



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 18 2017

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' annual licensing inspection on November 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.

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](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: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

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 certificate of boiler or pressure vessel operation for the following boilers expired on 9/11/16; PA Serial Number 284966B, 284967B, 284968B, and 284965B. An interview with the Administrator confirmed that the boilers have not been inspected since the certificates expiration dates.

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.

11/30/16- Administrator was in contact with Insurance company regarding inspection of boilers in the facility needing to be inspected. An inspection date of 12/23/16 has been set. Copies of update certificates of inspection will be faxed to DH upon receiving them.

To ensure future compliance, insurance company has put facility on auto-inspection list + Administrator has documented date as to when next inspection must be completed by.

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) Robert Getz      Date 12/21/16

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

The above plan of correction is approved as of <u>3-1-17</u> (Date) <i>New Certificates (copies sent).</i>	Plan of correction implementation status as of <u>3-1-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 developed on [redacted] 14, does not include the monthly payment amount for room, meals, and personal care services as the section is 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.

11/29/16 - monthly payment amount was added to contract by administrator, untracked + dated

To ensure future compliance administrative assistant will audit chart after admission to ensure all areas are completed.

Adm will oversee to ensure ongoing compliance.

QP. 3-1-17

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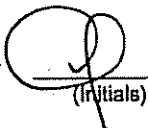
Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz Date 12/21/16

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Plan of correction implementation status as of 3-1-17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A, (hired [redacted] 14) does not have a high school diploma, GED or active registry on the Pennsylvania Nurse Aide Registry as required.

**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.

11/30/16 - Direct Care Staff turned in GED + administrator faxed copy to DHS upon receiving.

To ensure compliance Administrator will do week check of employee chart post hire to ensure all documents are in order + received. Administrative Assistant will do annual checks of employee charts to ensure all papers to maintain compliance are present.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz      Date 12-21-16

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Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The facility's notification to the Fire Department regarding resident' mobility needs dated 11/22/16, does not include the total capacity of the facility as required.

**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.

11/30/16 - A new letter indicating total maximum capacity was sent to fire department.

To ensure compliance, the letter as currently reading, has been saved + will be used as a template for all future letters to the fire department.

Am will ensure ongoing compliance. *CP. 3-1-17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B. Getz*

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

Robert Getz

Date

12/21/16

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The above plan of correction is approved as of

*template enclosed.*

3-1-17  
 (Date)

Plan of correction implementation status as of

3-1-17  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The facility most recently had a fire drill supervised by a fire safety expert as well as a fire safety inspection completed on 9/19/16. The previous supervised fire drill and fire safety inspection was conducted on 8/31/15, more than one year prior.

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.

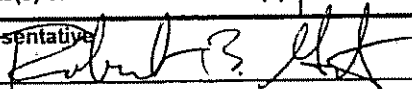
12/20/16 - Administrator left a message with Pock Top Fire Chief to arrange 2017 Annual Drill + Inspection for late August to maintain compliance. Waiting for returned call.

To maintain compliance, Administrator will meet with Fire Chief to review regulation. Administrator has also documented in yearly planner in late July to again contact Fire Chief to ensure drill + inspection are scheduled accordingly.

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)

Robert Getz

Date

12/21/16

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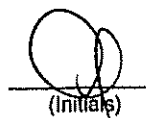
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Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

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 medical evaluation completed on 9/27/16 for resident #2 does not include the resident's weight or immunization history.

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.

Unable to correct due to date of original medical evaluation.

To ensure violation is not repeated, all documentation required for admission into Getz PCH, including Medical Evaluation, will be audited for completion by both Administrator + Administrative Assistant. Any incomplete paperwork will either be completed by facility staff or faxed back to PCP for proper completion.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz	Date 12/21/16
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 (Initials)

Plan of correction implementation status as of 3-1-17  
 (Date)

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- Not Implemented

Violation Report: 24050 - 11/29/2016 - Hummel, Jesse PCH Name: GETZ PERSONAL CARE HOME	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
<b>2a. DESCRIPTION OF VIOLATION</b> A tube of Metrogel 1%, prescribed to resident #3, was noted in the medication cart with the expiration date of 11/2009.	
<b>3. PLAN OF CORRECTION (POC)</b> (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.	
<p>11/29/16 - Tube was discarded.</p> <p>To ensure compliance staff dispensing medications will audit medication carts + treatment baskets daily to ensure no expired medications are being kept or used.</p> <p>Families will be reminded that if they bring in their loved ones medications or treatments they must be come in an unopened package. This will be expressed by use of our monthly facility newsletter.</p> <p>Adm will oversee to ensure ongoing compliance. <i>Q</i> 3-1-17</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Robert Getz</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz	Date 12/21/16
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Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

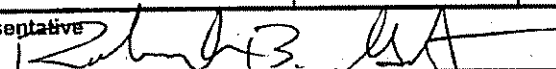
**2a. DESCRIPTION OF VIOLATION**  
 The small brown refrigerator in the medication room, used to store insulin, does not have a thermometer. Without a thermometer it cannot be determined that the medications stored in the refrigerator are being stored at the proper temperature as recommended by the medication manufacturer's instructions.

**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.

11/30/16 - Director of Nursing replaced missing thermometer in brown refrigerator + signage was placed on both refrigerators in medication room to remind staff that a thermometer must be in the refrigerator at all times.

Adm will oversee to ensure ongoing compliance. @ 3-1-17

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

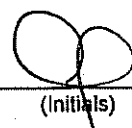
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz      Date 12/21/16

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Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

**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**

Review of resident #4's glucometer indicated a blood glucose level of 93 was read on 11/24/16 at 12:00pm. A level of 98 is documented on the residents Medication Administration Record for the above designated date and time.

**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.*

Unable to correct violation

To ensure compliance, Director of Nursing will educate unisulin trained staff individually on proper use of the glucometers + the importance of paying close attention to the reading on the glucometer to ensure proper documentation + medication administration. Director of Nursing will also do monthly audits of glucometer to ensure staff are documenting correctly. ADM will oversee to ensure ongoing compliance (D) 3-1-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/01/2015
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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	Date 12/21/16
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Violation Report: 24050 - 11/29/2016 - Hummel, Jesse  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

On 8/23/15 resident #5 made verbal threats to strangle a resident. On 10/7/15 resident #5 expressed foul language to resident's and staff of the facility. On 1/9/16 resident #5 again was verbally aggressive to residents, telling them they are "useless." The assessment completed for resident #5 on 4/21/16 indicates not applicable under aggression, agitation. The facility failed to properly assess resident #5's care needs.

**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.*

12/13/16 - Update to RASP was completed to reflect resident's care needs + will be included in annual updated RASP when completed in April 2017.

To ensure further compliance, upon instances of any agitation or aggression, resident will be re-evaluated for any changes or addendums that may need to be made to RASP by Director of Nursing, Administrator or Administrative Assistant  
 ADM will oversee to ensure ongoing compliance. 3-1-17

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


Signature of Legal Entity Representative (Required on EVERY Page) *Robert Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert Getz*      Date *12/21/16*

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