



Sent via e-mail to: getzpch@ptd.net
MAILING DATE: February 3, 2020

Mr. Robert Getz
President
Getz Personal Care Home Inc.
1026 Scenic Drive
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home
License #: 240500

Dear Mr. Getz:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 18, 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 that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: GETZ PERSONAL CARE HOME

License Number: 24050

Address: 1026 SCENIC DRIVE,, KUNKLETOWN, PA 18058

County: MONROE

Region: NORTHEAST

Administrator

Name: Erin Hnat

Phone: 5706291334

Email: GETZPCH@PTD.NET

Legal Entity

Name: GETZ PERSONAL CARE HOME INC

Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA, 18058

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/25/1991

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 49

Waking Staff: 37

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/18/2019 - On-Site: Ryan Yankow, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 48

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 5

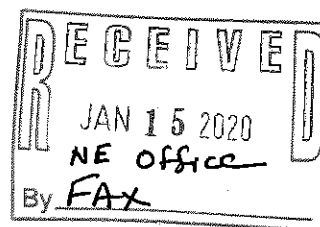
Are 60 Years of Age or Older: 47

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 1



25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract in the record for resident #1 was not signed by the payer.

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 Payer was contacted. She came + signed contract.

To ensure compliance of regulation, Administrator + Nursing office assistant will audit new admission charts 42-72hrs post admission to ensure all paperwork is completed properly + all signatures are obtained + dated.

Legal Entity Representative

Robert Getz

Signature

Robert Getz

Printed Name and Title

1/15/2020

Date

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The above plan of correction is approved as of 1-30-2020 (Date)

Plan of correction implementation status as of 1-30-2020 (Date)

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

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

11/18/2019

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42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home utilizes cameras in common areas of the home where residents reside. The cameras in the common areas can record up to two weeks.

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.)

Cameras located in common areas were removed to abide by resident privacy.

Any future cameras that may be installed in facility will be facing exits of building + not common areas

Legal Entity Representative

Robert B. Getz
Signature

Robert Getz
Printed Name and Title

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65f - Training Topics

Regulations

2600.

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

- 1. Medication self-administration training.
- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff member A hired 9/3/15 did not receive training in medication self-administration and personal care needs of the residents for training year 10/18-9/19.

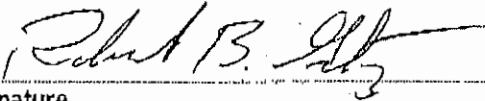
Plan of Correction (POC)

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Staff member A met with administrator on 11/21/2019 + received information + training material for missed trainings.

Administrator completed training plan for October 2019 thru September 2020 providing dates of face to face + independent reading trainings. All staff given a copy of Dates + trainings. Administrator will audit completion of trainings in August + September + provide training to any staff who need to complete missed trainings.

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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:

- 5. Falls and accident prevention.

Description of Violation

Ancillary staff member B hired 9/24/15 did not receive training in falls and accident prevention for training year 10/18-9/19.

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.)

Staff member B ~~was~~ completed Independent Reading for falls + Accident Prevention on 10/23/2019.

Administrator completed training plan for October 2019 thru September 2020 providing dates of face to face + Independent reading trainings. All staff given copy of trainings + Dates. Administrator will audit completion of trainings in August + September + provide training to any staff who need to complete missed trainings.

Legal Entity Representative

Robert J. Getz

Signature

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The lint trap of the dryer located in the kitchen had a thick accumulation of lint. The dryer was cool to touch and empty. The lint poses a possible fire hazard.

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 staff have been reminded about importance of emptying lint trap + signage has been placed for reminder. Staff shall initial lint removal sheet after removing lint from machine. Administrator will do random unannounced checks of laundry room to ensure lint is removed per regulation.

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~~Not Implemented~~

Not Implemented

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Located in the main laundry room behind the Speed Queen dryer was a black shoe next to the heating element.

Located in the kitchen behind the Kenmore dryer was a plastic Utz pretzel jar and 3 loose plastic bags next to the heating element.

Plan of Correction (POC)

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Staff have been told to be sure to check entire laundry room prior to leaving each time to ensure there are no items near heat sources + signage has been placed as a reminder.

Administrator will do random checks of laundry room to ensure compliance with regulation.

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131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher located in the boiler room closest to the resident laundry area has not been inspected by a fire safety expert. The extinguisher did not have a tag on it.

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.)

Fire extinguisher inspection company was contacted + apartment to inspect has been made.

An updated list of location of all Fire Extinguishers was created + will be used for annual inspection of fire extinguishers by ABC Sprinkler + fire extinguisher company.

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132d - Evacuation

Regulations

2600.

192.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire letter from fire safety dated 9/23/19 gives the home an evacuation time of 8 mins and 6 secs based on the home's construction. The home conducted 12 fire drills between November of 2018 and November of 2019 the home is only evacuating the residents from the effected hallway of the facility. The home is not evacuating the residents from the 4 other hallways or conducted a head count of all residents with in the 8min and 6 sec evacuation time.

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.)

Could not correct above violation

To ensure compliance a New Policy was created for fire drills + evacuations to show proper way to conduct evacuations. All staff were given copies of New Policy + evacuation procedures.

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home has 4 hallways with fire safe areas during each monthly fire drill from November of 2018 and November of 2019 the home is only evacuating the residents from the fire effected hallway of the facility.

Plan of Correction (POC)

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Could not correct above violation

To ensure compliance New Policy was created for fire drills + evacuations to explain proper way to conduct evacuations. All staff were given copies of New Policy + evacuation procedures

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- Not Implemented ~~X Inadequate Progress~~
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11/18/2019

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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

Direct care staff member A's most recent annual practicum only has 1 of the required 2 medication administration observations completed.

Direct care staff member C passed the initial medication training on 10/18/18, an annual practicum for 2019 has not been completed.

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 Persons A + C practicum + observations were completed 11/21/2019 + all trained medication technician paperwork was audited + updated.

New system was created to ensure all trained staff receive the appropriate trainings, practicums + observations when they are due. These will be done by administrator who is also the medication trainer.

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's morphine 100mg/5ml is being counted by doses rather than the amount of liquid that is in the bottle.

Resident #3's glucometer is not calibrated to the correct date.

Resident #4 has an order for blood glucose readings 4x daily. On 11/16/19 at 5pm the MAR noted a reading of 87 but the glucometer had a reading of 84.

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.)

Could not correct above violations

To ensure compliance the following actions will be taken:

(Res #2) - Nursing + Administrator will retrain staff to convert from counting by dose to ml + work pharmacy on charge.

(Res #3) - Nursing Department will check dates + compare readings to documentation on all glucometers regularly to ensure accuracy + administrator will monitor + be responsible for ongoing compliance

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