



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 08 2017

Ms. Andrea L. Stone, President
Personacorp Inc.
86 Main Street
Stouchsburg, Pennsylvania 19567

RE: Liberty Square Personal Care
License #: 205720

Dear Ms. Stone:

As a result of the Department of Human Services' annual licensing inspection on September 7, 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: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The home did not have a current boiler inspection available to review.

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.

L & I inspector, [redacted], was contacted at time of inspection. [redacted] (Inspection of boiler was done by [redacted] previously.)

Facility was told that we would receive a certificate as soon as possible.

Administrator responsible for contacting L + I concerning current boiler certificates.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea L. Stone, administrator* Date *09-07-2016*

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

The above plan of correction is approved as of 11-19-16
(Date)

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

Plan of correction implementation status as of 11-19-16
(Date)

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

Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION
Resident # 1 was discharged from the facility on [redacted] 16. There is no itemized written account of the resident's account stating notification of funds still owed the home by the resident or a refund due to the resident by 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.

Resident #1 was issued a refund of \$1025.00 on 03-25-2016. (Itemized written account of [redacted] account attached.)

Administrator will be responsible for issuing a final itemized statement to anyone leaving our facility.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator* Date *09-08-2016*

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The above plan of correction is approved as of 11-19-16 (Date)

The above plan of correction was approved by *AS* (Initials)

Plan of correction implementation status as of 11/19/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Direct Care Staff Person A (Date of Hire [redacted] 1999) did have a criminal background check.

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.

Background check for Direct Care Staff person A was completed at time of inspection. (Copy enclosed.)

Administrator will be responsible for all employees to have criminal background checks. This will be done within 30 days of the date of hire.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/10/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone, administrator* Date *09-07-2016*
SRRCB

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(Date)

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(Initials)

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(Date)

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Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The vent in the bathroom, closest to the dining room, is inoperable and there are no windows in the bathroom for ventilation.

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.
New fan installed in 1st floor bathroom.

Administrator reminded DCS staff along with cleaning staff to notify administrator of faulty equipment.
Administrator responsible to make sure repairs are done in timely manner.

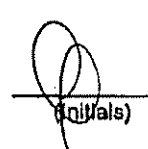
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea L Stone, administrator Date 10-04-2016

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Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

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

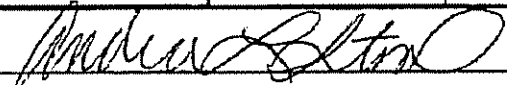
2a. DESCRIPTION OF VIOLATION
The upright freezer in the kitchen contained 6 packages of pepper strips that were not labeled or dated.

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.

Frozen pepper strips were labeled and dated.
Staff reminded to always label and date foods when freezing or refrigerating.

Administrator will monitor this process to ensure the safe preservation of all foods.

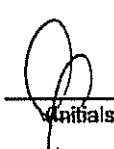
Repeat Violation: Yes Date(s) of Previous Violation(s): 09/10/2015

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Andrea L Stone, Administrator Date 09-08-2016

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Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

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
There were clumps of lint and a pair of underwear behind the dryer in the laundry room.

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.

Lint and underwear removed from behind the dryer.

Facility is on routine maintenance program with local appliance service. Dryer and venting is cleaned including the area behind the dryer every 3 months. (Invoice for most recent service is attached.)

Administrator will do ~~monthly~~^{weekly} checks to ensure that the area (behind the dryer) is clean and safe.

Done to fire safety -
11-19-16


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) Andrea L Stone, administrator Date 09-08-2016

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Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident # 2's most current DME is dated 7-6-16. The resident's previous DME was dated 4-2-15.
Resident # 3's most current DME is dated 7-16-15.

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.

Resident #2 receives [redacted] healthcare from the Lebanon VA Medical Center. Appointments are based on the need of each patient to return for a check-up. Resident had a physical in the middle of Dec. 2015. At that time, an appointment was made for [redacted] to return in 6 months. [redacted] was able to get on the VA schedule for the beginning of July 2016. Resident #3 also receives [redacted] healthcare from the Lebanon VA Medical Center. [redacted] physician filled out [redacted] DME in October but used information from a physical [redacted] had in July. We will start sending a DME with Resident #3 when [redacted] goes for [redacted] "summer" appointment. ([redacted] PA did the same thing this year. DME filled out 10-06-2016 using information from physical in 08-02-2016.) Administrator will monitor the DME schedule to make sure that all residents are receiving DME on annual basis. (over)

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/10/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Andrea L Stone, Administrator

Date 09-15-2016

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(Date)

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Complaint filed with patient advocate concerning the issue with Resident # 3.

OK R. 11-19-16

Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 3 has a physician's order for Clonazepam. The order was changed from take one 0.5mg tab 2 x daily to, take ¼ 0.5mg tab at 8:00am and noon and a whole tab 0.5mg at 8:00pm. The correction was made in the MAR, but the medication label was not updated to reflect the change in the physicians order.

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.~~

"Medication change" sticker was placed on medication bottle at time of inspection.

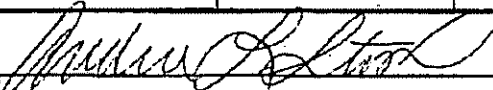
Staff reminded to complete order changes by not only changing the MAR but also putting a sticker on medication bottle to alert staff that there has been a change.

Administrator will monitor this each time there is a medication change.

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)

Andrea L Stone, administrator

Date 09-08-2016

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Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 4 's Risperidone was not initialed after it was given on 9-6-16 at 8:00pm.
Resident # 5 's Gabapentin was not initialed after it was given on 9-6-16 at 8:00pm.

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.

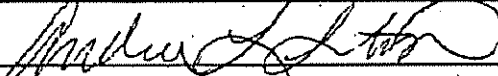
DCS person on duty when the violation occurred was interviewed. She did, in fact, administer the medication in question but unintentionally missed initialing the MAR. DCS person reminded to review her MARs at the end of each medication pass.

Administrator will monitor MARs on a weekly basis to ensure compliance.

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)

Andrea L. Stone, administrator

Date 09-08-2016

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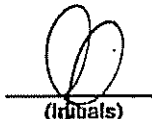
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(Date)

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(Initials)

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Violation Report: 20572 - 09/07/2016 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 6 has a physician's order to have a blood glucose test administered on 2 x daily. On 9-4-16 and 9-5-16, the resident did not have a blood glucose test administered at 4:00pm.

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.

On 09-04-2016 and 09-05-2016 the DCs person who normally works 2nd shift was out with a leg injury. The DCs person covering these shifts was unaware of the 4pm BS check. All staff members were made aware of the BS check schedule.

Administrator will monitor the blood glucose testing to ensure that it is being done correctly.
(according to physician's orders)


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone, administrator* Date *09-08-2016*

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