



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

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
Certificate #: 440480

Dear Ms. Stotka:

As a result of the Department of Human Services' annual licensing inspection on January 23, 2018, 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.

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 Slotka		Region: WEST
Legal Entity Name: ADVANCED PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322		
Certificate(s) of Occupancy C-2 LP 11/16/1992 Dept L & I		RECEIVED MAR 24 2018 WEST GREENE COUNTY OFFICE Human Services/Inspection
Staffing Hours		
Resident Support: 0	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2018: Barry, Courtney; Winters, Lynn		
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: 38 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: 1	Number of Residents who: Receive Supplemental Security Income: 38 Are 60 Years of Age or Older: 17 Have Mental Illness: 38 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED 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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, 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. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has a gas stove in the kitchen, gas furnace in the basement, and a gas furnace on the first floor.

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 home immediately placed carbon monoxide alarms within close proximity of the homes gas stove in the kitchen, gas furnace in the basement, and the gas furnace on the 1st floor.

See attached.

The administrator or designee will monitor the detector monthly to ensure it is operable and batteries are charged. *[Signature]* 3/22/18

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 *2-12-18*

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

The above plan of correction is approved as of *3/22/18* (Date)

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

Plan of correction implementation status as of *3/22/18* (Date)

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

Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

STATE OF PENNSYLVANIA
DEPARTMENT OF SENIOR AND DISABILITY SERVICES

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Residents, to include resident #1 and resident #2, were not provided quarterly financial statements during 2017.

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.

Quarterly financial statements were immediately provided to and signed by resident #1 and resident #2. Now and in the future all residents and the designated person will receive an itemized of account financial transactions made on the residents behalf on a quarterly basis.
See Attached.

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

MAR 27 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

INSPECTION OFFICE
PHILADELPHIA

2a. DESCRIPTION OF VIOLATION
At approximately 10:00 a.m., the ceiling light fixture was filled with dead insects and the vent area was covered in dust, in the shared first floor bathroom with one stall.

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.

DCS removed light fixture, cleaned dead insects and dust, and replaced fixture. Now and in the future the homes maintenance will conduct a more thorough sanitation check, at least weekly.
See attached.
J 3/22/18

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MAR 21 2018

Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

Hot water temperatures in multiple areas accessible to residents throughout the home exceeded 120 degree Fahrenheit:

* The bathroom across from bedroom 10 - 125.2 degrees Fahrenheit at 9:40 a.m. and 120.7 degrees Fahrenheit at 1:40pm.

*The bathroom across from bedroom 1 - 124.5 degrees Fahrenheit at 10:08 a.m.

*The bathroom across from bedroom 9 - 123.9 degrees Fahrenheit at 10:50 a.m.

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.

Hot water temperatures were adjusted immediately. Now and in the future more frequent water temperature checks will be conducted.

Immediately - The administrator or designee will monitor hot water temperatures at least weekly for 2 months and if temperatures remain at 120°F or under, monitoring can be reduced to monthly. A log of temperatures will be kept.

[Signature]
3/22/18

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

JAN 23 2018

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The screen in the bathroom window, across from bedroom 1, has a tear approximately 1 inch vertically and then approximately 2 inches horizontally.

The shower room window on the first floor, and the window in bedroom 2 did not have screens.

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 screen was replaced for the bathroom window across from bedroom #1. A screen was made to fit the shower room window on the first floor. The window in bedroom 2 has a screen placed in the window. Now and in the future windows, including windows in doors, will be in good repair and securely screened when doors or windows are open.
See Attached.

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

MAR 21 2018

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

PROPERTY OF THE COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

2a. DESCRIPTION OF VIOLATION

The landing of the fire escape does not have non-skid surface and is covered with a thin layer of moss; posing a fall hazard.

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 fire escape has been pressure washed and additional non-skid surface strips have been placed on the landing. Maintenance will conduct a routine monthly check to assure interior/exterior steps and ramps have non-skid surfaces and they are in good repair.
See Attached.

Repeat Violation: No

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Georgetta Stotka

Printed Name and Title of Legal Entity Representative
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Georgetta Stotka

Date 2-12-18

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

MAR 21 2018

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

At approximately 10:15 a.m., the beds belonging to resident #3 and resident #4 did not have a source of light that can be turned on/off from bedside.

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.

Bedside lights were immediately placed by resident #3 and #4 beds. Now and in the future designated person will conduct a bedside light check weekly to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside.

Immediately - All staff persons will be educated on the requirement for bedside lighting and directed to monitor lighting as part of their daily duties.

Immediately - A designated staff person will monitor the home at least monthly to ensure all residents have an operable source of lighting at bedside. J Stotka

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

MAR 21 2018

1. REGULATION 55 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

At 9:30 a.m., a package of 2 pounds of bologna was thawing on the steel bakers rack in the kitchen.

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 was trained in nutrition/food handling and sanitation. Now and in the future all food will be thawed in a proper manner.

See attached.

The administrator will monitor food preparation at least weekly to ensure safe food handling procedures, including thawing, are followed.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Georgetta Stotka

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(Initials)

MAR 01 2018

Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

ADVANCED PERSONAL CARE HOME
2400 BROADWAY, SUITE 100
PHILADELPHIA, PA 19104

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The glucometer for resident #5 is not calibrated to current 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.

All glucometers were calibrated to current date and time. Now and in the future all glucometers will be checked for calibration on a daily basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Georgetta Stotka

Printed Name and Title of Legal Entity Representative
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Date 2-12-18

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MAR 23 2018

Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

ASSISTANT SUPERVISOR
Barry, Courtney

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 #5 has not been educated to the resident's right to question or refuse medication if the resident believes that 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 #5 was immediately educated on the right to question or refused medication if the resident believes that they maybe receiving medication in error. Now and in the future administrator and designated person will double check admission charts to assure all proper documentation are in each residents charts.

See Attached.

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

CHESTER COUNTY HEALTH OFFICE
1000 Locust Street, Suite 200
Chester, PA 19380

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
The support plan for resident #6, dated 8/8/17, was not signed by the person who completed the plan.

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 support plan of resident #6 was signed by the person who completed the plan immediately. An audit of all residents charts was completed to ensure all documents are signed by person completing forms. Now and in the future all charts will be double checked by administrator or designated person to assure support plans are signed.

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Violation Report: 44048 - 01/23/2018 - Barry, Courtney
PCH Name: ADVANCED PERSONAL CARE HOME

WEST PENNSYLVANIA POLICE OFFICE
Economic Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The support plan dated 8/8/17, for resident #6, was not signed by the resident. There home did not make a notation indicating if the resident was unable or refused 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.

The support plan of resident #6 was signed by the resident immediately. An audit of all resident charts was completed to ensure all documents are signed by the resident or a notation indicating if the resident was unable to refuse to sign was done. Now and in the future all charts will be double checked by administrator or designated person to ensure resident support plans are signed by resident.

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