



SENT VIA EMAIL: jwkpch2@comcast.net

MAILING DATE: June 29, 2020

Mr. Jerry W. Kelly
President
Kelly's II Personal Care Home, Inc.
141 Unity Cemetery Road
Latrobe, Pennsylvania 15650

RE: Kelly's II Personal Care Home
Certificate #: 448400

Dear Mr. Kelly:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 15, 2020 and April 16, 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 "Jason Williams". The signature is fluid and cursive.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *KELLY'S II PERSONAL CARE HOME*License Number: *44840*Address: *141 UNITY CEMETERY ROAD, LATROBE, PA 15650*County: *WESTMORELAND*Region: *WESTERN*

Administrator

Name: *DARLENE KELLY*Phone: *7248045916*Email: *JWKPCH2@COMCAST.NET*

Legal Entity

Name: *KELLY S II PERSONAL CARE HOME INC*Address: *141 UNITY CEMETERY ROAD, LATROBE, PA, 15650*

Certificate(s) of Occupancy

Type: *R-3*

Date:

Issued By:

Type: *Other*Date: *05/15/1992*Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *9*Waking Staff: *7*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Incident*

Inspection Dates and Department Representative

*04/15/2020 - Off-Site: Jan Cutter**04/16/2020 - Off-Site: Jan Cutter*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8*Residents Served: *8*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *8*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *7*Have Physical Disability: *0*

225c - Additional Assessment

Regulations

2600.

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

- 1. Annually.

Description of Violation

Resident 1's annual assessment, dated 5/15/2019, does not include the resident's behavior of attempting to climb over the arms of her recliner. In addition, the assessment indicates the resident requires prompting or cueing during transfers, however, the description of the service need and plan to meet this need are marked not applicable.

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 updated parts of her RASP to reflect new behavior of climbing out of recliner and crawling on floor. I've included all parts updated.
- In future, staff will make an updated RASP reflecting any new behaviors a resident is exhibiting.

Legal Entity Representative

Nicole Anderson
Signature

Nicole Anderson, supervisor 5-29-2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/25/20
(Date)

Plan of correction implementation status as of 6/25/20
(Date)

The above plan of correction was approved by *JW*
(initials)

- Implemented
- Not Implemented