



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 1 2017

Ms. Lori Lasosky, Owner/Administrator
Lasosky's Personal Care Home, Inc.
200 Nobles Road
Brownsville, Pennsylvania 15417

RE: Lasosky's Personal Care Home, Inc.
23 Main Street
Clarksville, Pennsylvania 15322
License #: 418580

Dear Ms. Lasosky:

As a result of the Department of Human Services' annual licensing inspection on August 4, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

RECEIVED

OCT 28 2016

Page 2 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The first floor common powder room was not equipped with any type of locking device to afford privacy.

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 locking device for the first floor common powder room will be installed by Nov, 1, 2016.
Administrator will make weekly rounds to ensure locking devices are in place where required. A Occupied/Vacancy sign is being used until locking device is installed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

MARC RAHL

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

MARC RAHL

Date

10/28/16

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

The above plan of correction is approved as of 11/23/16
(Date)

Plan of correction implementation status as of 11/23/16
(Date)

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

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

RECEIVED

OCT 28 2016

Page 3 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky		WEST REGION FIELD OFFICE	
PCH Name: LASOSKY, S PERSONAL CARE HOME INC		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.			
2a. DESCRIPTION OF VIOLATION There was a broken and off-track sliding, double closet door in the 1st floor common area. The upper portion of the door was indented approximately 2 inches x 1 1/2 inches.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The double sliding closet door was rehung on 8/4/16. Administrator or designee will do weekly rounds to insure closet doors are on track and functioning properly.</p>			
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	
MARCE BATH		10/28/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11/23/16</u> (Date)		Plan of correction implementation status as of <u>11/23/16</u> (Date)	
The above plan of correction was approved by <u>BB</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

OCT 28 2016

Page 4 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a 7 1/2 inch drop at the end of the wheelchair ramp located in the rear of the building.

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 drop at the end of the wheelchair ramp will be repaired by maintenance by Nov. 8, 2016. Administrator or designee will do weekly rounds to insure drop is at proper height. The front door is being used in place of ramp until fixed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

MARIE RATH

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

MARIE RATH

Date

10/28/16

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

The above plan of correction is approved as of 11/23/16
(Date)

Plan of correction implementation status as of 11/23/16
(Date)

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

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

RECEIVED

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY'S PERSONAL CARE HOME INC

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

OCT 28 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
There were 15 undated, large packages of ground beef in the basement chest freezer.

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.

Dates and labels applied to all items in the freezer on 8/5/16.
Administrator or designee will do weekly rounds to insure all items are dated and labeled before entering freezer.

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

Signature of Legal Entity Representative (Required on EVERY Page) *MARCI RAHL*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARCI RAHL Date 10/28/16

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

The above plan of correction is approved as of 11/23/16 (Date)

Plan of correction implementation status as of 11/23/16 (Date)

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

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

RECEIVED

OCT 28 2016

Page 6 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME INC

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 8/4/16 the home served 19 residents requiring 57 gallons of water; however, only 5 gallons of drinking water were stored onsite.

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 new water system is being installed by Nov 8, 2016. Administrator or designee will do weekly rounds to insure that there is a significant enough water for number of residents.

The administrator's or designee's checks will include verification that the home has at least 3 gallons per resident maintained at the home.

BB 11/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mark Batt

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

MARK BATTLE

Date

10/28/16

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

The above plan of correction is approved as of

11/23/16
(Date)

Plan of correction implementation status as of

11/23/16
(Date)

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

The above plan of correction was approved by

BB
(Initials)

RECEIVED

OCT 28 2016

Page 7 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
A foam sign, a cardboard box, a paper bag, a gray foam pad, and several plastic bags were stored within one foot of the furnace and hot water heater.

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.

All items were removed 8/15/16.
Administrator or designee will do weekly rounds to insure any and all flammable items are not in the same proximity of the furnace and hot water heater.

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

Signature of Legal Entity Representative (Required on EVERY Page) *MARCA RAITZ*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARCA RAITZ* Date *10/28/16*

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

The above plan of correction is approved as of 11/23/16
(Date)

Plan of correction implementation status as of 11/23/16
(Date)

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

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

RECEIVED

OCT 28 2016

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME, INC

WEST REGION FIELD OFFICE
Human Services Licensing

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

Three minutes and thirty seconds is the home's maximum evacuation time determined by a fire safety expert on 11/23/15. The home exceeded this time for the following fire drills:

Date	Time	Evacuation Time
4/12/16	11:00 AM	4 min. 25 sec.
5/23/16	3:46 PM	4 min.
6/8/16	6:30 PM	4 min.
7/13/16	10:00 AM	4 min. 20 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.

All staff members were reeducated on fire drill and evacuation time. Fire drill completed in on 10/28/16. Administrator or designee will review each evacuation time and any drill exceeding the maximum evacuation time will be repeated.

If the evacuation time of any drill from November 23, 2016 - July 31, 2017 exceeds the safe evacuation time designated in writing within the past year by a fire safety expert, the administrator will take action within 15 days of the drill to permanently increase staffing to ensure consistent safe evacuation times. BB 11/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marc Pahl

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

MARC PAHL

Date

10/28/16

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

The above plan of correction is approved as of

11/23/16
(Date)

Plan of correction implementation status as of

11/23/16
(Date)

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

The above plan of correction was approved by

BB
(Initials)

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
 PCH Name: LASOSKY S PERSONAL CARE HOME INC

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 On 8/4/16 the home served 19 residents. The home's emergency evacuation diagrams include the front door as an exit; however, the front door is clearly marked "not an exit," and the home uses the door as an emergency exit, including during monthly fire drills in April, May, June, and July of 2016.

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 exit sign is located at front door effective 11/23/16. Bi weekly checks will be done by administrator a designee to make sure exit signs are in place

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marcie Rahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcie Rahl* Date *11/23/16*

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

The above plan of correction is approved as of <u>11/23/16</u> (Date)	Plan of correction implementation status as of <u>11/23/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

OCT 28 2016

Page 10 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation for resident #1, dated [redacted] 16, does not include height, weight, pulse rate, blood pressure or temperature. The special health or dietary needs section indicates none; however, the needs addendum indicates no concentrated sweets.

A second medical evaluation for resident #1, dated [redacted] 16, does not include height, weight, pulse rate, blood pressure or temperature.

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 medical evaluation was resent to 10/15/16 to the Drs. to be updated. Administrator or designee will complete checks weekly to insure all files are up to date and completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

MARC RATH

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

MARC RATH

Date

10/28/16

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

The above plan of correction is approved as of

11/23/16
(Date)

Plan of correction implementation status as of

11/23/16
(Date)

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

The above plan of correction was approved by

BS
(Initials)

RECEIVED

OCT 28 2016

Page 11 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

There was a propane grill located at the home's outside designated smoking area.

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 propane grill was removed on 8/4/16. It will not be replaced.

Immediately - The administrator or a designated staff person will check the home at least weekly to ensure heat sources, hot water heaters, and combustible or flammable materials are located a safe distance from the outside smoking area and away from common walkways and exits. BB 11/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

MARCE BATH

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

MARCE BATH

Date

10/28/16

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

The above plan of correction is approved as of

11/23/16
(Date)

Plan of correction implementation status as of 11/23/16
(Date)

Fully Implemented BB

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BB
(Initials)

RECEIVED

OCT 28 2016

Page 12 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY'S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
Resident #3's preadmission screening form, dated [redacted] 16, did not indicate that the resident's needs can be met by the services provided by the home. This section was blank.

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.

Administrator and designee will check all documents to insure completed thoroughly.

Immediately - The administrator's or designee's checks will include reviews of each newly admitted resident's preadmission screening form prior to filing it in the resident's record to ensure it is accurately completed in its entirety within 30 days prior to admission and documented on the Department's preadmission screening form. BB 11/23/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *MARCI RAHL*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARCI RAHL* Date *10/28/16*

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

The above plan of correction is approved as of 11/23/16 (Date)
The above plan of correction was approved by BB (Initials)
Plan of correction implementation status as of 11/23/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *BB*
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

OCT 28 2016

Page 13 of 13

Violation Report: 41858 - 08/04/2016 - Summers, Vicky
PCH Name: LASOSKY'S PERSONAL CARE HOME INC

WEST REGION FIELD OFFICE
Human Services Licensing

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 #2's support plan, dated 1/13/16, does not address how the home will meet the resident's mobility needs and the assessment, dated 1/13/16, indicates the resident requires limited physical or oral assistance to evacuate 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.

Administrator and designee will check all documents to insure they are completed thoroughly. Second staff member will over look all documents.

on 11/21/16, the home submitted documentation indicating a plan to meet resident #2's mobility needs in the resident's support plan.

BB
11/23/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *MARIE RAHL*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARIE RAHL* Date *10/28/16*

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

The above plan of correction is approved as of <u>11/23/16</u> (Date)	Plan of correction implementation status as of <u>11/23/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented