



APR 30 2014

Ms. Laura B. Segers, Owner/ Administrator  
1502 East Washington Street  
New Castle, Pennsylvania 16101

RE: La Casa Personal Care Home  
License #: 402110

Dear Ms. Segers:

As a result of the Department of Public Welfare's licensing inspection on January 29, 2014, 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 April 2, 2014 to April 2, 2015 was issued on January 27, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



MAR 24 2014

Violation Report: 40211 - 01/29/2014 - Cutter, Jan  
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Nitrostat 0.4 mg under the tongue if needed for angina. Repeat in 5 minutes, do 3 times. Call MD if no relief. This medication was not available for administration 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.

The medication was ordered and delivered within one hour. To prevent this problem from recurring, the Administrator will check the medication supply every week to determine that all medications, including PRN meds, are present. Expiration dates of rarely-used PRN meds will be noted on the Administrator's calendar, so meds can be re-ordered in a timely manner.

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 3/21/2014

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

The above plan of correction is approved as of 3-24-14  
(Date)

Plan of correction implementation status as of 3-24-14  
(Date)

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

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