



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to PERSONACORP INC  
LEGAL ENTITY

To operate LIBERTY SQUARE PERSONAL CARE  
NAME OF FACILITY OR AGENCY

Located at 86 MAIN STREET, STOUCHSBURG, PA 19567  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 19  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 1, 2018 until October 1, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205720**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Ms. Andrea L. Stone  
President  
Personacorp Inc.  
86 Main Street  
Stouchsburg, Pennsylvania 19567

RE: Liberty Square Personal Care  
License #: 205720

Dear Ms. Stone:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 14, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report 20572 - 08/14/2018 - O'Haire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home's evening and overnight drills are not unannounced. The staff person working during the evening and overnight pulls the fire alarm and is then aware of the fire drills. This staff person conducts the fire drill and evacuates the residents.

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.

Going forward, facility administrator will enter the building unannounced and pull a fire drill on all shifts. These drills will be done once a month alternating between the 3 shifts.

The administrator shall monitor and be responsible for ongoing compliance -

*[Signature]*  
9/26/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Andrea L Stone, Administrator

Date 08-14-2018

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

The above plan of correction is approved as of

9/26/18  
(Date)

Plan of correction implementation status as of

9/26/18  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 20572 - 08/14/2018 - O'Haire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home is not recording the exact time of fire drill evacuations. The home is rounding up the evacuation times.

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.

When timing fire drill evacuations, facility administrator will now use a device that records 10 hundredths of a second. Time will then be recorded.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
9/26/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/17/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S Stone, administrator      Date 09-01-2018

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

The above plan of correction is approved as of 9/26/18 (Date)

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

Plan of correction implementation status as of 9/26/18 (Date)

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

Violation Report: 20572 - 08/14/2018 - O'Haire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

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 #1's most recent DME was completed on 08-09-17 and the previous DME was completed on 07-06-16.

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 #1's DME was completed on 08-15-2018 for the current year. (See attached copy.)

\* Administrator will monitor the scheduling of future DME appointments to ensure compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 08-15-2018

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The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20572 - 08/14/2018 - O'Haire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Resident # 2 was observed sitting on the steps in in front of the building smoking at approximately 12:00PM.

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 reminded of the fact that continuing to break facility rules could result in his prompt discharge.

All smokers were inserviced on the smoking rules.

DCS and administrators will be monitoring the building / smoking areas for compliance with rules. Violators will be spoken to immediately

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/15/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator*      Date *08-14-2018*

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

Plan of correction implementation status as of 9/26/18 (Date)

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- Partially Implemented - Adequate Progress
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**Violation Report:** 20572 - 08/14/2018 - O'Haire, Anne  
**PCH Name:** LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident # 3 self administers his/her insulin and blood glucose readings. Their DME dated 03-30-18 notes he/she can self administer with assistance with storage and reminders.  
 Resident # 5's saline nasal spray and neosporian soothe eye drops was found in his/her bathroom. This resident is unable to self administer his/her medications.

**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.*

After request to Resident #3's case manager, facility received attached fax from diabetic Education clinic. Resident #3 is doing an excellent job of managing his diabetic needs.

Resident #5's nasal spray and eye drops were removed from resident bathroom until note from PCP is received. Resident reminded to ask PCP for approval before buying OTC medications.

The administrator shall monitor and be responsible for ongoing compliance. *[Signature]* 9/26/18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/15/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, administrator</i>	Date 08-20-2018
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 (Date)

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

Plan of correction implementation status as of 9/26/18  
 (Date)

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- Not Implemented

Violation Report: 20572 - 08/14/2018 - OHaire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 and Resident #4's Lantus flexpens were found unlocked in the homes Kenmore brand refrigerator located 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.*

Small, locked refrigerator was placed in the medication room. Insulin is now stored in this refrigerator.

Administrator will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Andrea L Stone, administrator

Date 08-15-2018

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The above plan of correction was approved by

(Initials)

Violation Report: 20572 - 08/14/2018 - O'Haire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

Resident #3's Humalog insulin was dated when opened. The bag the insulin was stored in has a date of 04-04-18

**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.

Supply of ziploc bags, labels, and pens will be kept on top of refrigerator which is used for storing insulin. When a new pen is opened, a new bag and label will be used.

The following information will be put on label:

- 1 - resident's name
- 2 - date insulin pen opened
- 3 - DCS initials of who issued new pen.
- 4 - date pen should be disposed.  
(28 days after opening)

The administrator shall monitor and be responsible for ongoing compliance. M 9/26/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 20572 - 08/14/2018 - O'Haire, Anne  
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 3 Novolog Flexpen had no signature or initials of the person who opened the flexpen.

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.

Supply of ziploc bags, labels, and pens will be kept on top of refrigerator which is used for storing insulin. When a new pen is opened, a new bag and label will be used.

The following information will be put on label:

- 1 - Resident's name
- 2 - date insulin pen opened.
- 3 - DCS initials of who issued new pen.
- 4 - date pen should be disposed.

The administrator shall (28 days after opening) monitor and be responsible for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

9/26/18

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea Stone*

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

Andrea Stone, administrator

Date 08-17-2018

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(Date)

Plan of correction implementation status as of

9/26/18  
(Date)

The above plan of correction was approved by

*m*  
(Initials)

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- Not Implemented

**Violation Report:** 20572 - 08/14/2018 - O'Haire, Anne  
**PCH Name:** LIBERTY SQUARE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (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 RASP was completed 08-09-17 and the previous RASP was completed 07-26-16.

**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 # 1's RASP was completed on 08-15-2018 for the current year. (see attached copy)

Administrator will monitor the scheduling of future DME appointments to ensure that RASP's can be done in a timely manner.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/15/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Andrea Stone*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Andrea L Stone, administrator*      Date *08-15-2018*

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