



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Charity Lytle, Owner
Lytle's Personal Care Home LLC
4508 National Pike
Markleysburg, Pennsylvania 15459

SEP 27 2016

RE: Lytle's Personal Care Home, LLC
License #: 443910

Dear Ms. Lytle:

As a result of the Department of Human Services' annual licensing inspection on April 5, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44391 - 04/05/2016 - Rosenblat, Dale
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for Resident #1. The home does not maintain a record of financial transactions.

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 Correction

Form "Record of financial transactions" provided by DPW has been implemented to record financial transactions for all residents that Lytle's PCH manages there spending allowance. Administrator will monitor the management of funds, including Resident #1's finances. B.E.

② prevent

all new residents that Lytle's PCH will manage funds will provide a transaction record upon admission.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Charity Lytle

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

Charity Lytle

Date 6/14/16

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

The above plan of correction is approved as of 7-25-16
 (Date)

Plan of correction implementation status as of 7-25-16
 (Date)

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

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

Violation Report: 44391 - 04/05/2016 - Rosenblat, Dale
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive training in Fire Safety, Emergency Preparedness, OAPSA and Falls and Accident Prevention during training year 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.

① Correction

Annual and initial Staff training form has been completed on all staff members by *Administrators*.
 Training form has been added to all staff charts.

② prevent

When a staff member is hired and annually in the month of January staff training forms will be completed. Form has been added to employee hire packets by *Administrators*.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charity Lytle* Date *06/14/16*

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Violation Report: 44391 - 04/05/2016 - Rosenblat, Dale
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION

The exit door to the outside located by room number 8, is equipped with a push bar and cannot be opened easily by the residents living 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.

Exit door has been replaced with a brand new door and is working properly

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charity Lytle* Date *6/15/16*

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Violation Report: 44391 - 04/05/2016 - Rosenblat, Dale
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

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.

If a smoke detector or fire alarm is inoperable, each staff member that is on shift will be equipped with an emergency whistle and will do 15 min checks of the area where the inoperable smoke detector / fire alarm is. Training will be provided for all staff regarding emergency procedures. -BE
 Policy has been added

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *6/14/16*

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