



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

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' annual licensing inspection on April 27, 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.

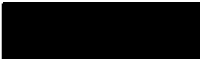
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary



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

PCH Name: JUST LIKE HOME PERSONAL CARE		License Number: 32498
Address: 606 GALLITZIN ROAD, CRESSON, PA 16630		County: Cambria
Administrator: JACQUELINE F. SWEENEY		Region: CENTRAL
Legal Entity Name: JUST LIKE HOME PERSONAL CARE LLC		
Legal Entity Address: 606 GALLITZIN ROAD, CRESSON, PA 16630		
Certificate(s) of Occupancy		
R-4 10/30/2007 CAMBRIA COUNTY	R-4 03/11/2013 CAMBRIA COUNTY	
Staffing Hours	Total Daily Staff: 17	Working Staff: 13
Resident Support: 0	BIHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2016: Bomberger, Cybil		
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: 14	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit In House: No	Are 60 Years of Age or Older: 14	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: N	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 2	Have a Physical Disability: N	
Number of Hospice Residents in past year: 2		

Violation Report: 32488 - 04/27/2016 - Bomberger, Cybil
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar at the toilet located in the half bath next to room #10.

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 1/2 Bathroom located next to Bedroom #10 is only used by Family members & Staff.
- ② A Grab bar was placed in the 1/2 Bathroom near the toilet to assist any Family members that would be required during toileting.
- ③ There was a sign posted outside Bathroom door for Staff & Family members only.
- ④ The Grab bar was placed in the 1/2 Bathroom by administrator on 5/9/2016. See picture attached.
- ⑤ Administrator will continue to monitor all grab bars to ensure safety of all residents, families & staff. & replace if needed or provide if necessary.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney* Date *5/13/2016.*

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

The above plan of correction is approved as of 5/18/16 (Date)

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

Plan of correction implementation status as of 5/18/16 (Date)

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

Violation Report: 32496 - 04/27/2016 - Bomberger, Cybil
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 4/27/16, there was an accumulation of lint in the lint trap of the Roper dryer. The clothing had been removed from the dryer.

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 Lint was removed immediately from Basement Dryer while State Inspector was present by administrator.
- ② All staff was educated by the Administrator on the importance of removing all dryer lint following removal of Laundry load to keep facility safe & prevent fire.
- ③ Administrator will continue to monitor Dryer Daily & Clean all Vents & Clean under dryer & sweep under dryer monthly
- ④ A Service Log. is in place for all staff to sign removal of Lint after every use of dryer.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jacqueline F. Sweeney* Date *5/13/2016*

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

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

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

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

Violation Report: 32496 - 04/27/2018 - Bomberger, Cybil
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

During the fire drills on 6/21/15 at 11:05 PM and 9/29/15 at 11:15 PM, 2 staff people participated in the drill. According to staff records, the home is staffed with only one staff person from 11PM to 7AM.

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 A fire drill was complete with one staff member present. on 4/30/16. See Fire drill record attached.
- ② Administrator will complete scheduled fire drills at different times of the day & night.
- ③ All staff^{pls.} will continue to be educated by administrator on safety during fire drill
- ④ Administration will continue to monitor fire drill records to ensure all staff are participating in drills.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jacqueline F. Sweeney Administrator

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

Jacqueline F. Sweeney

Date 5/13/16

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5/18/16
(Date)

Plan of correction implementation status as of

5/18/16
(Date)

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- Not Implemented

The above plan of correction was approved by

JFS
(Initials)

Violation Report: 32496 - 04/27/2016 - Bomberger, Cybil
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 is receiving hospice care services which includes personal hygiene services of showering 2 times per week, preparing the resident for the shower, monitoring for safety in the shower, assist with washing genital area, assist with dressing and hair washing two times per week. The resident's most recent support plan dated 7/10/15, does not document these service needs or that the services are being provided.

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 Resident #1 Support Plan was updated on April 27, 2016. Updates reflect all services needed for Hospice Care or any other healthcare Provider to review to provide assistance as needed. See Support Plan Adjustment attached.
- ② Administrator will continue to monitor all support plans & Residents. And provide charge that may be needed ^{in Plan 3} if Resident shows a decline or charges that may need made for outside services need to review.
- ③ Administrator Educated Staff on 4/27/2016 on Support Plans. Instructed Staff to sign off all needed changes that may need discussed with Administrator so proper adjustments can be made.
All Support Plans will reflect Safety during Showers, Preparing Resident for a Shower, Assisted ~~with~~ needed for genital areas, hair washing, Dressing needs - Time per week that services will be provided.

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 *5/13/16*

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