



DEC 21 2017

Ms. Barbara J. Trosiek-Kett  
Administrator  
Michael M. Trosiek, Jr.  
P.O. Box 535  
New Salem, Pennsylvania 15468

RE: Trosiek's Personal Care Home  
214 Second Street  
New Salem, Pennsylvania 15468  
Certificate #: 450260

Dear Ms. Trosiek-Kett:

As a result of the Department of Human Services' annual licensing inspection on June 7, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: TROSIEK S PERSONAL CARE HOME		License Number: 45026
Address: 214 SECOND STREET, NEW SALEM, PA 15468		County: Fayette
Administrator: Barb Trosiek-Kett		Region: WEST
Legal Entity Name: MICHAEL M TROSIEK JR		
Legal Entity Address: P.O. BOX 535, NEW SALEM, PA 15468		
<b>Certificate(s) of Occupancy</b>		
R-4 08/14/2007 Fayette County	C-3 SP 12/17/1993 Dept. L & I	C-3 SP 12/15/1986 Labor and Industry
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/07/2017: Cutter, Jan; Barone, Barbara		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 13 Number of Residents Served: 11 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 11 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 45026 - 06/07/2017 - Cutter, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has two gas furnaces; however, no carbon monoxide detectors were present in the home.

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.

Administrater bought the Carbon Monoxide Alarms and they were installed. Copy of receipt provided. The home does not have gas furnaces, they are oil furnaces.

Immediately: The home will comply with all provisions of the Care Facility Carbon Monoxide Alarms Standards Act, including testing and cleaning the detectors in accordance with the manufacturers directions. *gn*, 11/20/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek-Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek-Kett*      Date *Nov 8, 2017*

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

The above plan of correction is approved as of 11/20/17  
(Date)

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

Plan of correction implementation status as of 11/20/17  
(Date)

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

300

NOV 14 2017

Violation Report: 45026 - 06/07/2017 - Culler, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
Staff person A, the home's administrator, completed only 15 hours of annual training during the 2016 training year.

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 had 17 hours of training, Fire Safety and Emergency Preparedness was not included. An extra 7 hrs was done. Documentation provided. Administrator will make sure she had 24 hours for the year.

Immediately; The administrator will review his/her annual training hours as part of the quality management review process to ensure at least 24 hours of Department-approved training are completed in each training year. *gmv* 11/20/17.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trostiek Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trostiek Kett*

Date *Nov 8, 2017*

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

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

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

Violation Report: 45026 - 06/07/2017 - Cutter, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was an approximate 5 inch by 3 inch tear in the right armrest of the sofa across from the television in the livingroom of side #208 exposing the interior stuffing.

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 purchased new living room set, along with new carpeting on both sides # 208 & # 214. Administrator will do weekly checks on furniture & equipment to make sure there in good repair. Pictures of new furniture provided.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J Trosiek Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J Trosiek Kett* Date *Nov 8, 2017*

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

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

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

Violation Report: 45026 - 06/07/2017 - Culler, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following unlabeled and undated leftover foods were in the refrigerator in the kitchen:

- \* a plastic container with 2 1/2 pieces of breaded pork chop.
- \* a plastic container containing tomato sauce.

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 cleaned out refrigerator and made sure food was labeled & dated. Administrator educated self and staff over Food Service (Regulation 103e, 103g + 103i). Administrator will check weekly to make sure food is labeled & dated. Documentation provided that staff & I read the regulations on Food Service.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Barbara J Trostiek Kett*

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

Barbara J Trostiek Kett

Date Nov 8, 2017

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

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

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

Violation Report: 45026 - 06/07/2017 - Cutter, Jan  
 PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 The following food items in the upright white freezer in the kitchen were opened and unsealed:  
 \* A plastic bag with ham pieces  
 \* A plastic bag of sliced kielbassa  
 \* 2 plastic bags of broccoli

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 went through freezer and make sure food was labeled & dated. Administrator educated self and staff over Food Service. Administrator will check weekly to make sure food is labeled & dated. Documentation provided that staff & I read regulations on Food Service.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Barbara J. Trosiek Kett*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Barbara J. Trosiek Kett* Date *NOV 8. 2017*

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

The above plan of correction is approved as of <u>11/20/17</u> (Date)	Plan of correction implementation status as of <u>11/20/17</u> (Date)
The above plan of correction was approved by <u><i>JK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45026 - 06/07/2017 - Cutter, Jan  
 PCH Name: TROSIEK S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following unlabeled and undated food items were in the upright white freezer in the kitchen:

- \* A plastic bag of ham pieces
- \* A plastic bag of sliced kielbassa
- \* 2 plastic bags of broccoli

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 went through freezer and made sure there was no outdated food. Administrator educated self and staff over Food Service. Administrator will check weekly to make sure food is good. Documentation provided that staff & I read regulations for Food Service and that a system, such as dating food items, is being used to track the age of food in storage. *pu. 11/20/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Barbara J. Trosiek-Kelt*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara J Trosiek-Kelt</i>	Date <i>NOV 8, 2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11/20/17</u> (Date)	Plan of correction implementation status as of <u>11/20/17</u> (Date)
The above plan of correction was approved by <u><i>pu</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45026 - 06/07/2017 - Cutler, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

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

At 10:20 a.m., there was an approximate 1/8 inch accumulation of lint in the lint trap of 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.

Administrator educated staff + self on regulation 105 g  
Documentation provided. Administrator will check  
clearly that staff is cleaning out the lint trap after  
each use of the dryer and also the vent outside.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J Trosiek Kett*      Date *Nov 8, 2017*

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

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

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

Violation Report: 45026 - 06/07/2017 - Cutler, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

NOV 14 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent inspection of the 2 gas furnaces was conducted on 5/13/2016.

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 had maintenance staff inspect the furnaces on Nov 5 2017. Inspection of the furnaces are usually done in Oct or Nov of that year. Documentation provided along with copy of receipts.

Immediately: The administrator or designee will develop and implement a tracking system to ensure furnaces are inspected by a professional furnace cleaning company or trained maintenance staff person at least annually. J.M., 11/20/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek-Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek-Kett*      Date *Nov 8, 2017*

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The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.M.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J.M.  
(Initials)

NOV 14 2017

Violation Report: 45026 - 06/07/2017 - Cutter, Jan  
PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted [redacted] /14, has not been educated on the resident's right to refuse medication if the resident believes there may be a medication error.

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 was educated on her rights to refuse medication. Administrator has a form for all residents moving into the PCH to have them read & sign the form. Documentation provided.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trostiek-Kell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J Trostiek-Kell*      Date *Nov 8, 2017*

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

The above plan of correction is approved as of 11/20/17  
(Date)

Plan of correction implementation status as of 11/20/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.N.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J.N.  
(Initials)

Violation Report: 45026 - 06/07/2017 - Cutter, Jan  
 PCH Name: TROSIEK S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2 receives wound care from Gallatin Health Care Visiting Nurses; however, the resident's support plan, dated 1/28/2017, does not include the specific wound care provided or the frequency of the services.

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 updated Resident #2 Support plan. Will make sure to include medical services in there support plans.  
 Copies included.

Within 15 days of receipt of the plan of correction; a designated staff person will review all current support plans to ensure all medical, dental, vision, hearing, mental health and behavioral care services are included, including the frequency of service and responsible person.

*J.M.*  
 11/20/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Barbara J Trostiek Kett*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara J Trostiek Kett</i>	Date <i>11-9-2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/20/17  
 (Date)

The above plan of correction was approved by *J.M.*  
 (Initials)

Plan of correction implementation status as of 11/20/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.M.*
- Partially Implemented - Inadequate Progress
- Not Implemented