



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

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


RE: Liberty Square Personal Care
License #: 205720

Dear Ms. Stone:

As a result of the Department of Human Services' annual licensing inspection on September 10, 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.

Sincerely,


Matthew J. Jones
Director ^{1/31}

Enclosure
License Inspection Summary

Violation Report: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff Person A, who is the Administrator and who started after [redacted] 1998, has not completed a Pennsylvania State Police Criminal Background check in accordance with 6 Pa.Code Chapter 15.

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.

PA state Police Criminal Background check was completed for Staff Person A. (copy attached.)

PA state Police Criminal Background checks will be completed within 1 year prior to the date of hire or within 30 days following the date of hire.

Administrator will be responsible for completing this process for each new employee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, Administrator</i>	Date <i>11-02-2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/10/15
 (Date)

Plan of correction implementation status as of 11/10/15
 (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 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person B, whose first day of work was [redacted] 2015, did not receive orientation in Fire Drill procedures, and the use of a Fire Extinguisher until 6-8-2015.

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.

Prior to or during the first work day, all direct care staff persons will receive an orientation in Fire Drill procedures and the use of a fire extinguisher. This orientation will also include 1 - evacuation procedures, 2 - designated meeting place outside the building, 3 - Liberty Square's smoking policy, 4 - smoke detectors / alarm system, and 5 - telephone use and notification of Emergency Services.

Administrator will complete this orientation for all new employees. Documentation will be kept in employee's file(s).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Andrea L Stone, administrator Date 09-24-2015

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

The above plan of correction is approved as of 11/10/15
 (Date)

Plan of correction implementation status as of 11/10/15
 (Date)

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

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

Violation Report: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 9-10-15, at 2:00pm, there was an opened package of hot dogs in the kitchen refrigerator that was not labeled or dated.
 The homes 3 day water supply expired on 9-4-15.

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 opened package of hot dogs was thrown away at time of inspection.
 The 3-day emergency water supply was replaced.
 Staff was reminded to label and date all food items as they are opened and saved. Entire staff was asked to monitor refrigerator contents for compliance.
 • The administrator shall monitor and assure ongoing compliance.
 M 11/10/15

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 *11-03-2015*

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

The above plan of correction is approved as of 11/10/15
 (Date)

Plan of correction implementation status as of 11/10/15
 (Date)

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

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

Violation Report: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency for 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.

The written emergency procedures were reviewed and submitted to the local emergency management agency. (Receipts copied and attached.)

Administrator will be responsible for submitting the written emergency procedures annually to the local emergency management agency.

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 *09-17-2015*

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The above plan of correction is approved as of

11/10/15
 (Date)

Plan of correction implementation status as of

11/10/15
 (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 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.

An update was made to the emergency procedures to include an inoperable smoke detector or fire alarm. (copy attached)

Staff was notified of this addition to the emergency procedures manual.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 11/10/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L. Stone, administrator</i>	Date <i>09-11-2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/10/15</u> (Date)	Plan of correction implementation status as of <u>11/10/15</u> (Date)
The above plan of correction was approved by <u><i>m</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: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home does not have additional evacuation time granted in writing by a Fire Safety expert due to the technical structure of the building or any fire safety features. The following are the fire drills and the times at the home: 4/5/15 @ 11:30pm the evacuation time was 2 min.45 sec.; 6/8/15 @ 2:17pm the evacuation time was 2 min.40 sec.; and, 9/7/15 @ 3:00pm the evacuation time was 2 min.32 sec.

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.

Additional evacuation time was granted to Liberty Square by our fire safety expert. (letter attached)

This letter will be reviewed, updated, and re-issued on an annual basis.

Administrator will request this letter at the annual fire drill executed by our fire safety expert.

The administrator shall monitor and assure ongoing compliance.
 M
 11/23/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *11-03-2015*

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

The above plan of correction is approved as of <u>11/23/15</u> (Date)	Plan of correction implementation status as of <u>11/23/15</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>letter</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE 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, date of admission [redacted] 2008, last medical evaluation was completed on 8/6/14.

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.

Resident #1 had a DME completed on 10-06-2015.
 (copy attached)

Due to a hospitalization where resident #1 received a pacemaker and a subsequent stay at a rehabilitation unit, the schedule for [redacted] physical examination was changed by [redacted] provider at the Lebanon VA Medical Center.

Administrator will work with residents' case manager to make sure that annual medical evaluations are scheduled.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10-06-2015*

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

The above plan of correction is approved as of <u>11/10/15</u> (Date) The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>11/10/15</u> (Date) <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
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Violation Report: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 The home permit's smoking in the courtyard and the parking lot. On 9/10/15, by the small porch to the entrance of the home were 15+ cigarette butts in the mulch that had been thrown over the railing.

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 "smokers' meeting" was held for all residents and staff who smoke at Liberty Square. Policy and procedures for the designated smoking area were reviewed, read, and signed by all smokers who live and work at Liberty Square. (copy attached)

All staff persons will be responsible for correcting violations of the smoking policies and procedures at Liberty Square. This will involve monitoring on a daily/hourly basis. Staff instructed to verbally approach residents as soon as a violation occurs. (or is noticed by staff)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, administrator</i>	Date
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The above plan of correction was approved by <u><i>AS</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: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 9-10-15, the lunch menu was changed to chips rather than salad and the dinner menu was changed from Italian sausage to chili. No notice was provided to the residents in advance of the meal.

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.

Menu substitution was documented as soon as it was brought to administrator's attention. Staff reminded to always document meal substitutions and/or changes in menu. These changes shall be posted before the meal.

The administrator shall monitor for ongoing compliance.

[Signature]
 11/10/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea Lettino*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andrea L. Stone, administrator* Date *09-10-2015*

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

The above plan of correction is approved as of 11/10/15
 (Date)

Plan of correction implementation status as of 11/10/15
 (Date)

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

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

Violation Report: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 9/10/15, the first aid kit located in the medication room had two expired medications in it: 1% Hydrocortisone Cream, expired 5/9/15 and Cortizone10+ cream, expired 10/2013.

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 % Hydrocortisone Cream and Cortizone 10+ cream were disposed of at time of inspection.

Administrator and staff will be responsible for checking dates on medications in the first aid kit. This will be done every 3 months to correspond with our medication training schedule.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *09-10-2015*

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The above plan of correction was approved by <u><i>m</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: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a prescription for Docusate 50mg., the medication was not available on 9/10/15.

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.

Resident #2's sister/POA buys OTC medications which are prescribed by Resident #2's provider at the Lebanon VA Medical Center.

Sister was contacted by administrator on 09-11-2015. Sister brought medication to facility on 09-13-2015.

Administrator will contact sister in a timely manner for any OTC medication needs.

The administrator shall monitor for ongoing compliance.

11/10/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *09-13-2015*

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

The above plan of correction is approved as of <u>11/10/15</u> (Date)	Plan of correction implementation status as of <u>11/10/15</u> (Date)
The above plan of correction was approved by <u><i>mm</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: 20572 - 09/10/2015 - Yellenic, Cindy
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #1 was completed on 8/6/14.
 The most recent assessment for Resident #2 was completed on 5/13/14.


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 assessment for Resident #1 was completed on 10-06-2015.
 New assessment for Resident #2 was completed on 09-11-2015
 (Copies attached)

Job duties will be shifted among staff to allow administrator more time to do paperwork required.

Staff member B is completing the PCH administrator training in several weeks. Her exam is scheduled for the beginning of December. Staff member B will be able to help with administrative responsibilities. The administrator shall monitor for ongoing compliance. 11/10/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andrea L Stone, administrator	10-06-2015

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

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The above plan of correction was approved by <u>mm</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: 20572 - 09/10/2015 - Yellenic, Cindy
 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
 Resident 1's record does not have an updated photograph of the resident. The most recent photograph was taken on 8/5/13.

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.

Updated photograph was taken of resident #1.
 (copy attached)

Administrator will schedule a "picture day" once a year. This will prevent a future updated photograph violation.

The administrator shall monitor for ongoing compliance.

ms
 11/10/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/15/2014

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 *09-11-2015*

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

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 (Date)

Plan of correction implementation status as of 11/10/15
 (Date)

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

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