



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **HORIZON PERSONAL CARE HOME INC**

LEGAL ENTITY

To operate **HORIZON PERSONAL CARE HOME, INC.**

NAME OF FACILITY OR AGENCY

Located at **9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **28**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 28, 2020** until **May 28, 2021**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413830**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 7/19



MAILING DATE: May 28, 2020

Ms. Michelle Grimm  
Owner/Administrator  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home  
Certificate #: 413830

Dear Ms. Grimm:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 27, 2020 and February 21, 2020, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

FEB 12 2020

WEST REGION FIELD OFFICE  
Human License Number: 41383

### Violation Report

#### Facility Information

Name: HORIZON PERSONAL CARE HOME, INC.  
Address: 9 SOUTH MORGANTOWN STREET,, FAIRCHANCE, PA 15436  
County: FAYETTE Region: WESTERN

#### Administrator

Name: MICHELLE GRIMM Phone: 7245640352 Email: michellerae67@yahoo.com

#### Legal Entity

Name: HORIZON PERSONAL CARE HOME INC  
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436

#### Certificate(s) of Occupancy

Type: C-2 LP Date: 10/10/2000 Issued By: Dept. of L & I

#### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

#### Inspection

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

#### Inspection Dates and Department Representative

12/27/2019 - On-Site: Jan Cutter, ASHLEY ROSER

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 28 Residents Served: 14

##### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

##### Hospice

Current Residents: 3

##### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 14  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 4 Have Physical Disability: 0



85a - Sanitary Conditions

FEB 19 2020

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:35 am, there were no paper towels, mechanical blower, individual cloth towels or other sanitary means of drying hands at the sink in the common bathroom next to bedroom #4.

Repeat violation 5/1/2019

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.)

Paper towels were immediately put in the bathroom.  
Staff made aware - Daily cleaning of the bathroom staff will inspect for paper towels

Administration or designee will check daily for compliance of 2600.85(a).

Legal Entity Representative

Signature

*Michelle Grimm*

Printed Name and Title

Michelle Grimm  
Rm adm.

Date 2-1-2020

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

The above plan of correction is approved as of

2/19/20  
(Date)

Plan of correction implementation status as of

2/21/20  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

*JW*  
(Initials)

12/27/2019

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FEB 18 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

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 9:40 am, the hot water temperature at the sink in the bathroom next to bedroom #4, measured 124.4 degrees Fahrenheit.

At 9:40 am, the hot water temperature at the sink in the common bathroom next to the basement door, measured 122.0 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 hot water tank temperature gauge was turned down immediately. Inspectors reclock prior to leaving facility and was within normal limits.

Staff made aware if water is too hot to notify administrative immediately to ensure compliance of 2600.89 (b)

Administrative or designee will check weekly to ensure compliance

Legal Entity Representative

Signature *Michelle Grinn*

Printed Name and Title *Michelle Grinn* Date *2-1-20*

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The above plan of correction is approved as of *2/19/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

Implemented  
 Not Implemented

144c1 - Smoking Area Guidelines

FEB 19 2020

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Regulations

- 2600.
  - 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
    1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

According to the home's Administrator, the home does not permit smoking; however, there was a container with water and cigarette butts next to swing on the back porch. The orange cushions on the swings and chairs on the porch did not have tags indicating they are fire resistance.

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.)

All residents and staff made aware of this regulation immediately. If staff or residents want to smoke they must smoke off premises. No smoking signs are on the door.

Administrators in design will check weekly for compliance of 2600.144(c).

Legal Entity Representative

Signature *Michelle Grimm*

Printed Name and Title *Michelle Grimm*  
*adm en.*

Date *2-2-20*

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The above plan of correction is approved as of *2/19/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

Implemented  
 Not Implemented

HORIZON PERSONAL CARE HOME, INC.

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41383

FEB 13 2020

183b - Meds and Syringes Locked

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.  
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:55 am, there was a tube of Lidocaine and a tube of Prilocaine 2.5 % cream unlocked, unattended, and accessible on the dresser in resident #1's room.

Repeat violation 7/12/2019

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 tube of lidocaine + prilocaine 2.5% cream was removed immediately on day of inspection. Resident + staff made aware of this regulation 2600.183b. adm w designee will check <sup>bedrooms</sup> daily to ensure compliance of 2600.183b. All staff will be educated on 2-14-2020. Documentation will be kept by administration. Documentation will be kept daily for bedrooms checks for compliance.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Mickelle Brummi  
RN adm.*

Date *2-2-2020*

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The above plan of correction is approved as of *2/19/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

Implemented  
 Not Implemented

RECEIVED

FEB 18 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 12/27/2019 at 11:45 am, resident #2's Prodigy Autocode glucometer was not set to the correct date and time.

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.)

Resident #2 Glucometer was set to the correct date and time immediately.  
Administrators made staff aware of this violation immediately.  
Administrators checked all glucometers after inspection for compliance of 2600.185(a)

Administrators or designee will check weekly for compliance of 2600.185(a)

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Michelle Jimenez*  
*ADM LN*

Date *2-4-20*

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The above plan of correction is approved as of *2/19/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

Implemented  
 Not Implemented

12/27/2019

6 of 9

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HORIZON PERSONAL CARE HOME, INC.

41383

FEB 13 2020

WEST REGION FIELD OFFICE  
Human Services Licensing

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

The purpose or diagnoses for resident #1's Cholestyramine 4g/5g oral powder for reconstitution and Clotrimazole/Betamethasone 0.05%-1% topical cream are not included on the December MAR.

Resident #1 receives Metoprolol Tartrate 25 mg, take 1/2 tablet two times a day; however, this medication is not included on the December MAR.

Repeat violation 7/12/2019, 5/1/2019

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.)

*all staff persons made aware of this regulation. Including updating residents MAR immediately upon receipt of new medication orders from the MD. Mar's ~~are~~ reviewed immediately to ensure compliance of 2600.187(a).*

*Administrative assistance will monitor weekly for compliance of 2600.187(a).*

*Documentation will be kept on training of employees of MAR review*

*Documentation of weekly MAR audits will be kept weekly.*

Legal Entity Representative

Signature *Michelle Grimm*

Printed Name and Title *Michelle Grimm  
ICN adm*

Date *2-1-20*

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The above plan of correction is approved as of

2/19/20  
(Date)

Plan of correction implementation status as of

2/21/20  
(Date)

Implemented  
 Not Implemented

The above plan of correction was approved by

*JW*  
(Initials)

12/27/2019

FEB 12 2020

187c - Refusal of Medication

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.  
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 refused Clotrimazole/Bethamethasone cream, apply to affected area twice a day for 7 days for skin irritation; however, this refusal was not documented on the December MAR.

Resident #1 refused Cholestyramin Powder, dissolve one scoop in 2-3 ounces of noncarbonated liquid and drink once a day, from December 21 to December 26; however, this refusal was not documented on the December MAR.

In addition, these medication refusals were not reported to the prescriber.

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 educated on the correct documentation for refusal of a medication. The refusals were reported to the prescriber and were discontinued. Copies provided - Administration & medication will do weekly audits of MAR to ensure compliance.*

Legal Entity Representative

Signature *Michelle Gump*

Printed Name and Title *Michelle Gump  
IR adm.*

Date *2-7-20*

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The above plan of correction is approved as of *2/19/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

Implemented  
 Not Implemented

187d - Follow Prescriber's Orders

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Regulations

FEB 12 2020

2600.

WEST REGION FIELD OFFICE  
Human Services Licensing

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has a physician's order for blood glucose checks 4 times a day; however, on Mondays, Wednesdays and Thursdays blood glucose testing is only completed twice.

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.)

Resident #1 goes to dialysis on Monday, Wednesday & Friday and was not in the facility for these testings. MD contacted and order was changed to twice daily. Copies provided.

Administrators in residence will check all MAR for compliance of 2600.187(d) immediately and weekly thereafter.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Michelle Brumm RN dom*

Date *2-10-20*

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The above plan of correction is approved as of *2/19/20*  
(Date)

Plan of correction implementation status as of *2/21/20*  
(Date)

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

Implemented  
 Not Implemented



HORIZON PERSONAL CARE HOME, INC.

41383

127a - Portable Space Heaters

Regulations

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

At approximately 9:40 am, there was a space heater resembling a fireplace in use in bedroom #15.

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.)

Space heater was removed on 3-29-2020 to ensure compliance of 2600.127(e).

Staff education on nonuse of portable space heaters on 4/1/2020.

Administrators as designated will monitor rooms weekly to ensure compliance of 2600.127(e).

Legal Entity Representative

Signature 


Printed Name and Title Michelle B. Brinn Date

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The above plan of correction is approved as of 4/27/20 (Date)

Plan of correction implementation status as of 4/27/20 (Date)

Implemented  
 Not Implemented

The above plan of correction was approved by  (initials)