



SENT VIA EMAIL: talktothehandnow@yahoo.com

MAILING DATE: July 22, 2020

Ms. Laura B. Segers
Owner/Administrator
Laura B. Segers and Joel W. Segers
1502 East Washington Street
New Castle, Pennsylvania 16101

RE: La Casa Personal Care Home
Certificate #: 402110

Dear Ms. Segers:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 13, 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 "Suzy Quinn". The signature is written in a cursive style with a long horizontal flourish at the end.

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: LA CASA PERSONAL CARE HOME
Address: 1502 E. WASHINGTON STREET,, NEW CASTLE, PA 16101
County: LAWRENCE Region: WESTERN

License Number: 40211

Administrator

Name: Laura Segers Phone: 7246547824 Email: TALKTOTHEHANDNOW@YAHOO.COM

Legal Entity

Name: LAURA B SEGERS AND JOEL W SEGERS
Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/20/1996 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection

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

Inspection Dates and Department Representative

12/13/2019 - On-Site: Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 3

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 9:50 am the hot water temperature at the sink in the basement restroom was 127.7 degrees Fahrenheit.

Repeat Violation: 10/24/2018

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, then at least daily for 2 months and at least weekly thereafter, a designated staff person shall check the hot water temperature at the sink in the basement bathroom and at least 2 other locations accessible to residents. Documentation of temperature checks shall be maintained. Any temperature exceeding 120 degrees Fahrenheit shall immediately be reported to the administrator and immediate action shall be taken to reduce the temperature to 120 degrees Fahrenheit or lower.

SE 6/4/20

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Any hot water temperatures discovered shall immediately be reported to the administrator. Documentation of education shall be kept.

SE 6/4/20

Legal Entity Representative

Laura B Segers

*Laura B. Segers
Admin & Owner*

6/10/2020

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of (Date)

Plan of correction implementation status as of 7/21/20 (Date)

The above plan of correction was approved by (Initials)

Implemented
 Not Implemented

101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

A malfunctioning 3rd floor toilet caused the following water damage in the 2nd floor rear left bedroom, where resident #1 resides:

- * A 2" hole in the ceiling is surrounded by a water and mold stained area approximately 20" in diameter
- * A 6" x 9" section of plaster bows out approximately 2" from the lath, near the center of resident #1 bed which abuts the wall
- * A y-shaped crack, approximately 2 1/2" above the mattress, extends up the wall approximately 2'

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.)

Within 30 days of receipt of the plan of correction: All damaged areas listed above shall be repaired. Documentation shall be kept.

SE 6/4/20

Within 30 days of receipt of the plan of correction: All staff persons shall be reeducated on the requirement that bedrooms must have walls, floors and ceilings which are finished, clean and in good repair. Documentation of education shall be kept.

SE 6/4/20

Immediately, then at least weekly, a designated staff person shall inspect all bedrooms to ensure walls, floors and ceilings are finished, clean and in good repair. Any deficiencies discovered shall immediately be reported to the administrator and immediately repaired or replaced. Documentation of inspections shall be kept.

SE 6/4/20

Legal Entity Representative

Laura B Segers

Signature

*Laura B Segers
Admin & Owner*

Printed Name and Title

6/10/2020

Date

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include eye coverings.

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, eye coverings shall be added to the first aid kit in the van.

SE 6/4/20

Within 30 days of receipt of the plan of correction: All staff shall be reeducated regarding the requirement that all first aid kits, including the first aid kit in the home's van, must include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Documentation of education shall be kept.

SE 6/4/20

Immediately, then at least weekly, the administrator or designated staff person shall inspect all first aid kits to ensure they include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any missing items shall immediately be replaced. Documentation of inspections shall be kept.

SE 6/4/20

Legal Entity Representative

Laura B Segers

Signature

*Laura B Segers
Admin & Owner*

Printed Name and Title

6/10/2020

Date

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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The follows sections of resident #2's initial assessment, dated 8/6/19 are blank: securing and using transportation, managing finances, using the telephone, making and keeping appointments, caring for personal possessions, writing correspondence, engaging in social and leisure activities, using prosthetic device and obtaining clean, seasonal clothing.

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 administrator or designated staff person shall complete resident #2's assessment.

SE 6/4/20

Within 30 days of receipt of the plan of correction: All staff involved in completing assessments shall be reeducated regarding the requirement that a resident shall have a written initial assessment within 15 days of admission. Documentation of education shall be kept.

SE 6/4/20

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure a current assessment is completed, accurate and present in each resident's record. Documentation of the audit shall be kept.

SE 6/4/20

Legal Entity Representative

Laura B Segers

Laura B Segers
Admin & Owner

6/10/2020

Signature

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