



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

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

RE: Advanced Personal Care Home  
License #: 440480

Dear Ms. Stotka:

As a result of the Department of Human Services' annual licensing inspection on January 27, 2017 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  
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 Stolka   |   | Region: WEST  |
| Legal Entity Name: ADVANCED PERSONAL CARE HOME INC  |   |   |
| Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322   |   | <b>RECEIVED</b>   |
| Certificate(s) of Occupancy<br>C-2 LP<br>11/18/1992<br>Labor and Industry   |   | MAR 21 2017<br>WEST REGION FIELD OFFICE<br>Human Services Licensing |
| <b>Staffing Hours</b>   |   |   |
| Resident Support: 0   | Total Daily Staff: 31   | Waking Staff: 23  |
| Type of Inspection: Full  | BHA Docket Number:  | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal  |   |   |
| On-Site Inspections Dates and Department Representatives On-Site<br>01/27/2017: Garrigan, Laurie; Mulck, Cindy  |   |   |
| Off-Site Inspection Dates and Inspectors, if Applicable   |   |   |
| <b>Other Details</b>  |   |   |
| Partial or Full Triggers:   |   | Random Indicators:  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |   |   |
| Licensed Capacity: 30<br>Number of Residents Served: 28<br>Secured Dementia Care Unit In Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 2<br>Number of Hospice Residents in past year: 3 | Number of Residents who:<br>Receive Supplemental Security Income: 26<br>Are 60 Years of Age or Older: 16<br>Have Mental Illness: 26<br>Have an Intellectual Disability: 3<br>Have a Mobility Need: 3<br>Have a Physical Disability: 1 |   |

RECEIVED

MAR 21 2017

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 86 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for resident #1. The resident's record of financial transactions indicates he/she has a balance of \$80.00; however, the resident had \$85.00 in cash available.

The home manages finances for resident #2. The resident's record of financial transactions indicates he/she has a balance of \$194.91; however, the resident had \$190.91 in cash available.

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.

Now and in the future PCH will have two staff persons count out and pass out resident spending money to ensure correct cash values are in residents personal needs account. Accounts were corrected.

Immediately: A designated staff person shall review all records of financial transactions for residents the home manages finance for to ensure accuracy and completion, including accurate and current account balances.  
4/13/17

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*      Date *3-13-17*

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

The above plan of correction is approved as of 4/13/17 (Date)

Plan of correction implementation status as of 4/13/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress

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

MAR 13 2017

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:  
(1) Medication self-administration training.  
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
(3) Care for residents with dementia and cognitive impairments.  
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
(5) Personal care service needs of the resident.  
(6) Safe management techniques.  
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION  
The home's staff training year is 1/1-12/31. Direct care staff person A, hired on [redacted] 10, did not receive training on the following topics during the 2016 training year:  
• Medication self-administration  
• Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan  
• Personal care services needs of the resident  
• Safe management techniques

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.  
*Staff trainings for 2017 have began. Administrator Georgetta Stotka has began by covering the required DCS trainings. Now and in the future the PCH will have all required trainings in the calendar year.  
Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff persons receive all trainings specified in 2600.65f each established training year. Documentation shall be kept. 3/13/17*

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*      Date *3-13-17*

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

The above plan of correction is approved as of 4/13/17 (Date)  
The above plan of correction was approved by *[Signature]*  
Plan of correction implementation status as of 4/13/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *[Signature]*  
 Partially Implemented - Inadequate Progress

RECEIVED

MAR 21 2017

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
Staff person A's training records do not include the length of the courses completed on 3/18/16, 4/27/16, and 9/9/16.

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.

Now and in the future, to ensure the length of the course completed is included for the training the PCH will use the Adult Residential Licensing- Personal Care Home Record of Training- 55 Pa Code 2600.65(i) sign in sheets.

Immediately: A designated staff person shall review all records of trainings for accuracy and completion, including the length of each course.

*[Signature]*  
4/13/17

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*      Date *3-13-17*

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

The above plan of correction is approved as of 4/13/17  
(Date)

Plan of correction Implementation status as of 4/13/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress

MAR 21 2017

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was a dark stain covering the entire seat of the chair in the corner of the living room.

There was an approximate 7 inch stain on the carpet in front of the unoccupied bed in room #10.

At 10:20 a.m., there was a layer of lint and dirt covering the light fixture in the first floor bathroom with the clothes dryer.

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 chair in the living room was thrown away immediately.  
The carpet was scrubbed in room 10.  
The light fixture was taken down and cleaned immediately.

Now and in the future the administrator or administrative assistant will do a monthly walk through to ensure of cleanliness of PCH. Will clean or tend to anything immediately.

Immediately: A designated staff person shall inspect the home daily to ensure sanitary conditions are maintained.

4/13/17

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

Date

3-13-17

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

The above plan of correction is approved as of

4/13/17  
(Date)

Plan of correction implementation status as of

4/13/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

The above plan of correction was approved by

R  
(Signature)

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800  
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 an approximate 3 foot by 1 inch hole in the wall to the right of the vanity in the first floor bathroom with the clothes dryer.

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 floor/baseboard hole was repaired. Now and in the future administrator or administrative assistant will do a monthly walk through to access any repairs that need done and have them done in a timely manner.

Immediately: A designated staff person shall inspect the home weekly to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

*[Signature]*

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*      Date *3-13-17*

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

The above plan of correction is approved as of 4/13/17  
(Date)

Plan of correction implementation status as of 4/13/17  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME

MAR 21 2017

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2609  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #3's most recent medical evaluation was completed on 11/13/16.

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 #3 was seen by PCP on 1/26/17. Med evaluation was returned and completed to PCH 1/30/17. Now and in the future all DME's will be completed in a timely manner.

Immediately: A designated staff person shall review all resident records to ensure each resident has a current medical evaluation, completed in its entirety, at least annually.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a timely medical evaluation completed at least annually.

*[Signature]*  
4/13/17

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*      Date *3-13-17*

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

The above plan of correction is approved as of 4/13/17  
(Date)

Plan of correction implementation status as of 4/13/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress

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

RECEIVED

MAR 24 2017

Violation Report: 44048 - 01/27/2017 - Garrigan, Laurie  
PCH Name: ADVANCED PERSONAL CARE HOME

WEST PENNSYLVANIA OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4's preadmission screening form, dated [redacted] 16, does not include a determination that the home can meet the service needs of this resident. This section of the preadmission screening form 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.

The box was checked and corrected immediately. Now and in the future all pre-admission screening forms will be looked over by administrator or administrative assistant.

Immediately: A designated staff person shall review all resident records to ensure each resident has a preadmission screening completed in its entirety, to include a determination the home can meet the resident's needs.

Immediately: A designated staff person shall develop and implement a system to ensure each newly admitted resident has a preadmission screening completed, in its entirety to include a determination the home can meet the resident's needs, within 30 days of admission. 4/13/17

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*      Date *3-13-17*

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

The above plan of correction is approved as of 4/13/17 (Date)      Plan of correction implementation status as of 4/13/17 (Date)  
The above plan of correction was approved by *[Signature]*  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress