



June 5, 2019

Ms. Cheryl Evans-Sensanbaugher  
Owner/Administrator  
Jack and Cheryl Evans Sensanbaugher  
P O Box 214  
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home  
503 Centennial Avenue  
New Galilee, Pennsylvania 16141  
License #: 417370

Dear Ms. Sensanbaugher:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 1, 2019, 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

## Facility Information

Name: *EVANS' PERSONAL CARE HOME*

License Number: *417370*

Address: *503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141*

County: *BEAVER*

Region: *WESTERN*

## Administrator

Name: *Cheryl Sensanbaugher*

Phone: *724-336-1028*

Email: *SENSANBAUGHER@YAHOO.COM*

## Legal Entity

Name: *JACK AND CHERYL EVANS SENSANBAUGHER*

Address: *P.O. BOX 214, PA, 16141*

## Certificate(s) of Occupancy

Type: *C-3 SP*

Date: *02/10/1997*

Issued By: *Labor and Industry*

Type: *C-3 SP*

Date: *09/17/1984*

Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *8*

Waking Staff: *6*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*04/01/2019 - On-Site: Trish Bartlett*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *8*

Residents Served: *8*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *4*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *0*

Have Physical Disability: *0*

63b - Current First Aid Training

MAY 15 2019

Regulations

Western Region

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

On 4/1/19 there were 8 residents present in the home. Direct care staff persons A, B, and C were the only staff persons working in the home from 3/21/19 to 4/1/19. None of these staff persons are certified in first aid, CPR, and obstructed airway techniques.

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.)

CPR WAS A NO CALL NO SHOW 2 X FROM Med. H. Health  
CPR WAS Rescheduled and completed on 4-10-19  
Enclosed are copies of current CPR for  
Direct Care Persons.

- A.
- B.
- C.

Admin. will set up class IN A MORE timely  
MANNER AS to not ALLOW CPR to expire.

Legal Entity Representative

Cheryl Sensenbaur (Admin) Cheryl Sensenbaur 5-1-19  
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/1/19 Plan of correction implementation status as of 5/15/19  
 (Date) (Date)

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

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

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 9:45 a.m. there was no thermometer in the refrigerator or freezer to include:

- \* The vertical freezer in the first-floor laundry room
- \* The kitchen refrigerator
- \* The basement Frigidaire freezer

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.)

ALL thermometers were Replaced during INSpection.

However, 2 had fallen behind the Refridge drawers & freezer one was Behind some frozen food.

Admin. will check weekly to make sure Temp. is IN safe food range & to ensure they are IN view.

Legal Entity Representative

Cheryl Sensenbaur Admin. Cheryl Sensenbaur 5-1-19  
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/15/19 Plan of correction implementation status as of 5/15/19  
 (Date) (Date)

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

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

132b - Safety Inspection/Fire Drill

Western Region

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent supervised fire drill and fire safety inspection completed by a fire safety expert was completed on 10/3/16.

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.)

At the time of INSpection- the Fire Safety INSpection Sheet HAD BEEN MISPLACED due to having the current sheets & drills on Bulletin Board.

Enclosed Are Copies of 2017 & 2018

Admin. will continue to have fire safety INSpection Records with the current fire drill log available for viewing.

Legal Entity Representative

*Cheryl Sensenbaugh*  
Signature

Admin Cheryl Sensenbaugh  
Printed Name and Title

5-1-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/15/19  
(Date)

Plan of correction implementation status as of 5/15/19  
(Date)

The above plan of correction was approved by *ES*  
(Initials)

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

132e - Fire Drill Sleeping Hours

**Regulations**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

The home conducted a sleeping hour fire drill on 1/16/18 at 6:25 a.m. However, the next sleeping hour fire drill was not conducted until 9/30/18 at 6:00 a.m.

**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.)

Admin. will do sleeping hour fire drills  
at least every 6 months.

Calendar will be marked as a reminder  
to do drill between 11 p.m. - 7 a.m.

Fire Drill was completed on April 2, 2019  
at 12<sup>15</sup> AM for sleeping drill.

**Legal Entity Representative**

Cheryl Sensenbaugh Admin Cheryl Sensenbaugh 5-1-19  
Signature Printed Name and Title Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!**

The above plan of correction is approved as of 5/15/19  
(Date)

Plan of correction implementation status as of 5/15/19  
(Date)

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

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