



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2013

Ms. Andrea L. Stone, President  
Personacorp Inc.  
86 Main Street  
Stouchsburg, Pennsylvania 19567

RE: Liberty Square Personal Care  
License #: 205720

Dear Ms. Stone:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 24, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Your regular license for the period November 21, 2013 to November 21, 2014 was issued on August 15, 2013. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Acting Director *574*

Enclosure  
License Inspection Summary



Violation Report: 20572 - 09/24/2013 - Hummel, Jesse  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that resident #1 was not issued a current quarterly account statement as required. It was determined that the facility is not issuing itemized quarterly statements to any of the residents that are receiving financial assistance from the facility.

3. 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.

Quarterly reports were issued to all residents that are receiving financial assistance from the facility.

Administrator will be responsible for issuing a quarterly report to each resident that is receiving financial assistance from the facility at the end of each quarter. Reports will be issued in March, June, September, and December.

\* Copy of quarterly reports for resident #1 enclosed. (His lawyer sends a separate cig. check.)

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Andrea L. Stone, administrator*

Date *10-07-2013*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/8/13  
(Date)

Plan of correction implementation status as of 11/8/13  
(Date)

The above plan of correction was approved by *AS*  
(Initials)

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

Violation Report: 20572 - 09/24/2013 - Hummel, Jesse  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct Care staff person A and Direct Care staff person B had only 8 of the required 12 hours of annual training for the 2012 training year.

3. 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.

Direct care staff training sheets were reprinted and signed by staff. Total annual training hours for 2012 were  $14\frac{1}{2}$  per person.

\* enclosed are the record of training sheets for 2012.

Administrator will be responsible for scheduling, tracking, recording, and retaining documentation of direct care staff training.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Andrea Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L. Stone administrator</i>	Date <i>10-07-2013</i>
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 (Initials)

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Violation Report: 20572 - 09/24/2013 - Hummel, Jesse  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct Care staff person A and Direct Care staff person B did not receive annual training in the following required topics for the 2012 training year: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Infection control and general principles of cleanliness and hygiene. Personal care service need of the residents. Safe management techniques. And care for residents with mental illness.

**3. 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.

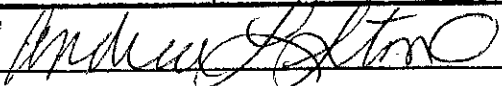
Direct care staff training sheets were reprinted and signed by staff.

Administrator will be responsible for scheduling, tracking, recording, and retaining documentation of direct care staff training.

Training topics for the annual training for direct care staff will include items 1 thru 7 as listed in 2600.65(f)


\* enclosed are the record of training sheets for 2012.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea L. Stone, administrator Date 10-07-2013

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Violation Report: 20572 - 09/24/2013 - Hummel, Jesse  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

[Direct Care staff person A and Direct Care staff person B did not receive training in the following required topics for the 2012 training year: Resident rights, The Older Adult Protective Services Act, and Falls and accident prevention.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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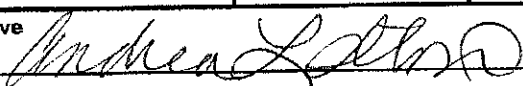
Direct care staff training sheets were reprinted and signed by staff.

Administrator will be responsible for scheduling, tracking, recording, and retaining documentation of direct care staff training.

Training topics for the annual training of direct care staff will include items 1 thru 6 as listed in 2600.65(g).


\* enclosed are the record of training sheets for 2012.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea L. Stone, administrator Date 10-07-2013

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Violation Report: 20572 - 09/24/2013 - Hummel, Jesse

PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The facility does not have a record of training for Direct Care staff person A and Direct Care staff person B that includes the staff person trained, the date, source, content, and length of each course.

**3. 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.

Direct care staff training sheets were reprinted and signed by staff.

Administrator will be responsible for scheduling, tracking, recording, and retaining documentation of direct care staff training.

\* enclosed are the record of training sheets for 2012.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea L Stone*

Printed Name and Title of Legal Entity Representative  
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Andrea L. Stone, administrator

Date 10-07-2013

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Violation Report: 20572 - 09/24/2013 - Hummel, Jesse  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**2a. DESCRIPTION OF VIOLATION**

Department Representatives determined that the third floor attic window is broken. Department Representatives also observed birds entering and exiting the building through this broken window.

**3. 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.

Third floor attic window will be repaired. As stated on estimate, work should be completed within 2-3 weeks. (approx. 11-15-2013)

Administrator will check for exterior damages on building every month.

If damage is discovered, repairs will be made in a timely manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrea L Stone*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Andrea L Stone, administrator

Date 10-31-2013

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Violation Report: 20572 - 09/24/2013 - Hummel, Jesse  
 PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the facility on 1/15/13. The facility did not have a medical evaluation completed for resident #1 until 2/27/13. A medical evaluation is required either 60 days prior to admission or 30 days after the date of admission.

**3. 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.

On 01-15-2013, Resident #1 accepted the first available appointment with his primary care provider. Resident #1 is receiving his healthcare from the Lebanon VA Medical center and we (facility) are following the guidelines which are provided by the VA. A resident is only eligible for a physical within so many months. (This formula is based on each patient's overall health.) If a resident is admitted to our facility from the hospital, we have no problem getting a medical evaluation done. If a resident comes from another PCH (as in this case), we must follow this protocol.

\*Administrator responsible for scheduling ME appointments:

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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 (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L. Stone, administrator</i>	Date <i>10-07-2013</i>
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