



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 8, 2016

Mr. Robert Getz, President
Getz Personal Care Home Inc.
1026 Scenic Drive
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home
License #: 240500

Dear Mr. Getz:

As a result of the Department of Human Services' licensing inspection on August 24, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: GETZ PERSONAL CARE HOME		License Number: 24050
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTHEAST
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
C-2 LP 08/10/1993 L&I	C-2 LP 01/03/1992 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/24/2016: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
10/03/2016: Novak, Ryan		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 52 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: 1	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 24050 - 08/24/2016 - Novak, Ryan
PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/7/16 Resident #1 had a physical altercation with Resident #2. The alleged abuse was not reported to the local area agency on aging.
On 8/20/16 Resident #1 had a physical altercation with Resident #3. The alleged abuse was not reported to the local area agency on aging.

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.

To prevent lack of communication + improper reporting or non reporting to occur, the following steps will be in place:

- All possible instances of resident to resident abuse, whether verbal or physical will immediately be reported to Administrator
- Administrator, or designee if administrator is not available, will investigate + report regardless of if there was any physical touch or note reported at time of Administrator's/designee's initial investigation.
- All staff in Nursing office will be trained to complete proper investigation + paperwork for reporting if Administrator is unavailable to do reporting in timely manner to local area Agency on Aging. Employees will sign the training sheet for this training topic.

Repeat Violation: No Date(s) of Previous Violation(s): 08/15/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, President Date 10/18/16

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

The above plan of correction is approved as of 11-5-16 (Date)

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

Plan of correction implementation status as of 11-5-16 (Date)

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

Violation Report: 24050 - 08/24/2016 - Novak, Ryan
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/20/16 Resident #1 had a physical altercation with Resident #3. The incident was not reported to the Department.

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.

To prevent lack of communication + improper or non reporting to occur, the following steps will be in place:

- All possible instances of resident to resident abuse, whether verbal or physical, will immediately be reported to Administrator.
- Administrator, or designee if administrator is not available, will immediately investigate + report regardless of act of physical touch or not reported at time of investigation by Administrator/designee. All reports will be verbal + written within the 24hr time frame set forth by DHS.
- All Staff in Nursing office will be trained to complete proper investigation + paperwork for reporting if Administrator is unavailable to do reporting in timely manner to DHS.

Adw will ensure that all staff can properly identify the other 18 events that require incident reports.

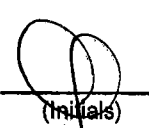
OP - 11-5-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, President	Date 11/18/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-5-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11-5-16</u> (Date) <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
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Violation Report: 24050 - 08/24/2016 - Novak, Ryan
 PCH Name: GETZ PERSONAL CARE HOME

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 #4's RASP dated 12/17/16 notes the resident does not currently have a problem with irritability, judgement, agitation or aggression. Resident #4 has a history of physical altercations with the other residents. The residents RASP has not been updated to reflect the residents current care needs.

Resident #1's RASP dated 1/18/16 notes the resident does not currently have a problem with irritability, judgement, agitation or aggression. Resident #1 has a history of physical altercations with the other residents. The residents RASP has not been updated to reflect the residents current care needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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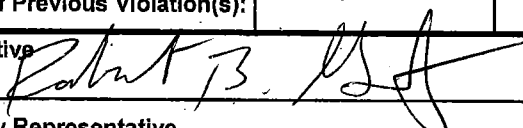
Any occurrences of agitation, problems w irritability or Hx of abuse will be document on RASP annually.

- If instances occur after initial / updated RASP is completed, Assessment + Support Plan updates will be completed + attached to RASP to reflect these behaviors + how to meet resident needs

- Upon annual review + update of RASP, any occurrences documented on Update + changes from will be reflected on New RASP

- This will be completed by Nursing staff + monitored for completeness by Administrator.

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

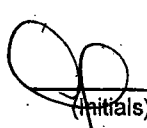
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, Resident	Date 10/18/16
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