



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 19, 2017**

Ms. Charity A. Lytle  
Owner  
Lytle's Personal Care Home, LLC  
4508 National Pike  
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC  
Certificate #: 443910

Dear Ms. Lytle:

As a result of the Department of Human Services' licensing inspection on March 8, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



JUN 05 2017

Violation Report: 44391 - 03/08/2017 - Roser, Ashley  
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home does not have written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

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.

Lytle's PCH did have a policy for reportable incidents. Attached is a copy. Lytle's to follow policy for all incidents.

Immediately: All staff persons shall be re-educated on the home's policies and procedures on reportable incidents and conditions. Documentation of the education shall be kept. 6/16/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Charity Lytle

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charity Lytle      Date 6/11/17

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The above plan of correction is approved as of 6/16/17 (Date)      Plan of correction implementation status as of 6/16/17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

JUN 05 2017

Violation Report: 44391 - 03/08/2017 - Roser, Ashley

PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Sometime in February 2017, resident #1 fell in the home, sustaining a fractured hip and required surgery at the hospital. This incident was not reported to the Department until 3/8/17.

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 3/8/17 an incident report was completed on Resident #1. It was added to the incident report book that Lytle's PCH has implemented. Any further incidents will be reported within 24 hrs by admin /owner.

Immediately: A designated staff person shall review all incidents on a daily basis to ensure all reportable incidents specified in 2600.16a are reported to the Department's Regional office within 24 hours. 6/6/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*      Date *6/1/17*

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The above plan of correction is approved as of 6/6/17 (Date)

Plan of correction implementation status as of 6/6/17 (Date)

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

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

JUN 05 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44391 - 03/08/2017 - Roser, Ashley  
PCH Name: LYTLE S PERSONAL CARE HOME LLC

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 recent medical evaluation was completed on 5/14/15.

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.

New medical eval was completed on 3/9/17.  
It is attached. Lytle's PCH has implemented  
a binder with all dates that resident  
Rosp and medical evaluations are due.  
It is divided into the 12 months of  
the year, and will be monitored  
monthly by admin/owner. Also is  
~~attached a new medical eval for resident~~  
~~by error chl~~

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Charity Lytle*      Date *6/1/17*

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(Date)

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(Date)

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(Initials)

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Violation Report: 44391 - 03/08/2017 - Roser, Ashley  
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 5/26/16. Sometime in February 2017, resident #1 fell in the home, sustaining a hip fracture and required surgery at the hospital. The resident returned to the home on [redacted] 17. The resident now requires staff assistance with transfers, receiving physical therapy and home health services. A new medical evaluation was not completed for resident #1 subsequent to the resident's change in medical condition.

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.

A new medical eval was completed on 4/27/17 resident #1 to indicate [redacted] is on Physical Therapy. Admin/owner to monitor for any status changes in residents that may need a new medical eval completed ~~and~~ <sup>error</sup> <sub>cal</sub>. Also is attached for resident #1 a new medical eval was completed 4/27/17 to indicate status change resident #1 off therapy.

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(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Charity Lytle*      Date *6-1-17*

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(Date)

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(Date)

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(Initials)

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Violation Report: 44391 - 03/08/2017 - Roser, Ashley  
PCH Name: LYTLE S PERSONAL CARE HOME LLC

JUN 05 2017

1. REGULATION 55 Pa.Code §2600

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

WEST REGION FIELD OFFICE  
Human Services Licensing

- (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

Resident #1's most recent assessment was completed on 5/30/16. Sometime in February 2017, resident #1 fell in the home, sustaining a hip fracture and required surgery at the hospital. The resident returned to the home on [redacted] 17. The resident now requires assistance with transfers, receiving physical therapy and home health care. A new assessment was not completed for resident #1 subsequent to the resident's condition significantly changing.

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.

Lytle's PCH completed a new Rasp on 3/8/17 indicating sig change. Admin /owner to monitor for any status changes in residents that may need a new Rasp completed. Lytle's PCH completed another Rasp on 4/25/17 indicating Resident # 1 was discharged from Home Health and therapy (attached) and implement a system to ensure resident assessments are updated as care needs change or a new assessment is completed if a significant change occurs. *Immediately: the home shall develop a system to ensure resident assessments are updated as care needs change or a new assessment is completed if a significant change occurs.* 6/1/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *6-1-17*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 5/30/16, was not signed by the resident and does not indicate that the resident was unable to participate, declined to participate, refused to sign or unable to sign.

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 support Plan was signed on 3/8/17 when state was in facility.

Admin/owner will ensure that support Plan is signed when reviewing with residents. If resident is unable or refuses to sign this will be documented on support Plan

Immediately: A designated staff person shall review all current resident support plans to ensure all individuals who participated in the development have signed the support plan. 2/6/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Charity Lytle*

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

Charity Lytle

Date 6-1-17

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*6/1/17*  
(Date)

Plan of correction implementation status as of

*6/1/17*  
(Date)

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*[Signature]*  
(Initials)