



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to [REDACTED]
MAILING DATE: May 18, 2018

Ms. Andrea L. Stone
President
Personacorp Inc.
86 Main Street
Stouchsburg, Pennsylvania

RE: Liberty Square Personal Care
License #: 205721

Dear Ms. Stone:

As a result of the Department's Bureau of Human Services Licensing inspection on March 30, 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.

Sincerely,

Michele Moskalczyk

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 20572 - 03/30/2018 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

With the exception of Resident #1 all of the residents 8am medications were not initialed as administered on 3/30/18, the medications were administered.

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 will carry the MAR book with them when administering each resident's medications, The MAR will be signed immediately following the administration of medications. Each shift will be monitored by the next shift daily. During the "change of shifts" when pill counts are done, the on-coming DCS person will check out-going DCS person's MARS for documentation correctness.

The administrator shall monitor and be responsible for ongoing compliance. *M* 5/16/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea L Stone

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

Andrea L Stone, administrator

Date 04-22-2018

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

The above plan of correction is approved as of

5/16/18
(Date)

Plan of correction implementation status as of 5/16/18
(Date)

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

The above plan of correction was approved by

M
(Initials)