



SENT VIA EMAIL: [kperrino@humanservicescenter.net](mailto:kperrino@humanservicescenter.net)  
[splyer@humanservicescenter.net](mailto:splyer@humanservicescenter.net)

EMAILING DATE: March 26, 2020

Mr. Dennis W. Nebel, Psy.D.  
Executive Director  
Human Services Center  
130 West North Street  
New Castle, Pennsylvania 16101

RE: Caritas  
2882 Old Princeton Road  
New Castle, Pennsylvania 16101  
License #: 441330

Dear Mr. Nebel:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 26, 2020, 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 "L. Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

MAR 13 2020

Violation Report

Human Services Licensing  
 License Number: 44133

Name: *CARITAS*  
 Address: *2882 OLD PRINCETON ROAD,, NEW CASTLE, PA 16101*  
 County: *LAWRENCE*                      Region: *WESTERN*

Name: *Kim Perrino*                      Phone: *7249242892*                      Email: *KPERRINO@HUMANSERVICESCENTER.NET*

Name: *HUMAN SERVICES CENTER*  
 Address: *130 WEST NORTH STREET, NEW CASTLE, PA, 16101*

Type: *R-4*                      Date: *07/09/2010*                      Issued By: *Code Consulting Inc*

Resident Support Staff: *0*                      Total Daily Staff: *11*                      Waking Staff: *8*

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

02/26/2020 - On-Site: *Lauren Spagna, Lori Gillette*

License Capacity: *11*                      Residents Served: *11*

In Home:	Area:	Capacity:	Residents Served:
<i>No</i>			

Current Residents: *0*

Receive Supplemental Security Income: <i>11</i>	Are 60 Years of Age or Older: <i>6</i>
Diagnosed with Mental Illness: <i>11</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

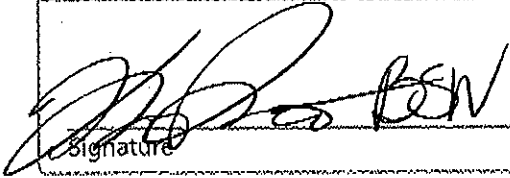
2600.

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.

There were two incomplete first aid kits in the home's medication room. The first aid kit in the black bag did not include adhesive bandages, scissors, gauze pads or adhesive tape. The first aid kit in the blue bag did not include tweezers, a thermometer, nonporous gloves, eye coverings, a breathing shield, tweezers or adhesive tape.

(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.)

See Page 2A of 9


  
Signature

Kim Perrino PCHA 3.13.2020  
Printed Name and Title Date

DEPARTMENT OF HEALTH SERVICES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 3/16/2020  
(Date)

Plan of correction implementation status as of 3/20/2020  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

**Regulation 2600.96.a**

**Corrective Action:** I have placed nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers in one first aid kit and marked the bin as a first aid kit. This will ensure all supplies are readily available for the staff to perform first aid on a resident should it be necessary.

**Education:** On 03/19/2020 I have a mandatory staff meeting/training scheduled. At that time I will re-educate all the staff on the importance of keeping all necessary supplies for the first aid kit in one place. I will also educate them on the importance of replacing items they have used to ensure they are readily available when there is a need. This will ensure the health and safety of the residents.

**Monitoring:** I will place a checklist on the first aid kit and check it monthly to ensure that all necessary items are readily available and easy to locate. See attached documentation.

*Kim Perrino* BSW Kim Perrino PCHA 3.13.2020

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Human Services Licensing



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.



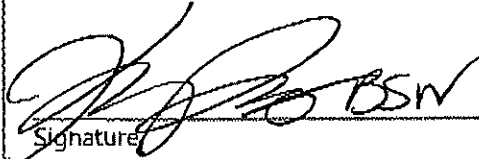
No thermometer was present in the dairy refrigerator, located in the laundry room.



(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.)

See Page 3A of 9



  
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Kim Perrino PLHA 3-13-2020  
Printed Name and Title Date



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**Refrigerator/Freezer Temps 2600.103.f**

**Corrective Actions:** During the time of inspection there was not a thermometer in the refrigerator located in the laundry room. I did however place a thermometer in the refrigerator from the bread freezer during the inspection. I have purchased another thermometer to place in the bread freezer as well.

**Education:** I have scheduled a mandatory staff meeting/training on 03/19/2020 and at that time I will educate the staff on the importance of having our refrigerators kept at 40°F or below to ensure the food we are serving the residents is safe. I will also ask them to inform me immediately if they see there is a thermometer missing from any freezer or refrigerator so that it can be replaced.

**Monitoring:** I will check the refrigerators weekly every Monday to ensure that there are thermometers in all refrigerators and freezers. See attached documentation.

*[Handwritten Signature]* BSW Kim Perrino PCHA 3.13.2020

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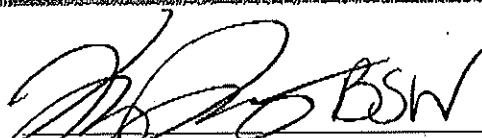
2600.

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

The most recent fire drill conducted during sleeping hours was held on 1/30/2020 at 3:30am; however, the previous fire drill conducted during sleeping hours was held on 6/15/19 at 5:30am, which exceeds 6 months.

(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.)

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Signature

Kim Perrino PCHA  
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3-13-2020  
Date

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**Fire Drill Sleeping Hours 2600.132.e**

**Corrective Action:** Moving forward I will ensure there is a fire drill during sleep hours at least once every 6 months to ensure the safety of the residents and to be in compliance.

**Education:** I have scheduled a mandatory staff meeting/training for 03/19/2020 and I will review the importance of have a sleeping fire drill at least every 6 months. I will also reiterate what was reviewed by the fire department during our recent fire safety training.

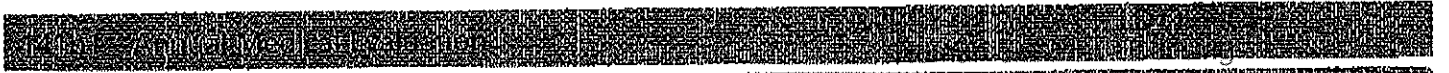
**Monitoring:** I have written on my calendar and planner the deadlines of the next sleeping for drills. They are as follows: 07/30/2020, 01/30/2021, 07/30/2021.

*BSW Kim Perrino PCHA 3.13.2020*

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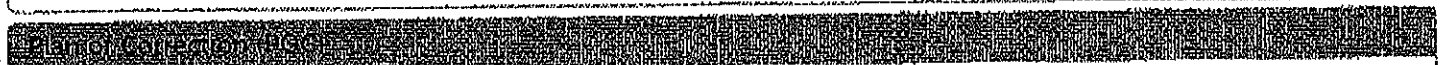
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2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.



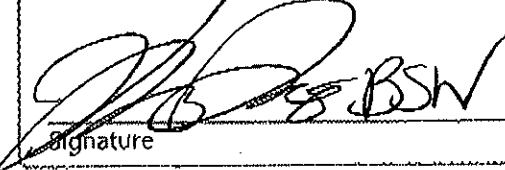
The most recent medical evaluation for resident #1, dated 4/8/19, does not include the resident's ability to self-administer medication. This section of the form is blank.



(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.)

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 BSN  
Signature

Kim Perrino PCHA 3.13.2020  
Printed Name and Title Date



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(Date) (Date)

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(Initials)  Not Implemented

**Annual Medical Evaluation 2600.141.b.1**


**Corrective Action:** On 03/02/2020 I corrected section 7 on resident #1's annual medical evaluation with the date of correction and my initials and title.

**Education:** On 03/19/2020 during the staff meeting/training I educated the direct care staff that while reviewing each resident's update DME to look for any fields that are left blank. If staff discover a blank field on any standardized document, I asked them to inform me promptly to ensure the health and safety of our resident's.

**Monitoring:** In the future to ensure that all fields are filled out to entirety on residents annual medical evaluation I will have my back up administrator check the forms as well as staff and myself.

Immediately: A designated staff person shall review all current resident medical evaluations to ensure each resident has a medical evaluation completed in its entirety, at least annually. 3/20/2020

EM

 Kim Perrino PCHA 3-19-2020

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.

The glucometers for resident #1 and resident #2 were not calibrated to the current date.

REPEAT VIOLATION: 2/28/2019

(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.)


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 BSNV  
Signature

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**Implement Storage Procedures 2600.185.a**

**Corrective Action:** To ensure safe storage, access, security, distribution, and use of medications and medical equipment I purchased new glucometers for residents #1 & #2 on 03/04/2020. They are now using Prodigy Pocket Blood Glucose Monitoring System which is auto coded and should not require constant calibrating. This will ensure that the dates and times blood glucose levels are checked are accurate.

**Education:** A mandatory staff meeting/training is schedule for 03/19/2020, at this time I will teach all staff how to calibrate resident #1 & #2 new glucometer's. I will inform the staff in order for their physicians to have accurate readings of their blood sugars they must know the exact time and dates of their results. I will also inform staff that they must check the glucometer each time they use it to ensure that the date and times are correct and if they are not correct they must calibrate them immediately. I will also review the policy that was implemented.

**New Policy:** I have added a section in the homes Medication Policy that addresses calibrating glucometers. See attached documentation page 1 I.

**Monitoring:** Staff are to monitor daily while taking blood sugars and calibrate if necessary. I will monitor weekly to ensure the correct time and date are on the glucometers. See attached.

*[Handwritten Signature]* BSW Kim Perrino PCHA 3.13.2020

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Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.



Staff person A has not successfully completed the Department-approved medications administration course and passed the competency test; however, administered medications to numerous residents on numerous dates/times, to include the following:


- \* On 2/1/20 at 8:00am, 12:00pm, and 4:00pm
- \* On 2/2/20 at 8:00am, 12:00pm, and 4:00pm
- \* On 2/8/20 at 8:00am and 12:00pm



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Plan of correction implementation status as of

3/20/2020

(Date)

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**Completion Medication Course 2600.190.a**

**Corrective Action:** Staff person A did complete the Departments approved medication administration course and did pass the Departments performance based competency test to administer oral, topical, eye, nose, and eardrop prescription medications and epinephrine injections for insect bites or other allergies. I failed to place her Summary and Certification in her employee file. I have since placed this information in her personal file. See attachment.

**Monitoring:** I will keep an Employee File Record Keeping sheet in each personal file for staff that will indicate the date their medication certification was completed. This will ensure that I have all the information required by DHS in their files. I will check all employee files every six months to insure all required information is in staff files. See attached.

*[Handwritten Signature]* BSW Kim Perrino PCHA 3.13.2020

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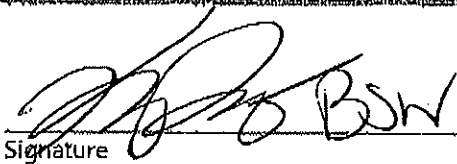
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2600.  
 225.c. The resident shall have additional assessments as follows:  
 1. Annually.

Resident #3's most recent assessment was completed on 10/7/18.

(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.)


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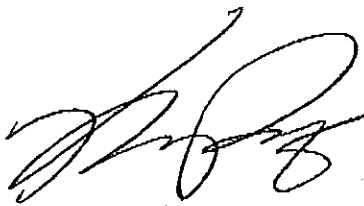
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- Implemented
- Not Implemented

**Additional Assessment 2600.225c**

**Plan of Correction:** Resident #3's most recent assessment was completed on 10/07/18, therefore I had to complete his assessment on 03/02/2020 to become compliant with this specific regulation. See attached.

**Monitoring:** I have set up reminders on my computer for all resident's annual updates. This will ensure that all required forms are completed in the resident's PCH files.

 BSW Kim Perrino RCHA 3.13.2020

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MAR 18 2020

2600.

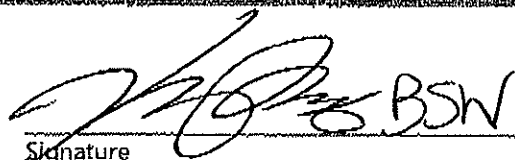
251.c. The home shall use standardized forms to record information in the resident's record.


The medical evaluations for the following residents were not documented on the current Department-approved form:

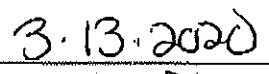
- \* Resident #1's medical evaluation, dated 4/8/19
- \* Resident #2's medical evaluation, dated 12/10/19
- \* Resident #3's medical evaluation, dated 1/31/20

(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.)


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 Signature \_\_\_\_\_

 Kim Perrino  
 Printed Name and Title \_\_\_\_\_

 3.13.2020  
 Date \_\_\_\_\_

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 (Date)

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**Standardized Forms 2600.251.c**

**Corrective Action:** I was currently using Tabula Pro software for the resident's medical evaluations. Though the forms have the same information and format they are not the Departments forms. On 03/02/2020 I sent in a request for a waiver to the Bureau of Human Services Licensing. I am waiting on an approval/denial of waiver from the office. See attached.

**Monitoring:** In the future if I want to use any other form than the standardized form from DHS I will send in a request for a waiver.

*BSW Kim Perrino PCHA 3.13.2020*

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MAR 13 2020

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