



pennsylvania
DEPARTMENT OF HUMAN SERVICES

February 26, 2020

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

RE: Johnson Personal Care
License #: 143660

Dear Ms. Austin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 8, 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 (relating to Personal Care Homes) 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: JOHNSON PERSONAL CARE

License Number: 14366

Address: 502-504 WEST SEVENTH STREET,, CHESTER, PA 19013

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: Cheryl Austin

Phone: 6108722903

Email:

Legal Entity

Name: JOHNSON PERSONAL CARE LLC

Address: 502-504 WEST SEVENTH STREET, CHESTER, PA, 19013

Certificate(s) of Occupancy

Type: Other

Date: 02/23/2018

Issued By: L&I Chester

Staffing Hours

Resident Support Staff: 16

Total Daily Staff: 32

Waking Staff: 24

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/08/2019 - On-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16

Residents Served: 15

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 15

Are 60 Years of Age or Older: 5

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 1

65a - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff members A and B received only 8.5 hours of annual training in training year 2018.

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.)

Please see attached.....

Legal Entity Representative

Cheryl Austin

Signature

Cheryl Austin Administrator 11/13/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 02-24-20
(Date)

Plan of correction implementation status as of 02-24-20
(Date)

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

Fully Implemented
 Not Implemented

2600.65E Description of violation

Direct care staff members A and B receive only 8.5 of 12 hours of annual training in the training year of 2018

The plan of correction: In the future the administrator will meet with each individual staff on a monthly basis to review the required trainings and register for a training All training records will be submitted by employees all within a 30-day period.

All training records will be available upon request at the home.

Carol Ann Administrator
11/13/19

65f - Training Topics

Regulations

2500L

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 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.
- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff members A and B did not receive training in the following during training year 2018:

Instruction on meeting the needs of the residents as per Prescreening/DME/RASP forms.

Care for residents with dementia/cognitive impairment.

Personal care service needs of the residents.

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 recurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see attached.....

Legal Entity Representative

Cheryl Austin
Signature

Cheryl Austin Administrator
Printed Name and Title
Date 1/21/19

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(Date)

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02-24-20
(Date)

The above plan of correction was approved by
(Initials)

SP
(Initials)

Fully Implemented
 Not Implemented

2600.65f

Plan of correction

Administrator will collaborate with Cosa training coordinator for free or low -cost trainings for staff.

Administrator will include the following training topics in the 2019 training plan.

Instruction on meeting the needs of the residents as
prescreen/DME/RASP

Care for residents with dementia/cognitive impairment

Personal care service needs of the residents. Administrator will make it mandatory that each staff receive these training topics to comply with the 2600 regulation.

Administrator will keep training record for department review.

Carol Ann Administrator
4/23/19

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, auxiliary 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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. §§ 10225.101--10225.5102).

Description of Violation

Staff members A and B did not receive training in the following during training year 2018:

Fire safety

Emergency preparedness

OAPSA

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.)

Please see attached.....

Legal Entity Representative

Cheryl Austin
Signature

Cheryl Austin Administrator
Printed Name and Title Date

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Plan of correction

2600

65.g

On 2/16/18 staff member A and B received Fire & Safety from a fire safety expert. See attachment

Administrator will ensure emergency Pre readiness training OAPSA training will be completed in 2019.

*Cheryl Smith Administrator
u/6314*

65a - Staff Training Plan

Regulations

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2019.

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.)

Please see attached.....

Immediately - The administrator will develop and implement a 2020 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be kept for Department review..... SP 02-24-2020

Legal Entity Representative

Cheryl Austin
Signature

Cheryl Austin Administrator
Printed Name and Title
Date 11/3/19

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(Date)

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(Initials)

Fully Implemented
 Not Implemented

2600. 66a

Description of Violation: The home does not have a staff training plan for 2019.

Plan of correction

Administrator will develop a training plan for 2019 for all employees.

Cheryl Austin 11/15/19

132g - Fire Drills Days/Times

Regulations

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.

Description of Violation

The home routinely held fire drills on the last week of the month on the dates as follows: 12/30/2018, 1/30/2019, 2/27/2019 and 3/31/2019.

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.)

Please see attached.....

Legal Entity Representative

Cheryl Austin
Signature

Cheryl Austin Administrator
Printed Name and Title Date 11/13/19

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Description of violation: The home routinely held fire drills on the last week of the month on dates that follows. 12/30/18, 1/30/19, 2/27/19 and 3/31/19

Plan of correction

Administrator will make sure fire drills will be conducted on different days and different times to meet the requirement as stated in the 2600 regulation. See attachment of current fire drill records that were conducted after violation occurred.

*Cheryl A. Administrator
11/13/19*

141b1 - Annual Medical Evaluation

Regulations

2600.

141b.1. A resident shall have a medical evaluation. At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 2/2/19. The resident's previous medical evaluation was completed on 1/4/2018.

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.)

Please see attached.....

Legal Entity Representative

[Handwritten Signature]
Signature

Cheryl Austin Administrator
Printed Name and Title

11/13/19
Date

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(Date)

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(Initials)

Fully Implemented

[Redacted Signature]

Not Implemented

2600

141b

Resident evaluation was on 2.2.19 and the previous evaluation was on 1.4.18

Plan Of correction

Administrator will make sure all information is updated /and completed on a annual basis on the medical evaluation form to ensure the medical evaluation is in compliance with the 2600 regulation.

Cheryl Anderson
Administrator

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #3, who was admitted to the home on 10/25/2018.

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.)

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Legal Entity Representative

Cheryl Austin
Signature

Cheryl Austin Administrator
Printed Name and Title Date 11/13/19

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Fully Implemented
 Not Implemented

2600. 225A

Plan of correction

On 10-25-18 the pre admission assessment was completed with resident #3. A copy of the completed admission is in resident #3 chart in the correct section.

Cheryl Antin Admitt
11/3/19