

Department of Human Services
Bureau of Human Service Licensing

May 20, 2021

[REDACTED], PRESIDENT
PERSONACORP INC
86 MAIN STREET
STOUCHSBURG, PA 19567

RE: LIBERTY SQUARE PERSONAL CARE
86 MAIN STREET
STOUCHSBURG, PA, 19567
LICENSE/COC#: 20572

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: LIBERTY SQUARE PERSONAL CARE **License #:** 20572 **License Expiration Date:** 10/01/2020
Address: 86 MAIN STREET, STOUCHSBURG, PA 19567
County: BERKS **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:**
[REDACTED]

Legal Entity

Name: PERSONACORP INC
Address: 86 MAIN STREET, STOUCHSBURG, PA, 19567
Phone: 6105891679 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 16 **Waking Staff:** 12

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/11/2020

Inspection Dates and Department Representative

08/11/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 19 **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: 1 **Are 60 Years of Age or Older:** 11
Diagnosed with Mental Illness: 15 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

08/11/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/01/2020*

9/1/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/11/2020*

5/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The MARS were left unlocked and unattended on the table in the kitchen at approximately 9:15 am. The MARS contain confidential information of the residents.

Plan of Correction

Directed

The MARS shall be locked in the medication room immediately following the completion of each medication pass. In-service training given to all relevant staff members. Administrator will monitor compliance.

Directed Plan of Correction, 9-1-2020

The home will submit the signature sheet from the training referenced above. AG

Completion Date: 09/11/2020

Update - 09/01/2020

Document Submission

Implemented

Signature sheet from 17-Mar Security Training attached.

Update - 05/20/2021

reviewed

AG, 5-20-21

82a - Poisonous Materials

1. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

2 bottles of bleach and water were located on the table in the kitchen. The bottles did not include original manufacturers labels.

Plan of Correction

Directed

Factory labels from bleach (Tandil Concentrated Bleach) were copied and applied to the appropriate dispensers. Cleaning products will be locked in laundry room/custodial closet when not in use. Relevant staff were given in-service training. Administrator will monitor compliance.

Directed Plan of Correction:

The home will submit the above referenced sign in sheets from the training provided. AG

Completion Date: 09/11/2020

Document Submission

Implemented

Signature sheet from 82A- Poisonous Materials training attached.

82a - Poisonous Materials (continued)**Update - 05/20/2021***reviewed document attached**AG, 5-20-21***183b - Meds and Syringes Locked****1. Requirements**

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 approximately 9:15 am prescription inhalers of the residents were left unlocked and unattended on the table of the kitchen.

Plan of Correction**Directed**

The prescription inhalers shall be locked in the medication room immediately following the completion of each medication pass. In-service training given to all relevant staff members. Administrator will monitor compliance.

Directed Plan of Correction:

The home will submit the signature sheets from the above referenced training. AG

Completion Date: *09/11/2020*

Document Submission**Implemented**

Signature sheet from 183b- Medication Storage training attached.

Update - 05/20/2021*reviewed document attached**AG, 5-20-21***183c - Refrigerated Meds Locked****1. Requirements**

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

Insulin belonging to the residents was unlocked in the refrigerator located in the kitchen.

Plan of Correction**Directed**

The insulin shall be replaced in the locked refrigerator located in the medication room, immediately following the completion of each medication pass. In-service training given to all relevant staff members. Administrator will monitor compliance.

Directed Plan of Correction:

The home will provide the sign in sheets to the Northeastern Regional Office upon completion of the above referenced training. AG

Completion Date: *09/11/2020*

183c - Refrigerated Meds Locked (continued)

Document Submission **Implemented**

Signature sheet from training 183c- Cold Medication Storage attached.

Update - 05/20/2021

reviewed document attached

AG, 5-20-21

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's most recent assessment portion of the RASP was completed on [REDACTED]

Plan of Correction **Directed**

RASP for Resident #1 was reviewed and updated. Going forward, redistribution of daily tasks will occur to provide the administrator ample opportunity to complete RASPs in timely manner. Staff will be notified of any change in workload. Administrator will monitor compliance

Directed Plan of Correction:

The Home will provide a copy of the Update with the resubmitted POC. As a reminder, all POC require VERIFICATION of COMPLIANCE.

Completion Date: 09/11/2020

Document Submission **Implemented**

Latest update of RASP for Resident #1 has been attached. Resident #1 will have no further updates done by Administrator from Liberty Square PCH, as Resident #1 moved out [REDACTED] Plan of Correction currently waiting for Verification of Compliance from State Officials.

Update - 05/20/2021

reviewed

AG, 5-20-21