



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [mesoraco@comcast.net](mailto:mesoraco@comcast.net)

MAILING DATE: May 22, 2020

Ms. Laura Mesoraco  
Owner/Administrator/Secretary of Corporation  
AM/PM Personal Care Home, Inc.  
PO Box 123, 555 Adrian Road  
Delancey, Pennsylvania 15733

RE: AM PM Personal Care Home  
Certificate #: 407360

Dear Ms. Mesoraco:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 19, 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 "Suzy Quinn".

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *AM/PM PERSONAL CARE HOME*  
Address: *P.O. BOX 123,555 ADRIAN ROAD,, DELANCEY, PA 15733*  
County: *JEFFERSON* Region: *WESTERN*

License Number: *40736*

## Administrator

Name: *Laura Mesoraco* Phone: *8149392676* Email: *MESORACO@COMCAST.NET*

## Legal Entity

Name: *AM PM PERSONAL CARE HOME, INC.*  
Address: *555 ADRIAN ROAD, PO BOX 123, DELANCEY, PA, 15733*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/25/1997* Issued By: *PA Dept Labor and Industry*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

## Inspection

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

## Inspection Dates and Department Representative

*11/19/2019 - On-Site: Barbara Barone, Debora McConnell*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *32* Residents Served: *26*

### Secured Dementia Care Unit

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

### Hospice

Current Residents: *1*

### Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *26*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *0*

26b - Quality Management Plan Content

Regulations

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.

Description of Violation

The home's quality management review dated 1/23/19 did not address reportable incident and condition reporting procedures, or complaint procedures.

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.)

At the Quality Mgmt meeting held on 1/21/20 - <sup>Am/PM</sup> Administrator ~~assured~~ addressed the reportable incident and condition reporting procedures as well as complaint procedures. (Please see attached) - (#2 + #3)

Administrator will assure to address these issues at each annual review.

\* Requirements of this regulation were reviewed on 1/21/20 at the Quality mgmt mtg. Staff attending (owner, Day to Day manager) were educated on this matter. Administrator will monitor annually at the yearly meeting. (Rad M... 3/30/20)

Legal Entity Representative


  
Signature

Laura J. Mesorace, Administrator 2/19/20  
Printed Name and Title Date

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The above plan of correction is approved as of 5/14/20 (Date)

Plan of correction implementation status as of 5/14/20 (Date)

The above plan of correction was approved by  (Initials)

- Implemented
- Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There is a spilled brown substance on the bottom of the freezer in the small kitchen.

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.)

Day to Day Manager and Administrator reviewed with staff and Cook on 2/18/20 to check freezers and refrigerators for cleanliness.

Night Shift Staff were re-orientated to job duties - especially the attached job description duties every Wednesday (cleaning of refrigerators/freezers.) on 2/18/20. \* re-educate on 3/30/20

\* The brown substance was cleaned up by AM/PM cook at the time of the inspection. AM/PM manager will monitor duties (night shift) of staff on a weekly basis by reviewing the duties assigned to night shift (M-Sunday) on the job description given to each night shift employee, (See attached job description) at time of hire.

Legal Entity Representative

The home's night shift job description indicates "Wednesday: Clean out and wipe down inside and outs of refrigerators and freezers." 5/14/20

Signature [Handwritten Signature]

Laura J. Mesoraco  
Printed Name and Title

2/19/20  
Date

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Implemented  
 Not Implemented

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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

At 9:55 am, the hot water temperature in the common bathroom next to bedroom #9 was 123.9 degrees Fahrenheit and at 3:25 pm it was 118.9 degrees Fahrenheit.

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.)

plumbing, heating  
Am/pm maintenance contractor was in the facility working on lighting at the time of the inspection. He adjusted the water temperature + rechecked it at approximately 3:15 pm and it was 118.9.

To assure compliance with 2600.89b. hot water temperature will be checked and recorded on the attached form.

\* To assure compliance hot water temperature will be checked every Monday beginning Monday March 2<sup>nd</sup>, 2020 by Am/pm manager. Am/pm manager was educated on 3/2/20 on the attached form, and the importance of regulation 2600.89b. 3/2/20

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Laura J. Mesoraw 2/19/20  
Printed Name and Title Date

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Implemented

Not Implemented

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the white cordless telephone in the back dining room.

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.)

This was corrected at the time of the inspection.

To assure future compliance, <sup>Staff +</sup> Day to Day Manager will check telephones on a monthly basis to assure emergency numbers are posted on all telephones.

\* <sup>Admin</sup> Staff and Day to Day manager were educated on 11/19/19 + 11/20/19 regarding regulation 2600.91. <sup>Admin manager</sup> Administrator will monitor telephones monthly to assure compliance beginning 3/1/20. <sup>Admin</sup> 3/30/20

Legal Entity Representative

Signature 

Laura J. Meroraco 2/19/20  
Printed Name and Title Date

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101j5 - Bedside Table/Shelf

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #1's bed in bedroom #6.  
 There is no bedside table or shelf beside resident #2's bed in bedroom #15.

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.)

At the time of the inspection a night stand was placed in Resident #1's room.

At the time of the inspection, the bedside night stand ~~was~~ in Resident #2's room was moved closer to Resident #2's bed.

To assure future compliance, Am/pm Administrator and Day to Day manager will assure bedside tables/shelves are placed in each resident room.

Legal Entity Representative

\* (Please see attached) \*  
 additional Plan of Correction 5/14/20

Signature 

Laura J. Mesorero 2/19/20  
 Printed Name and Title Date

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See page 6a of 13

The above plan of correction is approved as of

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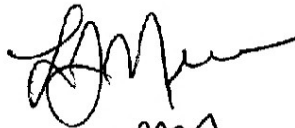
  
 (Initials)

- Implemented
- Not Implemented

101j 5- Bedside Table / Shelf

Am/PM Manager + Staff were educated on 2600.101j on 11/19/19 +  
11/20/19.

To assure future compliance - Am/PM Manager  
will inspect each resident room each month  
beginning 3/1/20 to assure compliance with regulation  
2600 101.j.

  
AM  
3/30/20

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside in bedroom #6.

Resident #2 does not have access to a source of light that can be turned on/off at bedside in bedroom #15.

Resident #3's bedside lamp is unplugged in bedroom #6.

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.)

At the time of inspection, a lamp and bedside nightstand were placed in Resident 1's room.

At the time of inspection, Resident #2's bedside nightstand with a lamp was moved closer to Resident #2's bed.

At the time of inspection, Resident #3's lamp was plugged in.

To assure future compliance, AM/PM Administrator and Manager will assure a lamp or other source of lighting will be placed near all residents bedside.

\* (Please see attached addition to POC)

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title: Laura J. Meseraco

Date: 2/19/20

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See page 7a of 13

The above plan of correction is approved as of 5/14/20 (Date)

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Implemented

Not Implemented

The above plan of correction was approved by [Handwritten Initials] (Initials)

Am/PM PCH, Inc. #40736

Addition to plan of correction: page 7

2600

101j7- Lamp/Lighting at bedside

Am/PM manager & staff were educated on 2600.101j.7-  
on 11/19/19 + 11/20/20.

To assure future compliance - Am/PM manager will  
inspect each resident room each month beginning  
3/1/20 to assure compliance with regulation

2600.101.j.7.

JAM  
JAM  
3/31/20

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 11:13 am the temperature in the stainless freezer in the storage room was 2 degrees Fahrenheit and at 3:15 pm it was 2 degrees Fahrenheit.

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.)

At the time of inspection, the inspector suggested placing the freezer thermometer further inside the freezer, rather than on the door. Am/PM Administrator moved the thermometer to the middle part of the freezer at approximately 3:15 pm and re-checked the temperature at approximately 5:00 pm. The temperature at that time was 0.

To assure future compliance, Am/PM Administrator, Day to Day manager and cook will assure thermometers are <sup>not</sup> placed on freezer doors but at ~~the~~ a internal location in freezers.

Legal Entity Representative

(\* Please see attached to POC) \*

Signature 

Lawrence J. Mesorzo 2/19/20  
Printed Name and Title Date

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5/14/20  
(Date)

Plan of correction implementation status as of

5/14/20  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

  
(Initials)

Am/Em PCH, Inc. # 40736

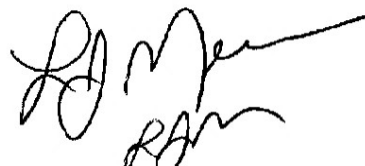
Addition to plan of correction page 8

2600.103 f -

Am/Em Manager, Cook + All Staff were educated on 2600.103 f on 11/19/19 + 11/20/19.

To assure future compliance - Am/Em Manager and cook will inspect each refrigerator + freezer monthly to assure a thermometer (beginning 3/1/20)

is present in order to assure compliance with regulation 2600.103 f

  
RAM  
3/30/20

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There is an undated bag of chicken patties in the stainless freezer in the storage room.

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 and cook were instructed on 11/19/19 that when unloading frozen food products to date the outside of bags. Am/PM cook was instructed on 11/19/19 that when opening bags to place a "Date opened" sticker on all food bags.

\* The undated bag of chicken patties were discarded at the time of inspection 11/19/19. Am/PM Manager has periodically checked that bags have been labeled; Date received, Date opened - with they have been (to date.)

To assure future compliance, Day to Day Manager will continue to check labels are placed on food bags (\* as food deliveries come in every Thursday or Friday beginning 3/1/20)

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title: Laura J. Mesoria Date: 2/19/20

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The above plan of correction was approved by [Handwritten Initials] (Initials) [X] Implemented [ ] Not Implemented

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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.)

This was corrected at the time of inspection.

All Staff were informed on 11/19/19 to not remove any postings from the Bulletin Boards.

To assure future compliance, Day to Day Manager + Administrator will check Bulletin Boards for required postings.

\* All staff and Day to Day Manager were educated on 2600.123b. on 11/19/19 + 11/20/19. Day to Day Manager will inspect bulletin boards to assure compliance with 2600.123b. on a monthly basis beginning on 3/1/20. \*  
Legal Entity Representative

Signature 


Laura J. Mesorico 2/19/19  
Printed Name and Title Date

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Plan of correction implementation status as of 5/14/20 (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by  (Initials)

123c - Evacuation Diagrams

Regulations

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The evacuation diagram in the small kitchen did not indicate the location of pull stations.

The evacuation diagram located in the main kitchen did not indicate location of pull stations.

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.)

This was corrected at the time of the inspection.

To assure future compliance, Day to Day manager and Administrator will check all emergency evacuation plans to assure compliance with 2600.123c.

\* All staff & Day to Day manager were educated on 2600.123c on 11/19/19 and 11/20/20. Day to Day manager will check - on a monthly basis, beginning 3/1/20 - that all emergency evacuation diagrams are posted according to regulation 2600.123c.

Legal Entity Representative

*LJM*  
3/30/20 \*

Signature *LJM*

Printed Name and Title *Laura J. Moran*

Date 2/19/20

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Plan of correction implementation status as of 5/14/20 (Date)

Implemented  
 Not Implemented

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

133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There was no exit sign above the emergency exit door in bedroom #22.  
There was no exit sign above, or in the hall near the door of bedroom #22.

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 signs for exit door and hall door near in bedroom #22 were purchased on 12/7/19 and were delivered on 12/9/19 and were placed above both doors of bedroom #22.

(Please see attached receipts)

\* Please see attached photos of exit signs added above doors of bedroom #22. AM/PM Manager & All staff were educated on regulation 2600.133.1 on 2/19/19 + 2/20/20. AM/PM will check all exit doors at the time of each monthly fire drill to assure

Legal Entity Representative

Compliance with 2600.133.1 begins with 3/20 Fire drill *JM* 3/30/20

Signature

*JM*

Printed Name and Title

Laura J. Marrao

Date

2/19/19

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5/14/20 (Date)

The above plan of correction was approved by

*SE*  
(Initials)

Implemented  
 Not Implemented

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:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed Alprazolam 0.5 MG, take one tablet by mouth three times daily as needed; however, the pharmacy label indicates, take one tablet by mouth daily as needed.

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.)

This was corrected at the time of inspection by AM/PM Manager placing "Directions changed" sticker on Resident #2's Alprazolam 0.5 mg Bubble Pack.

To assure future compliance, AM/PM Manager will monitor all prescription changes as they are made and will utilize "Directions changed" stickers when appropriate.

Legal Entity Representative

\* Please see attached for continuation of POC) *[Signature]* 3/20/20\*

*[Signature]*  
Signature

Laura J. Mesoraco 2/19/20  
Printed Name and Title Date

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See page 13a of 13

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5/14/20  
(Date)

Plan of correction implementation status as of

5/14/20  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Am/PM PCH, Inc. #40736

Addition to plan of correction page 13-

2600.184 a

Am/PM Manager + All Staff were educated on  
2600.184 a on 11/19/19 + 11/20/20.

To assure future compliance - Am/PM manager  
will monitor medication charges as they are  
made and will check and review charges  
on a weekly basis beginning 3/1/20.

JAM  
JAM 3/30/20