



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 26 2016

Ms. Michelle R. Grimm, Owner  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home, Inc.  
License #: 413830

Dear Ms. Grimm:

As a result of the Department of Human Services' annual licensing inspection on June 29, 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,

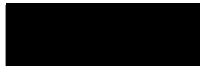
A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: HORIZON PERSONAL CARE HOME INC		License Number: 41383
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		County: Fayette
Administrator: Michelle Grimm		Region: CENTRAL
Legal Entity Name: HORIZON PERSONAL CARE HOME INC		
Legal Entity Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 10/10/2000 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/29/2016: Springs, Israel; Gillespie, Denise		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<p>Licensed Capacity: 28</p> <p>Number of Residents Served: 22</p> <p>Secured Dementia Care Unit in Home: No</p> <p>Area:</p> <p>Secured Dementia Unit Capacity, if Applicable:</p> <p>Number of Residents Served in Secured Dementia Care Unit, if applicable:</p> <p>Number of Current Hospice Residents: 12</p> <p>Number of Hospice Residents in past year: 15</p>	<p><b>Number of Residents who:</b></p> <p>Receive Supplemental Security Income: 0</p> <p>Are 60 Years of Age or Older: 22</p> <p>Have Mental Illness: 0</p> <p>Have an Intellectual Disability: 0</p> <p>Have a Mobility Need: 8</p> <p>Have a Physical Disability: 2</p>	



Violation Report: 41383 - 06/29/2016 - Springs, Israel  
PCH Name: HORIZON PERSONAL CARE HOME INC

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  
On 6/29/16, the 1st floor shared bathroom sink had a water temperature that measured 131 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.

Plumbing turned hot water down in the basement.  
Adm - Michelle Grimm rechecked temperature. It is currently 116°F. Staff will check weekly for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm RN Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Grimm RN*      Date *8-15-16*

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

The above plan of correction is approved as of 9/28/16  
(Date)

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

Plan of correction implementation status as of 9/28/16  
(Date)

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



Violation Report: 41383 - 06/29/2016 - Springs, Israel  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
The last sleep time fire drill was conducted on 9/15/15.

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.

Sleep time fire drill completed on 6-30-16 at 10:10 pm - upstairs smoke back doors were used. Regit. time drill will be done in January 2017.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Michaela Grimm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michaela Grimm*      Date *7-26-16*

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

The above plan of correction is approved as of 9/28/16  
(Date)

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

Plan of correction implementation status as of 9/28/16  
(Date)

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

Violation Report: 41383 - 06/29/2016 - Springs, Israel  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The record for Resident #1, admitted [redacted] 16, did not have documentation that a medical evaluation had been completed.

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.

Medical evaluation was sent to MD in [redacted] ppt dated 5/26/16  
[redacted] requested a copy in 6-30-16. Referred again  
on July 26, 2016. Received it back dated 7/26/16.

The administrator will complete an audit for all residents that have been admitted into the home within the past 30 days to assure that a medical evaluation has been completed and documentation is in the file.

The administrator will ensure that all newly-admitted residents have a medical evaluation within the time frames required by this regulation.

BAS  
9/28/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle R. Grimm*      Date *8-26-16*

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

The above plan of correction is approved as of <u>9/28/16</u> (Date)	Plan of correction implementation status as of <u>9/28/16</u> (Date)
The above plan of correction was approved by <u>BAS</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: 41383 - 06/29/2016 - Springs, Israel  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2500  
2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for Resident #1, admitted [redacted] 16, was missing the date the form was completed, the date of birth of the Resident, and signature of the person who completed the form.

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.

Administrators will complete Preadmission Screening prior to admission. Adm will check the week after admission to ensure compliance

The administrator will complete an audit for all residents that have been admitted into the home within the past 30 days to assure that a preadmission screening has been completed in full and documentation is in the file.

BJS  
9/28/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]* RN adm.

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle Gorman*      Date *8-26-16*

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

The above plan of correction is approved as of 9/28/16  
(Date)

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

Plan of correction Implementation status as of 9/28/16  
(Date)

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



Violation Report: 41383 - 06/29/2016 - Springs, Israel  
PCH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

No assessment had been completed for Resident #1, admitted [redacted] 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.

Assessment has been completed dated 7-26-16.  
Administrator will complete assessment within required time frame. Adm will check for completion two weeks after admission

The administrator will complete an audit for all current residents of the home to assure that an assessment has been completed in compliance with regulations 2600.225 (a) and (c), and documentation of the assessment is in the file.

BAS  
9/28/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michael Grimm*

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

Michael Grimm

Date 7-26-16

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The above plan of correction is approved as of

9/28/16  
(Date)

Plan of correction implementation status as of

9/28/16  
(Date)

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

The above plan of correction was approved by

BAS  
(Initials)



Violation Report: 41383 - 08/29/2016 - Springs, Israel  
PGH Name: HORIZON PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600  
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
Resident #1, admitted to the home on [redacted] 16, has not had a support plan developed.

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.

Support plan completed dated 7-26-16. Administrator will complete support plan within required time frame. 30 days adm will check after 30 days of admission for compliance.

The administrator will complete an audit for all current residents of the home to assure that a support plan has been developed in compliance with regulations 2600.227(a), (c), (d), (e), (f), (g), and (h), and documentation of the assessment is in the file.

BMS  
9/28/16

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

Plan of correction implementation status as of 9/28/16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented