



SENT VIA EMAIL: [talktothehandnow@yahoo.com](mailto:talktothehandnow@yahoo.com)

MAILING DATE: May 4, 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 March 5, 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 that reads "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig  
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: Joel 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: Issued By:

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

### Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint

### Inspection Dates and Department Representative

03/05/2020 - On-Site: Courtney Barry

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 13 Residents Served: 12

#### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

#### Hospice

Current Residents: 0

#### Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 4  
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 0 Have Physical Disability: 0

83a - Indoor Temperature

Regulations

2600. 83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

At approximately 9:15 a.m., the indoor temperature in the dining room measured 68.3 degrees Fahrenheit. At approximately 10:30 a.m., the indoor temperature measured 67.4 degrees Fahrenheit. At approximately 9:45 a.m., the indoor temperature in the bedroom belonging to resident #1 measured 63.5 degrees Fahrenheit. At approximately 11:20 a.m., the indoor temperature measured 61.7 degrees Fahrenheit. At approximately 9:50 a.m., the indoor temperature in the bedroom belonging to resident #2 and #3 measured 61.7 degrees Fahrenheit. At approximately 11:30 a.m., the indoor temperature measured 62.6 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.)

The Administrator turned the thermostat up, checked all vents to be sure they were open, and monitored the heat throughout the home until satisfied that all areas and rooms of the home were at 70 degrees F by the afternoon of the inspection. The following day a permanent baseboard heater was purchased and installed in the basement room belonging to residents #2 and #3, and the residents were shown how to use it. The Administrator installed a vent in the heating duct running through the ceiling of the basement room belonging to resident #1, which brought more warm air into that room, bringing the temperature up to compliance. Residents were encouraged to keep their bedroom doors closed to help conserve heat, and were also reminded to keep the exterior basement door and all windows closed during cold weather. Staff will monitor this daily and the Administrators will check room temperatures weekly or more frequently during cold weather.

Legal Entity Representative

Signature: *Laura B Segers*

Printed Name and Title: *Laura B. Segers, Admin/Owner* Date: *4/28/2020*

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The above plan of correction is approved as of 4/29/2020 (Date) Plan of correction implementation status as of 4/29/2020 (Date)

X. Implemented
: Not Implemented

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