



**Sent via e-mail specialc77@hotmail.com  
August 14, 2020**

Ms. Cheryl A. Austin  
Administrator  
Johnson Personal Care, LLC  
502-504 West 7th Street  
Chester, Pennsylvania 19013

RE: Johnson Personal Care  
License #: 143660

Dear Ms. Austin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 6, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *JOHNSON PERSONAL CARE*

License Number: *14366*

Address: *502-504 WEST SEVENTH STREET, CHESTER, PA 19013*

County: *DELAWARE*

Region: *SOUTHEAST*

## Administrator

Name: *Cheryl Austin*

Phone: *6108722903*

Email:

## Legal Entity

Name: *JOHNSON PERSONAL CARE LLC*

Address: *502-504 WEST SEVENTH STREET, CHESTER, PA, 19013*

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *15*

Waking Staff: *11*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

*04/06/2020 - Off-Site: Charlotte Wiley*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *16*

Residents Served: *15*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *12*

Are 60 Years of Age or Older: *7*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/17/2020, resident #1 left the home and did not return until 3/24/2020. The home did not report this incident to the Department until 3/23/2020.

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.)

Legal Entity Representative

*Cheryl Austin*  
Signature

*Cheryl Austin*  
Printed Name and Title

*6/11/20*  
Date

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

The above plan of correction is approved as of 8/12/20  
(Date)

Plan of correction implementation status as of 8/12/20  
(Date)

Implemented

Not Implemented

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

**Plan of Correction**

**2600.16**

**Within the next 5 days Administrator will implement a roll call. Everyday staff will initiate a roll call at 10pm to make sure all residence is present.**

**If someone is not present there will be an additional roll call at 12 midnight.**

**If residence is not at the second roll call. Administrator, authorities and family will be notified.**

**The department of human services will be notified the next day via phone or fax. This procedure will be followed within 24 hrs.**

A handwritten signature in black ink, appearing to read "Chester" followed by a stylized surname.

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 3/17/2020, at 6:30 pm, resident #1 was not permitted to enter the home without his bags being searched. Resident #1 left the home and did not return until 3/24/2020.

Plan of Correction (POC)

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Legal Entity Representative

*Cheryl Austin*

Signature

Cheryl Austin Administrator 6/11/20

Printed Name and Title

Date

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## Plan of Correction


2600.

42s

Resident was not denied entry into the home. The safety and health of the residence in the home is the administrator main concern. The home cannot permit, stray animals, insect infestation in the building. This is the reason of the implementation of the policy.

All residence is asked for their consent to check bags for insects being brought into the building as a precaution.

Administrator will like guidance on implementing a program on how to protect the residence from someone safety without violating residence rights to privacy of possessions.

Per conversation on 8/13/20 with Administrator if consent is not given entry will not be denied. 8/13/20 



191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 1/13/2016, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Legal Entity Representative

*Cheryl Austin*  
Signature

*Cheryl Austin Administrator 6/11/20*  
Printed Name and Title Date

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Implemented  
 Not Implemented

## **Plan Of Correction**

**2600 191**

**On 1/13/16 [REDACTED] was educated on resident right's on refusal of medication on the day question. Enclose is the document in response to regulation 2600.191.**

A handwritten signature in black ink, appearing to read "Cheryl A. [unclear]".

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Support plan for resident #1, dated 1/20/20, does not indicate the degree of assistance for all sections under personal care. Transferring in/out of bed/chair and toileting were left blank.

The assessment for resident #1, dated 1/20/20, indicates the resident has a need for managing finances. The resident's support plan, dated 1/20/20 does not document how this need will be met.

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.)

Legal Entity Representative

*Cheryl Austin*  
Signature

Cheryl Austin Administrator 6/11/20  
Printed Name and Title Date

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**Plan of Correction**

**2600**

**227. d**

**Support Plan:**

**Corrections were made on support plan dated 1/20/20. Resident is independent with transferring in and out of the bed/chair and toileting. Administrator will inform all staff indication of degree of assistance on the support plan needs to be checked, blank spaces is not acceptable.**

**Staff will have a two hour in service on how to complete a support plan within the next 30 days.**

**Administrator will monitor support plan on a bi annually basis for status and progress.**

**Assessment for resident:**

**Corrections were made on resident assessment dated 1/20/20 see attach sheet.**

**Staff will monitor and assist resident with goals on a weekly basis.**

**Administrator will monitor bi-weekly.**

