care staff were educated on the requirement by the PCHA on 3/23/23.
A check-off sheet was created immediately and the Personal Care Administrator and/or designee will ensure that the first aid kit includes all necessary items by doing routine rounds on a weekly basis for two months beginning 3/30/23.

Licensee's Proposed Overall Completion Date: *04/12/2023*

Implemented - 04/21/2023)

101j2 - Bedroom Chairs

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #26 is occupied by 2 residents; however, there is only 1 chair in this room.

Plan of Correction ***Accept (- 04/14/2023)***

0n 3/22/23 direct care staff immediately placed an additional chair in bedroom #26.
On 3/23/23 the PCHA inserviced the direct care staff on this requirement and ensured that all other rooms had chairs that met each resident's needs.
A check-off sheet was created immediately and the Personal Care Administrator and/or designee will ensure compliance during weekly routine rounds for two months beginning 3/30/23.

Licensee's Proposed Overall Completion Date: *04/12/2023*

101j2 - Bedroom Chairs *(continued)*

Implemented [redacted] 04/21/2023)

101j6 - Mirror

5. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident #2.

Plan of Correction ***Accept [redacted] - 04/14/2023)***

On 3/22/23, the Maintenance Director immediately placed a mirror in the bedroom of resident #2.
he direct care staff were educated on this requirement by the Personal Care Home Administrator on 3/23/23.
he PCHA ensured that all bedrooms had mirrors on 3/23/23.
A check off sheet was also created and the Personal Care Administrator and/or designee will ensure compliance and sign off during weekly rounds for two months beginning 3/30/23.

Licensee's Proposed Overall Completion Date: *04/12/2023*

Implemented [redacted] - 04/21/2023)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Resident #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept [redacted] - 04/14/2023)***

On 3/22/23, the direct care staff immediately placed operable lighting that could be turned on at bedside for residents #3 and #4.
The personal care staff were educated on this requirement by the Personal Care Home Administrator on 3/23/23 and all other rooms were checked for this requirement as well on 3/23/23.
A check-off sheet was immediately created and the Personal Care Administrator and/or designee will sign off during weekly rounds for two months beginning 3/30/23.

Licensee's Proposed Overall Completion Date: *04/12/2023*

Implemented [redacted] 04/21/2023)

187b - Date/Time of Medication Admin.

7. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5's March 2023 medication administration record (MAR) was signed by staff that the resident took [redacted] morning medications on 3/22/23. However, when BHSL Inspector entered resident s room on 3/22/23 at 9:53 am, the resident s morning medications were still located on resident s nightstand.

Plan of Correction ***Directed [redacted] - 04/14/2023)***

On 3/22/23, the Personal Care Home Administrator immediately spoke with med techs and direct care staff regarding medication administration.
On 3/23/23, med techs were educated on administering medication timely with regards to the requirement and iolation.
A med-pass audit with record of time frame was immediately created to ensure future compliance on 3/23/23 by the PCHA.
The Personal Care Administrator and/or designee will perform the audit and sign off during weekly rounds for two months beginning 3/30/23.

[Directed]

On 3/22/23, the Personal Care Home Administrator immediately spoke with med techs and direct care staff regarding medication administration.
On 3/23/23, med techs were educated by Personal Care Administrator on administering medication timely with regards to the requirement and violation.
A med-pass audit with record of time frame was immediately created to ensure future compliance on 3/23/23 by the PCHA.
The Personal Care Administrator and/or designee will perform the audit and sign off during weekly rounds for two months beginning 3/30/23.

Directed Completion Date: *04/12/2023*

Implemented [redacted] 04/21/2023)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed the following medications to be administered at 8::00AM:
Ditropan XL 10MG Tablet
Lipitor 40MG Tablet
Vitamin D3 2,000 Unit Softgel
Protonix 40MG
Tenormin 25MG Tablet

187d - Follow Prescriber's Orders (continued)

On 3/22/23 at 9:53 am a BHSL inspector viewed these medications on Resident's #5's nighstand, Resident #5 confirmed that they had not yet taken their 8:00 medications for the day.

Plan of Correction ***Accept [redacted] - 04/14/2023)***

On 3/22/23, the resident was immediately assessed by the med tech to self-administer medications and the resident was educated on the importance of taking medications at prescribed times.
On 3/23/23, the Personal Care Home Administrator inserviced med techs and on the cited violation and also reviewed self-administering medications and assessments.
To ensure ongoing compliance, the PCHA and/or designee will conduct random observations of at least one medication-trained staff person per week to ensure the home is following the directions of the prescriber beginning 3/30/23.

Licensee's Proposed Overall Completion Date: *04/12/2023*

Implemented [redacted] - 04/21/2023)