



June 3, 2019

Ms. Charity A. Lytle  
Owner  
Lytle's Personal Care Home, LLC  
4508 National Pike  
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC  
Certificate #: 443910

Dear Ms. Lytle:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 27, 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](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". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

**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 06/23/16, 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 in close proximity of but not less than 15 feet away from the furnaces in the basement or the furnace in the small furnace room off of the closet of bedroom 10 in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.

**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.*

Immediately. Carbon monoxide alarms were installed in the basement and near the small furnace room.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Hera Fazenbaker administrator* Date *1/21/19*

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

<p>The above plan of correction is approved as of <u>5/13/19</u>                  (Date)</p> <p>The above plan of correction was approved by <u><i>SE</i></u>                  (Initials)</p>	<p>Plan of correction implementation status as of <u>5/13/19</u>                  (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

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  
 At 10:40 AM, the water temperature at the kitchen sink was 128.9 degrees Fahrenheit.

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.

Immediately: The administrator or designee adjusted hot water tank to get a water temp reading under 120°F.

Immediately: The administrator or designee will monitor and do monthly water temperature readings do not exceed 120°F.

weekly SE 5/13/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kera Fazenhaker

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kera Fazenhaker Administrator</u>	Date <u>1/21/19</u>
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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**2a. DESCRIPTION OF VIOLATION**

The floor in bedroom 5 has large swaths where vinyl flooring is worn away exposing the sub-floor.

The entire decouped wall to the right of the door leading into bedroom 5 is cracked and peeling.

**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.*

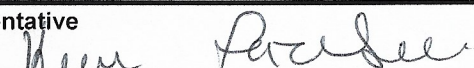
Immediately: The floor in bedroom 5 was replaced.

Immediately: The wall in bedroom 5 was replaced.

Immediately, then at least monthly, the administrator or designated staff person shall inspect all bedrooms to ensure the walls, floors and ceilings are finished, clean and in good repair.


 5/13/19

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kara Pazembaker Administrator Date 5/13/19

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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.


**2a. DESCRIPTION OF VIOLATION**  
 Fire drills held on the following dates exceeded the home's written safe evacuation time of 4 minutes and 45 seconds as indicated by a fire safety expert on 8/10/17:

- 12/11/17 at 12:30 a.m. - Time to evacuate: 5 minutes 45 seconds
- 3/3/18 at 7:00 a.m. - Time to evacuate: 4 minutes 47 seconds
- 5/5/18 at 6:00 p.m. - Time to evacuate: 4 minutes 50 seconds
- 6/2/18 12:00 a.m. - Time to evacuate: 5 minutes 55 seconds
- 7/7/18 11:00 a.m. - Time to evacuate: 4 minutes 46 seconds

Fire drills held on the following dates exceeded the home's written safe evacuation time of 4 minutes and 36 seconds as indicated by a fire safety expert on 8/5/18:

- 9/4/18 at 1:00 p.m. - Time to evacuate: 4 minutes 56 seconds
- 10/8/18 at 5:00 p.m. - Time to evacuate: 4 minutes 58 seconds
- 11/2/18 10:00 a.m. - Time to evacuate: 4 minutes 51 seconds

**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.

On 1/22/19, a fire safety expert specified in writing that 6 minutes and 9 seconds is the safe evacuation time for the home. 

Immediately, The administrator or designee shall monitor fire drills record monthly to ensure accuracy and completeness. Administrator or designee will do monthly fire drills. 5/13/19

Immediately, Local Fire Department will do monthly fire drills x 6 months to ensure accuracy and completeness.


Enclosed is a current fire eval time/ fire safe area Designation and supervised Fire Drill and Safety Inspection

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nora Sarenbaker Administrator	Date 1/21/19
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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The consecutive fire drills held during the months of March (3/3/18), April (4/7/18), May (5/5/18), June (6/2/18), and July (7/7/18) were all held on the 1st Saturday of the month.

**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.*

Immediately: The administrator or designee shall monitor all fire drill records monthly to ensure accuracy and completeness that fire drills shall be held on different days of the week

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kara Hazenbaker Administrator* Date *11/21/19*

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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

The initial medical evaluation for resident #1, dated 9/28/18, does not indicate the residents weight or ability to self-administer medications. These sections of the form are blank.

The initial medical evaluation for resident #2, dated 7/13/18, does not indicate the residents weight, special health or dietary needs, immunization history, medications, or body positioning/movement. These sections of the form are blank.

**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.

Immediately. The administrator or designee will review all initial medical evaluations for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Megan Fazenbaker Administrator</i>	Date <i>1/21/19</i>
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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**

The annual medical evaluation for resident #3, dated 4/12/18, does not indicate the resident's weight, pulse rate, or temperature. These sections of the form are blank.

**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.*

*Immediately: The administrator or designee will review all resident annual medical evaluations for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately.*

Immediately: The administrator shall ensure resident #3's most recent DME indicates weight, pulse rate and temperature.

*SE* 5/13/19

Immediately: The administrator shall develop and implement a tracking system to ensure resident medical evaluations are completed at least annually.

*SE* 5/13/19

Within 30 days of receipt of the plan of correction: All staff persons involved with the medical evaluation process shall be trained on the tracking system and educated on the required time frames of medical evaluations in accordance with regulation 2600.141(b)(1). Documentation of education shall be kept.

*SE* 5/13/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2017	01/24/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mesa Farenbaker*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mesa Farenbaker administrator* Date *1/21/19*

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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's Travatan Z 0.004% Eye Drops, instill one drop into both eyes daily at bedtime, were not dated when opened.

**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.

Immediately: The administrator or designee will review all prescribed eye drops in med cart to ensure there are dates when opened.

Immediately: The administrator or designee will monitor all eye drops for dates when opened. weekly SE 5/13/19  
 Administrator or designee will educate staff that they need to date all eye drops when they open them.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mera Farenbaker Administrator</i>	Date <i>11/21/19</i>
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Violation Report: 44391 - 11/27/2018 - Winters, Lynn  
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

**1. REGULATION 55 Pa.Code §2600**  
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 A current weekly activity calendar was not posted in a conspicuous and public place 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.

Immediately: The administrator completed an activity calendar for the month of December 2018,


The administrator or designee will monitor that a current weekly activity calendar will be posted in a public place in the home weekly  5/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Nera Fazzanbaker Administrator</u>	Date <u>1/21/19</u>
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