



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

Ms. Jacqueline F. Sweeney, Owner/Administrator
Just Like Home Personal Care LLC
506 Gallitzin Road
Cresson, Pennsylvania 16630

RE: Just Like Home Personal Care
License #: 324960


Dear Ms. Sweeney:

As a result of the Department of Human Services' licensing inspection on February 18, 2015 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 March 28, 2015 to March 28, 2016 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *LSH*

Enclosure
License Inspection Summary

Violation Report: 32496 - 02/18/2015 - Rouse, McKinley
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The notice of privacy practices that the home gives the residents during admission to the home refers to the home as, "Just Like Home Assisted Living" however, the facility is licensed as a personal care home and not licensed as an Assisted Living 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.

- ① There were ③ Form that stated Just Like Home Assisted Living
- ② All forms were changed to Just Like Home Personal Care, see attached
- ③ New forms were added to the admission package & old forms were removed.
- ④ Administrator will monitor all paperwork monthly & correct immediately when errors are noticed to prevent further issues
- ⑤ Just Like Home will no longer use old forms stating Assisted Living

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) JACQUELINE F. SWEENEY Date 3/31/2015

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

The above plan of correction is approved as of <u>4/13/15</u> (Date)	Plan of correction implementation status as of <u>4/13/15</u> (Date)
The above plan of correction was approved by <u><i>JFS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32496 - 02/18/2015 - Rouse, McKinley
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The kitchen of the home which is accessible to residents is equipped with cameras which are recording. This recording inside the home is a violaton of resident privacy.

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.

- ① The medication cart is located in the kitchen area.
- ② The table that had ② residents sitting during meals in kitchen. Was moved to the dining room. All the ^{cameras} ~~cameras~~ are facing the exit doors. only. NO residents will enter kitchen area.
- ③ There is a camera over the medication cart to monitor meds, one camera at each of ② exit doors: 1 facing the stove area. ^(In the kitchen)
- ④ There are "Camera Video Recording" signs posted near the camera's & all Family members sign during admission ^{per} the camera policy. Resident will not be recorded in the Home.
- ⑤ Kitchen area will be a non resident area, as it is monitored due to the medication cart being located in the kitchen. _{OB 4/13/15}

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/09/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F Sweeney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline F Sweeney</i>	Date <i>3/31/2015</i>
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The above plan of correction was approved by <u>OB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32496 - 02/18/2015 - Rouse, McKinley
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

The training year for Staff Person A, the home's administrator is 05/01/2013, through 04/30/2014. The administrator only completed 14 hours of the required 24 hours of annual training from 05/01/2013, through 04/30/2014.

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.

- ① - Administrator was short 10 credit hrs.
- ② - Administrator has 26 hrs completed for ^{May} April 2014 thru April 2015 see attached
- ③ - Administrator has 9 credit hrs scheduled for April 28 thru April 30 - 2015
- ④ - Administrator will incorporate all hrs to total 49 hrs by April 2015. + 10 will be added to previous year. 1 hrs.
- ⑤ - Administrator will monitor all credit hrs monthly to ensure all 24 hrs are met annually.
- ⑥ - See all credit hrs attached plus schedule for 9 hrs at end of April 2015

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F Lucey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JACQUELINE F LUCEY* Date *March 31, 2015*

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The above plan of correction is approved as of <u>4/13/15</u> (Date)	Plan of correction implementation status as of <u>4/13/15</u> (Date)
The above plan of correction was approved by <u><i>JB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32496 - 02/18/2015 - Rouse, McKinley
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling light in room #3 was not working during the inspection conducted on 02/18/2015.
 The ceiling fan in room #3 made a loud scraping sound whenever the fan was turned on.

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.

- ① New Ceiling Fan was purchased 9/20/2014.
- ② New ceiling Fans were replaced in Bedroom 1, 2, & 3 on 3/17/2015
 See slips picture attached.
- ③ All Furniture will be monitored to prevent hazard & repaired. If noticed in the future.
- ④ All Furniture will be repaired immediately & administrator will monitor all device monthly.
- ⑤ Staff will notify administrator of hazardous items.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Sweeney</i>	Date <i>3/31/2015</i>
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Violation Report: 32496 - 02/18/2015 - Rouse, McKinley
 PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent medical evaluation was completed 07/07/2014, but the resident's previous medical evaluation was completed 04/03/2013. The resident's most recent medical evaluation was completed more than a year after the previous medical evaluation.
 Resident #2's most recent medical evaluation was completed 06/30/2014, but the resident's previous medical evaluation was completed 04/18/2013. The resident's most recent medical evaluation was completed more than a year after the previous medical evaluation.

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.

Administrator will monitor all medical Evaluations on admission to ensure they are not beyond their appropriate time frame within 60 days prior to 30 days after. See medical Evaluations attached

All evaluations will be completed annually to prevent being out of compliance.

Administrator will review all medical Evaluations monthly to prevent being out of compliance and will check all Evaluations on admission.

The administrator will develop a tracking system to identify residents who will be due for medical evaluations in future months. The tracking system will be accessed a month in advance of due date for medical evaluations to schedule appointments. 03/13/15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline F. Sweeney*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JACQUELINE F. SWEENEY* Date *3/13/2015*

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