



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 1, 2017

Ms. Georgetta Stotka, Co-Owner / President
Advanced Personal Care Home, Inc.
PO Box 5, 245 Center Street
Clarksville, Pennsylvania 15322

RE: Advanced Personal Care Home
#440480

Dear Ms. Stotka:

As a result of the Department of Human Services' licensing inspection on December 1, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ADVANCED PERSONAL CARE HOME		License Number: 44048
Address: 245 CENTER STREET PO BOX 5, CLARKSVILLE, PA 15322		County: Greene
Administrator: Georgetta Stotka		Region: WEST
Legal Entity Name: ADVANCED PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322		RECEIVED
Certificate(s) of Occupancy C-2 LP 11/16/1992 L&I		JAN 18 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/01/2016: Evegés, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 39 Number of Residents Served: 28 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: 3 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 24 Are 60 Years of Age or Older: 12 Have Mental Illness: 28 Have an Intellectual Disability: 3 Have a Mobility Need: 3 Have a Physical Disability: 0

Violation Report: 44048 - 12/01/2016 - Eveges, Joseph
PCH Name: ADVANCED PERSONAL CARE HOME

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

There was no lock or latch on the door to the first floor common bathroom/shower room door, across from room #13, to ensure resident 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.

The door knob to the first floor common bathroom / shower room door, across from room #13, was replaced with a locking knob to now and in the future ensure resident privacy.

Photo 1 & 2

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgette Stotke

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

Georgette Stotke - Co-owner Administrator

Date 1-16-17

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

The above plan of correction is approved as of 1-19-17
(Date)

Plan of correction implementation status as of 1-19-17
(Date)

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

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

Violation Report: 44048 - 12/01/2016 - Evesges, Joseph
PCH Name: ADVANCED PERSONAL CARE HOME

JAN 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There was a 28oz container of "Ajax with Bleach" powder cleanser unsecured, unattended and accessible on the floor of the first floor common bathroom across from room #10. The container labeled indicated "Eye Irritant. In case of eye contact flush with water. Call physician if irritation persists".

Resident #1 is assessed as being unable to avoid or use poisonous/hazardous materials.

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 household cleanser was immediately removed from the common bathroom across from room #10. Now and in the future all household cleaners will be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Direct care staff was retrained in proper storage of household cleaning product.

Photo 3, 4, 5 ^{DEM} ^{DEM}

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka Co-owner Administrator* Date *1-16-17*

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The above plan of correction was approved by <u>X</u> (Initials)	<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

Violation Report: 44048 - 12/01/2016 - Evegés, Joseph
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
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 3" x 4" hole in the wall above the sink in the first floor common bathroom across from room #13.

There was a 2" x 2" hole in the wall to the left of the sink, 8 inches above the floor, and a 2" x 6" hole in the wall above the cove base, approximately 20 inches from the front of the sink, in the first floor common bathroom across from room #13.

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 holes above the sink, to the left of the sink and in front of the sink in the common bathroom across from room #13 have been repaired. Now and in the future the Administrator or administrative assistant will conduct a routine check to ensure floors, walls, ceilings, windows, doors and other surfaces are clean and in good repair and free from hazards.

Photo #6, #7

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotke Co-owner Administrator* Date *1-16-17*

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Violation Report: 44048 - 12/01/2016 - Eveses, Joseph
 PCH Name: ADVANCED PERSONAL CARE HOME

SOUTH REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 11:38 a.m., there was no thermometer in the freezer section of the white basement refrigerator/freezer on the right.

At 11:40 a.m., there no thermometer in the refrigerator section of the white basement refrigerator/freezer on the left.

At 11:40 a.m., the temperature of the freezer section of the white basement refrigerator/freezer on the left measured 10 degrees Fahrenheit.

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.

Thermometers were immediately placed or replaced in the freezer on the right and the refrigerator on the left. The temperature of the freezer on the left was corrected to measure at or below 0°F. Now and in the future all refrigerators and freezers will have thermometers and refrigerated food will be kept at or below 40°F and frozen food shall be kept at or below 0°F. Administrator or Administrative assistant will conduct routine thermometer and temperature checks.

Photo # 8, 9, 10, 11, 12, 13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Georgette Stotla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgette Stotla Co-Owner Administrator* Date *1-16-17*

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JAN 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44048 - 12/01/2016 - Evegés, Joseph
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2's bottle of Haloperidol LAC 2mg/ml- Take 2mg (1ml) was stored in a grey plastic tackle box in the kitchen refrigerator. This medication was discontinued on 11/4/16.

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 medication was sent back to the pharmacy to be disposed of properly. Now and in the future all discontinued medication will be disposed of immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgette Stotka

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

Georgette Stotka Co-owner Administrator

Date 1-16-17

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KS
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