



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** FEB 18 2014

Ms. Laura B. Segers, Administrator/Owner  
Laura B. Segers  
1502 E. Washington Street  
New castle, Pennsylvania 16101

**RE:** La Casa Personal Care Home  
Certificate/License #402110

Dear Ms. Segers:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 16, 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.

Sincerely,

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 3

PCH Name: LA CASA PERSONAL CARE HOME		License Number: 40211
Address: 1502 E WASHINGTON STREET, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Joel Segers		Region: WEST
Legal Entity Name: LAURA B SEGERS		
Legal Entity Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy C-2 LP 10/04/1996 L&I		<b>RECEIVED</b>  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 1/16/14 Phillips, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13	Number of Residents Served: 12	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 12
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 6
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 1	Have Mental Illness: <i>12</i>
		Have an Intellectual Disability: 2
		Have a Mobility Need: 0
		Have a Physical Disability: 0

Violation Report: 40211 - 10/16/ - Phillips, Joseph  
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 B started working in the home on 1/6/10. Direct care staff person B only received seven of the required 12 hours of training during the 5/1/12 to 4/30/13 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.

This staff person DID receive all 12 hours of training for that year (5/1/12 to 4/30/13) and the documentation was on file at the time of the inspection. However, the Co-Administrator, who does not normally handle this type of paperwork, was unable to locate it while the inspector was at the home. When the other Administrator returned, she was able to immediately locate all of the paperwork showing that 100% of the training for this employee HAD been completed during the time period. PLAN of Correction: The files have been re-organized and labeled more clearly to enable greater ease in locating paperwork. The entire staff of Direct Care Workers and the Co-Administrator have been shown exactly where everything is located. File drawers will be reviewed monthly to assure that everything is in place and clearly labeled, by the Administrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B. SEGERS Date 1/28/2014

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

The above plan of correction is approved as of 2-12-14 (Date)

Plan of correction implementation status as of 2-12-14 (Date)

- Fully Implemented 2-12-14
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40211 - 10/16/ - Phillips, Joseph

PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE

## 1. REGULATION 55 Pa.Code §2600

Human Services Licensing

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 B started working in the home on 1/6/10. Direct care staff person B did not receive training in Emergency preparedness procedures or falls and accident prevention during the 5/1/12 to 4/30/13 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.

This staff person DID receive training in all required areas, including Emergency Preparedness Procedures and Falls and Accident Prevention during this time period (5/1/12 to 4/30/13), and the documentation was on file at the time of the inspection. However, the Co-Administrator, who does not normally handle this type of paperwork, was unable to locate it while the inspector was at the home. When the other Administrator returned, she was immediately able to locate ALL of the paperwork showing that this training had been completed and documented. PLAN of Correction: The files have been reorganized and labeled more clearly. The entire staff of Direct Care Workers and the Co-Administrator have been shown exactly where everything is located. File drawers will reviewed monthly by the Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Laura B Segers

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

LAURA B SEGERS

Date

1/28/2014

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

The above plan of correction is approved as of

2-12-14  
(Date)

Plan of correction implementation status as of

2-12-14  
(Date)

The above plan of correction was approved by

f  
(Initials)

- Fully Implemented 2-12-14g
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented