



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [michellerae67@yahoo.com](mailto:michellerae67@yahoo.com)

MAILING DATE: May 6, 2020

Ms. Michelle Grimm  
Owner/Administrator  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home  
Certificate #: 413831

Dear MS. Grimm:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 9, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: HORIZON PERSONAL CARE HOME, INC.

License Number: 41383

Address: 9 SOUTH MORGANTOWN STREET,, FAIRCHANCE, PA 15436

County: FAYETTE

Region: WESTERN

## Administrator

Name: MICHELLE GRIMM

Phone: 7245640352

Email: michellerae@yahoo.com

## Legal Entity

Name: HORIZON PERSONAL CARE HOME INC

Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436

## Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 18

Waking Staff: 14

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Fine

## Inspection Dates and Department Representative

10/09/2019 - On-Site: Jan Cutter, Christine Stanley

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 28

Residents Served: 14

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 5

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 14

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

HORIZON PERSONAL CARE HOME, INC.

RECEIVED

41383

82c - Locking Poisonous Materials

JAN 08 2020

Western Region

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 10:30 am, there was an open container of FOCA laundry detergent powder on the floor next to the washing machine in the unlocked and unattended laundry room, with a manufacturer's label indicating to call a physician or poison control center if swallowed.

At 10:40 am there was a spray can of WD-40 in the cupboard above the refrigerator in the unlocked and unattended laundry room, with a manufacturer's label indicating if ingested, call a physician immediately.

Repeat Violation 5/1/2019, 7/12/19

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.)

Laundry detergent was put in a locked cabinet during inspection. All staff aware of where laundry detergent is being kept. WD-40 was immediately thrown away in the garbage. Cabinet above the refrigerator was closed immediately during inspection to comply with 2600.62(c) regulation. Administration designed will immediately to ensure compliance. 2600.62(c)

Legal Entity Representative

Signature: *Michelle Grimm*

Printed Name and Title: *Michelle Grimm* Date: *1-1-2020*

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

The above plan of correction is approved as of 1/6/20 (Date)

Plan of correction implementation status as of 2/21/20 (Date)

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

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

HORIZON PERSONAL CARE HOME, INC.

41383

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg take 1 tablet twice a day for anxiety; however, the medication label indicates, Lorazepam 0.5 mg, take 1 by mouth every 4 hours as needed for anxiety.

Resident #2 is prescribed Warfarin 4 mg, take one tablet by mouth once per day; however, the medication label indicates, Warfarin 4 mg, take one tablet by mouth as directed on Tuesday, Thursday, Saturday and Sunday.

Repeat Violation: 5/1/19

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.)

Resident #1 "label change refer to MAR" was immediately put on the medications. Copy given to inspectors in doc of inspection.

adme n designee will do a audit of medication cart within 30 days to ensure compliance of 2600.184(a).

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall receive education on regulation 2600.184a, including the home's policy on using pharmacy sticker to indicate a change in orders.

Legal Entity Representative

JW 2/21/20

Signature: *Michelle Grimm*

Printed Name and Title: Michelle Grimm Date: 1-7-20

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The above plan of correction is approved as of 1/6/20 (Date)

Plan of correction implementation status as of 2/21/20 (Date)

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

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

HORIZON PERSONAL CARE HOME, INC.

41383

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #3 had a bottle of Aspirin 81 mg in the medication cart which was not labeled with the resident's name.

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.)

Resident #3 name was immediately labeled on the medication during inspection. Staff made aware of this regulation 2600.184(b).  
Adm w degree will do a audit of medication cart to measure compliance of 2600.184(b).

Legal Entity Representative

Signature *Michelle Brown*

Printed Name and Title *Michelle Brown* Date *1/2/20*

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

The above plan of correction is approved as of *1/6/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

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