



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

Ms. Laura B. Segers & Mr. Joel W. Segers,
Owners/Administrators
1502 East Washington Street
New Castle, Pennsylvania 16101

RE: La Casa Personal Care Home
License #: 402110

Dear Mr. and Ms. Segers:

As a result of the Department of Human Services' annual licensing inspection on October 31, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 40211 - 10/31/2016 - Hultquist, Cliff
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:25 A.M., the resident privacy coding document was attached to the licensing inspection summary, dated 01/13/16, posted on the bulletin board in the dining 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.

This document was detached and removed to the office and placed in a secure area during the morning of the inspection. The Administrator will carefully check any items that are posted or otherwise accessible to ensure that the residents' right to privacy is not infringed. Staff has been re-trained to ensure their understanding and cooperation. Administrator will monitor this daily.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA B. SEGERS Date 12/17/16

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

The above plan of correction is approved as of <u>1/30/16</u> (Date)	Plan of correction implementation status as of <u>1/30/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 29 2016

Violation Report: 40211 - 10/31/2016 - Hultquist, Cliff
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There is no functional source of exterior lighting at the basement exit facing Addis Street. Residents reside in the basement and use this exit as an evacuation route.

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 replaced the exterior lights with two new, better quality lights that now illuminate the entire area. These lights are both light and motion activated. Administrator will monitor all interior and exterior lights on a weekly basis to ensure that all are working. Staff has been reminded to check lights daily and report any immediately that are not working.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LAURA B. SEGERS Date 12/17/16

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The above plan of correction is approved as of <u>1/30/17</u> (Date)	Plan of correction implementation status as of <u>1/30/17</u> (Date)
The above plan of correction was approved by <u>JS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40211 - 10/31/2016 - Hultquist, Cliff
PCH Name: LA CASA PERSONAL CARE HOME

DEC 29 2016

WEST REGION FIELD OFFICE
Human Services Licensing

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

There was an approximate 1/8 to 1/4 inch accumulation of lint in the lint trap of the dryer in basement.

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.

This dryer was in the midst of drying a large load of linens (towels, etc.) when it was inspected. The amount of lint that had accumulated was a normal amount for that size/type of load. However, this lint was removed during the inspection and staff has been reminded to clean out the lint after every use. A sign has been placed in both laundry areas as a reminder.

Immediately: a designated staff person will check the lint trap and drum of clothes dryers daily to ensure lint is removed after each use. *pu* 1/30/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura B Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAN LAURA B. SEGERS* Date *12/17/16*

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The above plan of correction is approved as of 1/20/17 (Date) Plan of correction implementation status as of 1/20/17 (Date)

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

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

DEC 29 2016

Violation Report: 40211 - 10/31/2016 - Hultquist, Cliff
PCH Name: LA CASA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 is prescribed Pantoprazole 40 mg, take one tab by mouth daily; however this medication is not included on the resident's October medication administration record (MAR).

Resident #2 is prescribed Lantus Solostar (10 units subcutaneously nightly), and Novolog Flex Pen (Inject 2 units three times a day before meals and sliding scale max daily of 10 units). However, these medications are not included on the resident's October MAR.

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 corrected these omissions the day of the inspection and also carefully reviewed all the MARs to determine any other errors or omissions (there were none). Administrator has reviewed the issue with the pharmacy who prints the MARs. The Administrator will monitor the MARs more closely to assure they are 100% correct. at least monthly p.u. 1/30/17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Laura B Segers</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LAURA B. SEGERS	12/17/16

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