



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

Ms. Lori Lasosky, Administrator/Owner
Lasosky's Personal Care Home, Inc.
200 Nobles Road
Brownsville, Pennsylvania 15417

RE: Lasosky's Personal Care Home, Inc.
23 Main Street
Clarksville, Pennsylvania 15322
License #: 418580

Dear Ms. Lasosky:

As a result of the Department of Public Welfare's licensing inspection on November 14, 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.

Your regular license for the period February 22, 2014 to February 22, 2015 was issued on November 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping underline.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: LASOSKY S PERSONAL CARE HOME INC		License Number: 41858
Address: 23 MAIN STREET, CLARKSVILLE, PA 15322		County: Washington
Administrator: Marci Rahl		Region: WEST
Legal Entity Name: LASOSKYS PERSONAL CARE HOME INC		
Legal Entity Address: 200 NOBLES ROAD, BROWNSVILLE, PA 15417		
Certificate(s) of Occupancy C-2 LP 07/02/1998 Dept L&I		RECEIVED FEB 10 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/14/2013: Pfaff, Vicki; Miller-Linhart, Alden		
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: 25 Number of Residents Served: 20 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 19 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

FEB 10 2014

Violation Report: 41858 - 11/14/2013 - Pfaff, Vicki
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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 started working in the home on 1/7/02. Direct care staff person A did not receive training on resident rights, the Older Adult Protective Services Act, falls and accident prevention or fire safety training conducted by a fire safety expert during 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.

All staff trained on residents rights, the older Adult Protective Services Act, falls & accident prevention or fire safety training conducted by fire safety expert. These trainings were added to staff training plan. Administrator will review at Quality Management Meetings to ensure compliance.

Direct care staff person A completed all of the required training in accordance with regulation 2600.65g AS OF 12-17-13. 2-14-14

3-11-14 - The Administrator will review all staff training for the 2013 training year to ensure all staff have completed the required training in accordance with regulation 2600.65g. 2-14-14

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MARCI RAHL	2/7/14

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

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

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

The above plan of correction was approved by [Signature]
(Initials)

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

FEB 10 2014

Violation Report: 41858 - 11/14/2013 - Pfaff, Vicki
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered trash receptacle in the second floor common bathroom.

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.

Trash receptacle has been replaced.
Administrator will do weekly walk
through to ensure compliance

3-10-14 - All staff persons will be educated on the requirements of
regulation 2600.85d. Documentation of education will be kept
2-14-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Max Pfaff

Date

2/17/14

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

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

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

The above plan of correction was approved by *[Signature]*
(Initials)

Violation Report: 41858 - 11/14/2013 - Pfaff, Vicki
 PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

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.

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2a. DESCRIPTION OF VIOLATION

The home's first aid kit did not include a thermometer.

FEB 10 2014

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.

WEST REGION FIELD OFFICE
 Human Services Licensing

Thermometer placed in first aid kit day of inspection, also list of proper items placed on top of first aid kit. Administrator will do weekly checks to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mark Paul*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mark Paul* Date *2/7/14*

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The above plan of correction is approved as of 2-6-14 (Date)

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

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *2-14-14*
- Partially Implemented - Inadequate Progress
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WEST REGION FIELD OFFICE
Human Services Licensing

Page 5 of 8

Violation Report: 41858 - 11/14/2013 - Pfaff, Vicki
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were exposed rusted nails on the handrail along the exit ramp to the parking lot which pose a skin tear hazard.

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.

Railing will be fixed (repaired) by Feb 15th. Administrator will do walk throughs to ensure compliance.

3-10-14 - The Administrator or designated staff person will check the exterior of the building and the building grounds or yard to ensure all areas are in good repair and free of hazards. 2-14-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mucci Rahl

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

Mucci Rahl

Date
2/7/14

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The above plan of correction is approved as of

2-14-14
(Date)

Plan of correction implementation status as of

2-14-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 2-14-14

Partially Implemented - Inadequate Progress

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[Signature]
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 41858 - 11/14/2013 - Pfaff, Vicki
PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 11/14/13, the home did not have a copy of the local municipality's emergency preparedness plan posted in a conspicuous and public place in the home.

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.

A copy of local municipality's emergency preparedness plan made day of inspection & placed ~~to~~ in common area. Administrator will monitor on weekly basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mark Pfaff

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

Mark Pfaff

Date
2/11/14

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(Date)

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

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(Initials)

Violation Report: 41858 - 11/14/2013 - Pfaff, Vicki
PCH Name: LASOSKY S PERSONAL CARE HOME INC

FEB 10 2014

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home used the same two exits for the four consecutive fire drills conducted from 8/26/13 through 11/3/13.

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.

The home will use alternate exits during fire drills. The administrator will monitor on a monthly basis to ensure compliance.

3-10-14 - All staff persons will be educated on the requirements of regulation 2600.132 f. Documentation of training will be kept. 2-14-14

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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Date
2/17/14

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(Initials)

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PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2 who admitted to the home on 6/11/13. The home did not have an initial assessment for resident #2 until 6/27/13.

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.

All initial assessments will be completed
within 15 days of admission.

Administrator will do monthly checks
to ensure compliance

3-10-14 - All staff persons responsible for completing assessments
will be educated on the required time frames. Documentation
of education will be kept. 2-14-14.

3-10-14 - The Administrator or designated staff person will review
all newly admitted resident records to ensure an initial
assessment is completed within 15 days of admission.
2-14-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marci Rahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marci Rahl* Date *2/7/14*

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(Date)

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(Date)

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(Initials)