



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 24 2019

Mr. Robert Getz
President
Getz Personal Care Home Inc.
1026 Scenic Drive
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home
License #: 240500

Dear Mr. Getz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 14, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

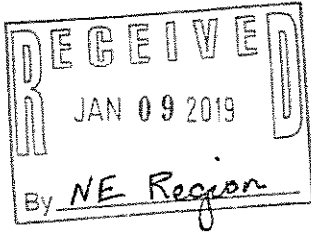
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: GETZ PERSONAL CARE HOME		License Number: 24050
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTHEAST
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
C-2 LP 11/25/1991 PA. L&I	C-2 LP 04/28/1993 PA L&I	C-2 LP 09/20/1992 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/14/2018: OHaire, Anne; Foulkes, Kimberli		
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: 60 Number of Residents Served: 49 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: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 48 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 24050 - 11/14/2018 - O'Haire, Anne
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff "A", for training year 11-01-17 thru 11-01-18 did not receive training on the following topics: Safe management, infection control and care for individuals with mental illness or mental disabilities or both.

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.

- Direct care staff "A" met with administrator + did independent readings for missed trainings
 - Administrator completed Training Plan for Training year October 2018 - September 2019. On-line training has been eliminated, providing more face to face trainings + independent readings. A training binder, including independent readings with post exam was created for staff training + to review any notes on missed trainings with exam to follow. Staff received a memo stating changes + dates of all trainings for the training year. Administrator will monitor completion of all staff trainings + ensure all staff receive appropriate trainings prior to end of training year.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert Getz, President</i>	Date <i>1/14/2019</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>1-11-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-11-19</u> (Date) <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
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Violation Report: 24050 - 11/14/2018 - O'Haire, Anne
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The following direct care and ancillary staff did not receive the required annual training in the following required topics for training period 11-01-17 through 11-01-18.

Staff person "A" and staff person "B" did not receive training in new populations being served by the facility.
 Staff person "B" did not receive training in prevention of falls and accidents.

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.

- Direct care staff "A" + ancillary staff "B" met with administrator + did independent readings for missed trainings.

- Administrator completed Training Plan for training year October 2018 - September 2019. Online training has been eliminated, providing more face to face trainings + independent readings. A training binder, including independent readings with post exam + notes from face to face trainings with exam for missed trainings, was created for staff use. Staff received a memo stating changes + dates of all trainings for the training year. Administrator will monitor completion of all staff trainings + ensure all staff receive appropriate training prior to end of training year.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Robert B. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert Getz President</i>	Date <i>11/4/2019</i>
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The above plan of correction is approved as of <u>1-11-19</u> (Date)	Plan of correction implementation status as of <u>1-11-19</u> (Date)
The above plan of correction was approved by <u>MM</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