



MAILING DATE: March 13, 2020

Ms. Charity A. Lytle
Owner
Lytle's Personal Care Home, LLC
4508 National Pike
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC
Certificate #: 443910

Dear Ms. Lytle:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 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 "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

RECEIVED
February 28 2020
WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: *LYTLE'S PERSONAL CARE HOME LLC*

License Number: *44391*

Address: *4508 NATIONAL PIKE,, MARKLEYSBURG, PA 15459*

County: *FAYETTE*

Region: *WESTERN*

Administrator

Name: *KIERA FAZENBAKER*

Phone: *7243291020*

Email: *SDDCLYTLE4@GMAIL.COM*

Legal Entity

Name: *LYTLES PERSONAL CARE HOME LLC*

Address: *4508 NATIONAL PIKE, MARKLEYSBURG, PA, 15459*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *03/24/1994*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *31*

Waking Staff: *23*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/26/2019 - On-Site: Lisa Flinner-Alman, Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30*

Residents Served: *29*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *17*

Are 60 Years of Age or Older: *23*

Diagnosed with Mental Illness: *12*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *2*

Have Physical Disability: *1*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

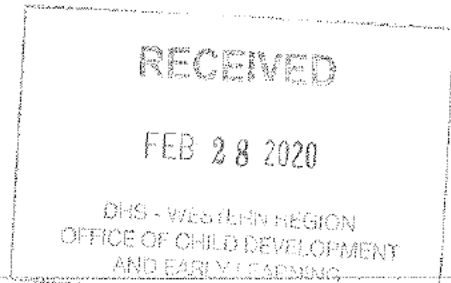
Description of Violation

The resident privacy coding documents were attached to the licensing inspection summary (LIS) dated 5/9/17, identifying multiple residents including #1, 2, 3, 4, 5 and 6, and the LIS dated 11/27/18, identifying residents #7, 8, 9, and posted on the wall to the right of the TV in the front 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.)

Immediately: The documents were taken down.
The administrator or designee will review all documents to ensure no resident or employee information will be posted



Legal Entity Representative

Charity Lytle
Signature

Charity Lytle owner
Printed Name and Title

2/22/2020
Date

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

The above plan of correction is approved as of 03/02/2020 (Date) Plan of correction implementation status as of 03/02/2020 (Date)
The above plan of correction was approved by (Initials) Implemented Not Implemented

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A, hired 10/29/06, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 A indicates she has a GED/Diploma
She is working on getting the documentation
showing she has a GED/Diploma.

Staff Person A also states she started working for
Kamps PCH in 2003

Gave staff Person A two weeks to provide
GED | Diploma documentation.

Admins will forward when received.

GED diploma completed 05/27/1997. Diploma copy will be kept in staff record. - JRW 3/10/2020

Legal Entity Representative

RECEIVED

FEB 28 2020

DHS - WESTERN REGION
OFFICE OF CHILD DEVELOPMENT
AND EARLY LEARNING

Charity Lytle
Signature

Charity Lytle owner 2/22/2020
Printed Name and Title Date

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- Implemented
- Not Implemented

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65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The 2018 annual direct care staff training record does not include the length of the course for:
- Medication Routes
- Psychotropic Medication Documentation
- Emergency preparedness

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.)

Immediately: Admin or designee put necessary hours on the staff training record and certifications.

Moving forward admin or designee will review annual training plan to ensure length of each course will be on record and certificates.

RECEIVED

FEB 28 2020

DHS - WESTERN REGION
OFFICE OF CHILD DEVELOPMENT
AND EARLY LEARNING

Legal Entity Representative

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Signature

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Printed Name and Title

03/10/2020
Date

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

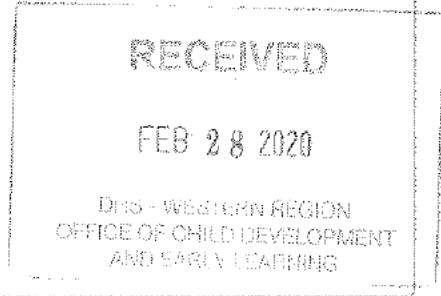
A tile measuring approximately 5" x 6" was missing on the floor next to the toilet in bathroom D on the 2nd floor.

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.)

Immediately: tile in bathroom D was fixed.

Immediately: Admin or designee will monitor floors for any repairs that may need done and repair immediately.



Legal Entity Representative

Signature: *Charity Lytle*

Printed Name and Title: Charity Lytle owner Date: 2/22/2020

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 Not Implemented

93a - Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

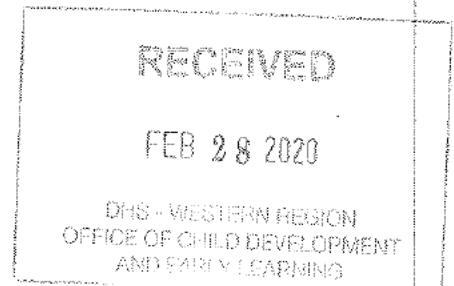
Description of Violation

There were no hand rails for the ramp on the left side of the front porch and the step on the right side of the front porch.

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.)

Immediately: Hand rails for the ramps on the left side of the front porch and the step on the right side of the front porch were installed.



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Signature

Charity Lytle 2/22/2020
Printed Name and Title Date

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

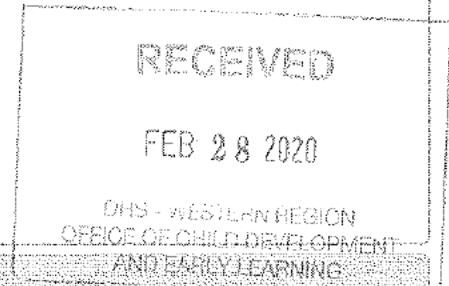
The home's first aid kit did not include a breathing shield.

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.)

Immediately: Admin replaced breathing shield to the first Aid kit -

Immediately: Admin or designee will monitor first Aid kit ^{weekly (JRW 3/2/20)} to ensure all required items are in the first Aid kit



Legal Entity Representative

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Charity Lytle owner (Printed Name and Title)

2/22/2020 (Date)

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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

At 10:41 a.m., there was an approximate 2½" accumulation of lint in the lint trap of the 1st dryer upon entering the laundry room.

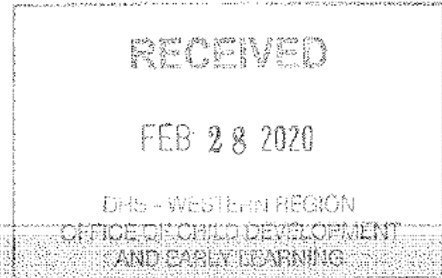
Plan of Correction (POC)

(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.)

Immediately: The lint was removed

Immediately: Admin had a staff training to ensure they are aware that lint needs removed after every use.

A designated staff person will monitor the lint trap at least once per shift. - JRW 3/2/20



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Charity Lytle owner 2/22/2020 (Printed Name and Title, Date)

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

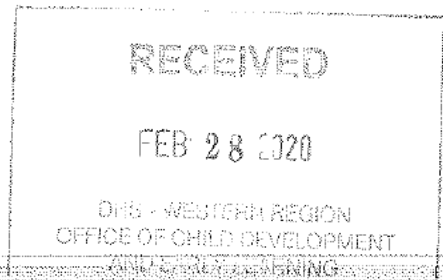
Description of Violation

The emergency exit door leading from the kitchen was extremely difficult to open.

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.)

Immediately: The emergency exit door leading from the kitchen was fixed on site. The door Jam was sanded so the door can move freely.



Legal Entity Representative

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2/22/2020 (Date)

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132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

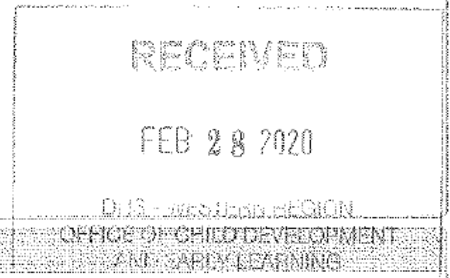
Description of Violation

There was not a fire drill conducted during sleeping hours once every 6 months. Eleven months elapsed between the drills held on 12/2/18 12:00 a.m. and 11/17/19 at 12:30 a.m.

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.)

Immediately: The admin or designee shall monitor the fire drill record monthly to ensure accuracy and completeness this shall include having a sleeping drill once every 6 months.



Legal Entity Representative

Signature: *Charity Lytle*

Printed Name and Title: *Charity Lytle owner* Date: *2/22/2020*

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