



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax
January 17, 2019

Ms. Cheryl A. Austin
Administrator
Johnson Personal Care, LLC
502-504 West 7th Street
Chester, Pennsylvania 19013

RE: Johnson Personal Care
License #: 143661

Dear Ms. Austin:

As a result of the Department's Bureau of Human Services Licensing inspection on December 12, 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.

Sincerely,

A handwritten signature in cursive script that reads "Mia Johnson".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: JOHNSON PERSONAL CARE		License Number: 14366
Address: 502 504 WEST SEVENTH STREET, CHESTER, PA 19013		County: Delaware
Administrator: Cheryl A. Austin		Region: SOUTHEAST
Legal Entity Name: JOHNSON PERSONAL CARE LLC		
Legal Entity Address: 502-504 WEST SEVENTH STREET, CHESTER, PA 19013		
Certificate(s) of Occupancy Other 02/23/2018 L&I, Chester		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 12/12/2018: Gray, Dean		
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: 16 Number of Residents Served: 15 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: 0	Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 6 Have Mental Illness: 15 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 14366 - 12/12/2018 - Gray, Dean
 PCH Name: JOHNSON PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 12/12/18, 4 half gallons of chocolate milk with a "sell by" date of 11/28/18; 1 quart of eggnog with a "sell by" date of 12/05/18; 1 half gallon of 8th Continent Soy Milk with a "sell by" date of 12/04/18; 2 Wawa Sausage, Egg and Cheese Sizzlis with a sale date of 12/04/18; 2 Wawa Buffalo Chicken Bites with a sale date of 11/27/18 and 1 Wawa Buffalo Chicken Bites with a sale date of 12/04/18, were located in the refrigerator.
 On 12/12/18, 7 boxes of Lion Raisins with a "best by" date of 02/08/18; 2 boxes of Duncan Hines Classic Yellow Cake Mix with a "best by" date of 09/29/18; 1 box of Betty Crocker Dark Chocolate Brownie Mix with a "better if used by" date of 04/01/17; 2/12/18 and 1 box of Trade Joe's Soft Baked Snickerdoodles with a "best by" date of 06/21/14, were located in the kitchen cabinet.

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 12/12/18 all above mention foods was discarded immediately. Administrator conducted an Inservice with all staff on food safety.

Administrator reinforce staff use of inventory list which was developed by administrator to prevent storage of outdated food.

Administrator will monitor on a weekly basis to ensure food safety and proper food storage.

Documentation of all training and monitoring will be maintained for Department review for 3 years. 1/16/19 PA

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) *Cheery Austin Administrator*

Date *1/7/19*

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

The above plan of correction is approved as of 1/16/19
 (Date)

The above plan of correction was approved by PA
 (Initials)

Plan of correction implementation status as of 1/16/19
 (Date)

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