



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 15 2016

Ms. Georgetta Stotka, Co-Owner/President
Advanced Personal Care Home, Inc.
245 Center Street, PO Box 5
Clarksville, Pennsylvania 15322

RE: Advanced Personal Care Home
License #: 440480

Dear Ms. Stotka:

As a result of the Department of Human Services' annual licensing inspection on March 15, 2016 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: ADVANCED PERSONAL CARE HOME		License Number: 44048
Address: 245 CENTER STREET PO BOX 5, CLARKSVILLE, PA 15322		County: Greene
Administrator: GEORGETTA STOTKA		Region: WEST
Legal Entity Name: ADVANCED PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322		RECEIVED
Certificate(s) of Occupancy C-2 LP 11/16/1992 Labor & Industry		MAY 25 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/15/2016: Barlett, Patricia; Summers, Vicky		
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: 39 Number of Residents Served: 31 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: 3	Number of Residents who: Receive Supplemental Security Income: 28 Are 60 Years of Age or Older: 19 Have Mental Illness: 28 Have an Intellectual Disability: 5 Have a Mobility Need: 2 Have a Physical Disability: 0	

MAY 25 2016

Violation Report: 44048 - 03/15/2016 - Bartlett, Patricia
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home did not obtain a written receipt from resident #1 for several cash disbursements to include the following:

- \$15.00 on 12/14/15
- \$44.10 on 1/1/16
- \$12.00 on 1/4/16
- \$12.00 on 2/1/16
- \$9.00 on 2/5/16, 2/11/16, 2/16/16, 2/19/16, 2/23/16, 3/2/16
- \$6.00 on 2/29/16
- \$4.00 on 3/9/16

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 signed for all disbursements listed above.

Now and in the future all cash disbursements will be signed for by resident at ^{the} time of disbursement.

Please see attached copy of signed distribution sheet.

Immediately - all staff who handle cash disbursements will be reeducated on this requirement.
Immediately - At least monthly the administrator or designee will review residents' cash financial records.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgetta Stotka

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

Georgetta Stotka - Administrator

Date 5-23-16

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

The above plan of correction is approved as of 5/27/16
(Date)

Plan of correction implementation status as of 5/27/16
(Date)

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

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

Violation Report: 44048 - 03/15/2016 - Bartlett, Patricia
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 11:00 AM, the hot water temperature measured 123.6 degrees Fahrenheit in the sink of the first floor common bathroom located between bedrooms #7 and #10. At 3:38 PM, it measured 129.7 degrees Fahrenheit.

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 hot water tank temperature gauge was lowered immediately. The hot water temperature is now reading at 115°F.

Random checks of the water temperature will be done to assure it does not exceed 120°F.

Immediately - Hot water measurements will be conducted daily for 2 weeks. If temperatures are under 120°F, tests may be reduced to weekly. Measurements will be made at different times of day and at different areas of the home. Documentation will be kept.

5/27/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgetta Stotka

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

Georgetta Stotka

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Violation Report: 44048 - 03/15/2016 - Bartlett, Patricia
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

Measuring from the bottom rung, there were no non-skid strips on step numbers 2, 4, 5, 8, 9, and 10 of the fire escape on the right side of the home. At the the time of inspection, the steps were extremely slippery due to rainfall.

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.

Non skid strips were placed on the fire escape steps 2, 4, 5, 8, 9 and 10.

Now and in the future all interior stairs, exterior steps and ramps will have non skid surfaces on them.

Immediately and at least monthly thereafter - The administrator or a designee will check the fire escape and other staircases to ensure non-skid surfaces are in good repair.

Spalik

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka Administrator* Date *5-23-16*

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MAY 25 2016

Violation Report: 44048 - 03/15/2016 - Bartlett, Patricia
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the first floor medication room did not include disposable gloves.

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.

Disposable gloves were immediately placed in the First Aid Kit.

Now and in the future all first aid kits will have all required items.

Immediately - all staff persons will be educated on first aid kit required contents and replacing items after use.

Immediately - A designated staff person will monitor the first aid kit at least weekly to ensure all required items are present.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgetta Stotka

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

Georgetta Stotka - Administrator

Date 5-23-16

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Violation Report: 44048 - 03/15/2016 - Bartlett, Patricia

PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At approximately 9:50 AM, there was no thermometer in either the refrigerator or freezer located on the right side of the basement. Also, there was no thermometer in the refrigerator located on the left side of the basement.

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 thermometer has been placed in the freezer and both refrigerators located in the basement.

Now and in the future all freezers and refrigerators will have a thermometer in them at all times.

Immediately - All staff persons will be reeducated on need for thermometer in all refrigerators and freezers, and will monitor all temperatures daily to ensure safe food storage temperatures.

Immediately - The administrator or designee will monitor all refrigerator and freezers at least weekly to ensure thermometers are present in each and that safe temperatures are maintained.

Repeat Violation: No Date(s) of Previous Violation(s): *OK* maintained.

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka* 5/23/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka - Administrator* Date *5-23-16*

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Violation Report: 44048 - 03/15/2016 - Barlett, Patricia
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 3/15/16, the home served 31 residents; however, only 78 gallons of emergency drinking water were stored on site. The home has a contract, dated 3/15/16, with 250 gallon water buffalo for delivery; however, the contract does not include the following:

- *A guarantee that the water will be delivered immediately upon request, 24 hours-per-day.
- *A guarantee that the water will be delivered as a priority even in the event of a regional general emergency

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 local water authority was contacted and a agreement with them was made to meet required regulations.

Please see a copy of attatched agreement.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Georgetta Stotke - Administrator* Date *5-23-16*

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Violation Report: 44048 - 03/15/2016 - Bartlett, Patricia
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
Cats named Nico and Sissy were present in the home; however, they do not have a current rabies vaccination.

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.

Nico and Sissy are the cats that reside in the Personal Care Home office which is one building over from the Personal Care Home.

They were both vaccinated and are now current on all of their vaccinations.

The administrator will ensure that all pets who are present in the home are up-to-date on vaccinations and that documentation is kept in the home.

Stotka

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Georgetta Stotka*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Georgetta Stotka - Administrator* Date *5-23-16*

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PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
The assessment dated 5/7/15 for resident #2 indicates the resident is independent with mobility needs; however, the support plan, dated 5/7/15, indicates the resident needs staff assistance with all transfers and for evacuating in an emergency.

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 support plan has been updated to indicate [redacted] is immobile and needs assistance with all transfers and for evacuating in an emergency.
Immediately - all staff persons involved with completion of assessments will be reeducated on keeping the document updated.
Copy of resident #2 is attached
Within 30 days of receipt of plan of correction - The administrator or designee will review the assessments of all current residents to ensure each is complete and accurate, including mobility needs.
js 5/21/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgette Stotter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgette Stotter Administrator* Date *5-23-16*

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