



MAILING DATE: January 10, 2020

Mr. James Cole
Administrator
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care Home
Certificate #: 431210

Dear Mr. Cole:

As a result of the Department's Bureau of Human Services Licensing inspection on September 6, 2019; September 11, 2019 and September 12, 2019, of the above facility, the citations 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 black ink, appearing to read "Jason Williams". The signature is fluid and cursive, written over a light blue horizontal line.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Violation Report

DEC 06 2019

Violation Report

Facility Information	
Name: NEW LIFE PERSONAL CARE	License Number: 43121
Address: 2521 VERSAILLES AVENUE,, MCKEESPORT, PA 15132	
County: ALLEGHENY	Region: WESTERN

Administrator		
Name: JIM COLE	Phone: 4126787455	Email: JCOLE6787A@GMAIL.COM

Legal Entity	
Name: NEW LIFE PERSONAL CARE HOME, INC.	
Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA, 15132	

Certificate(s) of Occupancy		
Type: I-1	Date: 06/02/2000	Issued By: City of McKeesport

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 15	Waking Staff: 17

Inspection		
Type: Partial	BHA Docket #:	Notice: Unannounced
Reason: Complaint, Incident		

Inspection Dates and Department Representative	
09/06/2019 - On-Site: Cindy Mulick	
09/11/2019 - On-Site: Cindy Mulick, Joe Eveges	
09/12/2019 - On-Site: Cindy Mulick, Joe Eveges	

Resident Demographic Data as of Inspection Dates				
General Information				
License Capacity: 18		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: 3		Are 60 Years of Age or Older: 9		
Diagnosed with Mental Illness: 12		Diagnosed with Intellectual Disability: 3		
Have Mobility Need: 0		Have Physical Disability: 0		



Regulation

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

An annual medical evaluation was not timely.

Repeat Violation: 4/10/19 et al

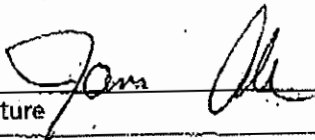
Plan of Correction (POC)

(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.)

The Administrator will schedule Dr. apt's Early in the year.
The Admin. will train staff members to track dates for annual exams.

This plan is in effect as of 9-13-19.
Training was done and completed on ~~med~~ med evaluation for consistent timely med evals. The checks and updates will be examined by Admin and med staff, bi monthly.

Legal Entity Representative

Signature 


Printed Name and Title James Cole Admin

Date 12-16-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 1/8/20 (Date)

Plan of correction implementation status as of 1/8/20 (Date)

The above plan of correction was approved by  (Initials)

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

DEC 28 2019

2600

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Repeat Violation:

A medication administration record was missing information.

Repeat Violation: 4/10/19 et al

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.)

The MAR's will be reviewed monthly. Staff as of 9-13-19 was trained on observing mar purpose and MAR being complete. The Admin will review the MAR's monthly for accuracy. Training was done on 9-13-19, with med staff monthly and will be followed up by Admin. on a monthly basis.

Legal Entity Representative

[Handwritten Signature]

James Cole

12-16-19

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 1/8/20 (Date)

Plan of correction implementation status as of 1/8/20 (Date)

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- Partially Implemented - Inadequate Progress
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