

Department of Human Services
Bureau of Human Service Licensing

March 19, 2021

██████████ OWNER
NEW LIFE PERSONAL CARE HOME, INC.
2521 VERSAILLES AVENUE
MCKEESPORT, PA 15132

RE: NEW LIFE PERSONAL CARE
2521 VERSAILLES AVENUE
MCKEESPORT, PA, 15132
LICENSE/COC#: 43121

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: NEW LIFE PERSONAL CARE **License #:** 43121 **License Expiration Date:** 10/27/2020
Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 4126787455 **Email:** [REDACTED]

Legal Entity

Name: NEW LIFE PERSONAL CARE HOME, INC.
Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA, 15132
Phone: 4126787455 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/02/2000 **Issued By:** City of McKeesport

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:** 09/25/2020

Inspection Dates and Department Representative

09/25/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **Residents Served:** 16

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 15 **Are 60 Years of Age or Older:** 4
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

09/25/2020 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/25/2020

Inspections / Reviews (*continued*)

12/11/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/16/2020*

1/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/16/2021*

3/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Multiple resident bedrooms including Residents #1 and #2's bedrooms had live bed bugs moving around on the beds, in the creases and corners of the mattresses, and on the wall next to the residents' beds. Both residents had multiple dried brown and red stains on their bedding and pillows appearing to be blood. Resident #2 had multiple reddened areas on both of [REDACTED] upper arms that looked like bed bug bites. Staff person A, the home's administrator, indicated that [REDACTED] was aware of the bed bugs as early as February 2020 and had an exterminator in the home on 2/4/20, 3/24/20 and 9/17/20. However, the home failed to take proper steps to rid the residents' bedrooms of the bed bugs, including cleaning and heat treating resident rooms, clothing and bedding.

Plan of Correction**Accept**

whenever we receive new residents we will leave all of their belongings outside until everything is examined and then washed and dried to effective sanitization temperatures. the facility was exterminated on 10/06/20 until 10/19/20. inspections by the staff of sleeping rooms and their persons will be done daily and thru-out the day. The supervisor was unaware of bed bugs or what they looked like the supervisor was trained the facility was equipped with insecticide and the staff was trained. the cause of the infestation came from not checking and not washing the new residents clothes in hot water also by not inspecting his belongings thoroughly staff is now inspecting all belongings outside of building so it can not be infected again all inspections of rooms will be monitored by supervisor and the administrator. To deter the staff will spray weekly to kill all eggs.

Completion Date: 10/19/2020

Document Submission**Implemented**

whenever we receive new residents we will leave all of their things outside until everything is checked washed and dried. we will use high temp. to achieve proper extermination of the insects. the supervisor had the facility exterminated on 10/06/20 until 10/09/20. the admin was trained on the nature of these bugs then on 10/06/20 the staff was trained also. the residents rooms and common areas are inspected upon wake up and throughout the day. the admin and staff are monitoring the rooms and staff. the facility was not examining the belongings of new residents. that has all changed as of 10/06/20.. the staff will be spraying on a weekly basis

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 9/13/20-9/26/20 was posted. However, the menu for 9/27/20-10/2/20 was not posted.

162c - Menus Posted (*continued*)**Plan of Correction****Accept**

menus not up to date the kitchen staff overlooked the change of menus the menus were corrected that same day 09/25/20 menus will be accurate for the 14 days as required by the kitchen staff on a weekly basis. the admin will monitor the menus on a weekly basis along with kitchen staff starting 09/25/20 the admin was not closely monitoring the kitchen. menus responsibility.

Completion Date: 09/25/2020

Document Submission**Implemented**

The admin. will monitor the menus weekly with staff. The staff over looked the change of menus.. The menu was changed on that day 09/25/20. The ongoing plan will be a joint effort in the monitoring of the kitchen food schedule with the admin.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated 6/11/20 , indicated that the resident is independent in the areas of personal hygiene and obtaining clean and season clothing. However, the multiple interviews indicated that the resident requires verbal cueing to shower and change into clean clothes.

Plan of Correction**Directed**

the resident was compliant with ADL's in the past the admin was not following the resident into the shower area or conferring with staff . On 09/25/20 the resident refused help in the shower but excepted monitoring he agreed that every other day the resident will be cued on a every other day basis to shower and change the staff will provide a change of clothes on the shower schedule the admin was not fully aware of his total non compliance the staff will keep the admin informed of his progress as of 09/26/20. the staff will monitor along with the Admin concerning all residents ADL's. The assessments will be updated as residents needs change. it will be documented in the support plan. the admin will monitor this change. All mental and physical changes will be reflected in his support plan in a timely fashion as of 09/25/20.

(Directed)-

By 1/17/21, resident #1's assessment and support plan will be updated to accurately indicate the resident's needs in the areas of personal hygiene and obtaining clean clothing as well as the home's plan to meet his needs. Documentation will be submitted to the Department. (J.G. 1/7/21)

Completion Date: 09/26/2020

Document Submission**Implemented**

the administrator will do quarterly reviews of records to make sure any changes in levels of care are met the staff and facility failed to realize and document or make changes in residents care. this was corrected on 9/26/20.