November 1, 2019

Ms. Andrea L. Stone
President
Personacorp Inc.
86 Main Street
Stouchsburg, Pennsylvania 19567

RE: Liberty Square Personal Care
License #: 205720

Dear Ms. Stone:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 13, 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.

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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *LIBERTY SQUARE PERSONAL CARE* **License Number:** *20572*
Address: *86 MAIN STREET,, STOUCHSBURG, PA 19567*
County: *BERKS* **Region:** *NORTHEAST*

Administrator

Name: *Andrea Stone* **Phone:** *6105891679* **Email:** *SYBERFIVE@AOL.COM*

Legal Entity

Name: *PERSONACORP INC*
Address: *86 MAIN STREET, STOUCHSBURG, PA, 19567*

Certificate(s) of Occupancy

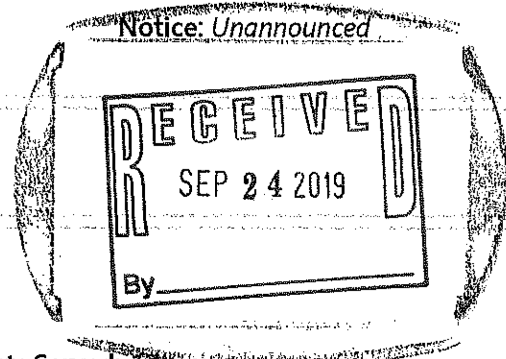
Type: *C-2 LP* **Date:** *11/17/1999* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *17* **Waking Staff:** *13*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal*



Inspection Dates and Department Representative

08/13/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *19* **Residents Served:** *17*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *14*
Diagnosed with Mental Illness: *17* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *0* **Have Physical Disability:** *0*

65g - Annual Training Content

Regulations

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. 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.
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.

Description of Violation

Staff person A did not receive training in the topics required under this regulation for 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.)

Ancillary staff person A received training in the topics required under regulation 65g. (see attached training records) Going forward, ancillary staff members will receive annual traing in these topics. Administrator will monitor this training.

Legal Entity Representative

Signature

Andrea L Stone — Printed Name and Title

08-20-2019 — Date

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

The above plan of correction is approved as of 9-25-19 (Date)

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

Plan of correction implementation status as of 9-25-19 (Date)

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

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The temperature of the water in the sink of the resident bathroom located on the 1st floor measured 125° F.

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.)

Plumber was contacted immediately during survey. Plumber reset mixing valve to appropriate temperature range. Monthly test to monitor water temperature will be done by administrator.

Legal Entity Representative

[signature] Signature

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102f - Towel/Washcloth/Soap

Regulations

2600.
102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

The home's first floor shared bathroom did not have towels or a hand dryer.

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.)

Paper towels were placed in bathroom immediately. Direct care staff and housekeeper will monitor first floor bathroom to ensure that papertowels are available at all times.

***The administrator shall monitor and ensure ongoing compliance.

9-25-19
MM

Legal Entity Representative

Signature: [signature] | Printed Name and Title: Andrea L Stone | Date: 08-13-2019

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133.2 - Exit Signs Direction

Regulations

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The door located in the first floor hallway that leads to the front foyer area did not have an exit sign placed next to or above the door. The door leads to the home's central fire door used in emergency evacuations.

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.)

Exit sign was placed above the first floor hallway fire door indicating that the door can be used to exit the building during an emergency. Administrator will ensure that the sign will be posted permanently.

Legal Entity Representative

[signature] Signature

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08-20-2019 — Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There were approximately 15 cigarette butts observed on the ground next to the home's front outdoor smoking area.

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.)

Administrator inserviced "smokers" in the building concerning the importance of using the appropriate receptacles to dispose of cigarette butts. Residents were reminded to report violators of this policy immediately. Administrator will do a weekly check of area to ensure compliance.

Legal Entity Representative

[signature] Signature

Andrea L. Stone — Printed Name and Title

08-20-2019 — Date

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit stored in the home's van which is used to transport residents did not contain a pair of scissors.

Plan of Correction (POC)

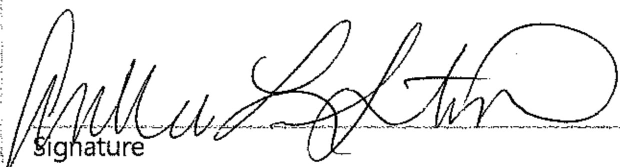
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Scissors were purchased and placed in the van's first aid Kit.

Administrator will do a ***MONTHLY ~~yearly~~ check of first aid kit inventory to ensure that all contents are accounted for.

9-25-19
MM

Legal Entity Representative



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182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The following med tech training documentation is either incomplete or overdue:

Staff person B's annual practicum dated 12/19/2018 is incomplete because only one of the two required medication observations was documented.

Staff person C's annual practicum was last completed 5/2/2018 and is now overdue.

Staff person D's annual practicum was last completed 8/10/2019 and is now overdue.

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.)

Staff person B – Medication observation and MAR review was done on 08-13-2019. (Annual practicum - 12-05-2018)

Staff persons C and D - will not administer medications until the time that they are recertified. A staff person who has a current medication administration certificate will be administering medications. Administrator will monitor to ensure compliance.

Legal Entity Representative

[signature] Signature

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08-13-2019 — Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 has an order for Fluticasone nasal spray once daily. According to staff interview the spray is stored in the medication cart and provided to the resident at the prescribed time for self-administration. Staff did not document that the medication was administered from 8/1/19 through 8/13/19.

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.)

DCS instructed to begin initialing when Resident #1's Fluticasone nasal spray is given to resident. Administrator will monitor medication sheets to ensure that items kept in medication storage and distributed at time of use are initialed. so DCS knows that resident self-administered the item.

Legal Entity Representative

[signature] Andrea L Stone 08-14-2019

Signature | Printed Name and Title | Date

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