



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 31 2014

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

RE: Liberty Square Personal Care
License #: 205720

Dear Ms. Stone:

As a result of the Department of Public Welfare's licensing inspection on September 15, 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 November 21, 2014 to November 21, 2015 was issued on August 25, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director *5/14*

Enclosure
License Inspection Summary

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

PCH Name: LIBERTY SQUARE PERSONAL CARE		License Number: 20572
Address: 86 MAIN STREET, STOUCHSBURG, PA 19567		County: Berks
Administrator: Andrea Stone		Region: NORTHEAST
Legal Entity Name: PERSONACORP INC		
Legal Entity Address: 86 MAIN STREET, STOUCHSBURG, PA 19567		
Certificate(s) of Occupancy C-2 LP 02/08/2000 Dept. of Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 09/15/2014: Rushin, Julienna; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators: 60a, 251, 251b, 83b, 25a2		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 19 Number of Residents Served: 14 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 7 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 20572 - 09/15/2014 - Rushin, Julianne
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

The criminal background check for direct care staff person "A" hired 10/17/13 was not obtained until 12/22/13.

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.

Criminal background checks for new hires will be completed in a timely manner.

Administrator will monitor.

The administrator shall Audit all staff records for current criminal background checks. The Audit shall be completed by 10/31/14. Documentation of the Audit shall be maintained by the home and made available for review by the Department. The administrator shall monitor and assure ongoing compliance.

10/21/14

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 10-10-2014

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

The above plan of correction is approved as of

10/21/14
(Date)

Plan of correction implementation status as of

10/21/14
(Date)

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

The above plan of correction was approved by

M

(Initials)

Violation Report: 20572 - 09/15/2014 - Rushin, Julianne
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The bathroom vents in resident room #1 and #112 and the vent in the first floor shower room were clogged with dust posing a fire 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.

Bathroom vents will be cleaned on a quarterly basis.
Cleaning staff and administrator will monitor.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone Administrator* Date *10-10-2014*

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The above plan of correction is approved as of 10/21/14
(Date)

Plan of correction implementation status as of 10/21/14
(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 - 09/15/2014 - Rushin, Julianne
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The water temperature in the first floor shower room measured 127.5 ° Fahrenheit posing a burn risk for residents.

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.

Hot water temperature on first floor was turned down.
*Invoice will be forwarded to DPW as soon it is received.
Temperature will be monitored by administrator on a monthly basis.

The administrator shall monitor hot water temperatures in areas accessible to residents and assure they do not exceed 120°F.

M
10/21/14

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 *10-13-2014*

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The above plan of correction is approved as of 10/21/14
(Date)

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

Plan of correction implementation status as of 10/21/14
(Date)

- Fully Implemented
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Violation Report: 20572 - 09/15/2014 - Rushin, Julianne
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs show that a drill was conducted on 2/19/14 at 2:35 but does not indicate am or pm.

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.

Facility will be sure to include am or pm when documenting on the fire drill record.

DCS and administrator will monitor.

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 *10-10-2014*

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The above plan of correction is approved as of 10/21/14
(Date)

Plan of correction implementation status as of 10/21/14
(Date)

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

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Violation Report: 20572 - 09/15/2014 - Rushin, Julianne
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The home's staff schedules indicate that direct care staff person "A" works alone every Tuesday, Wednesday and Thursday from 11:00 pm to 7:00am. Per the home's administrator, staff person "A" is not trained in medication administration.

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.

Documentation was obtained from staff person A's other place of employment which shows that she was trained in medication administration at the time in question.

Any direct care staff person who works alone will be trained in medication administration.

Medication trainer and administrator will monitor.

- The administrator shall Audit all medication training records and assure that all medication staff are trained and have the required documentation. (The Audit shall be completed by 11/7/14.

Repeat Violation: No Date(s) of Previous Violation(s): Documentation of the Audit shall

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone* be made available for review by the Department.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone administrator* Date *10-10-2014*

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The above plan of correction is approved as of 10/2/14 (Date)

Plan of correction implementation status as of 10/2/14 (Date)

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

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

10/2/14

Violation Report: 20572 - 09/15/2014 - Rushin, Julianne
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The photo in resident #1's record is dated 7/24/12.

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.

New photo taken of resident #1,

2-yr photo updates will be added to DME + RASP chart for closer monitoring.

Administrator will monitor.

The administrator shall Audit all resident records and assure all residents have updated photos.

The Audit shall be completed by 10/31/14.

M
10/21/14

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 *10-10-2014*

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The above plan of correction is approved as of 10/21/14 (Date)

Plan of correction implementation status as of 10/21/14 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented