

Department of Human Services
Bureau of Human Service Licensing

February 9, 2021

HONEY NUNEZ, ADMINSTRATOR/OWNER
PARACLETE GROUP LLC
421 COTTAGE LANE
MONROEVILLE, PA 15146

RE: GEORGE'S PERSONAL CARE HOME
108 WATER STREET
NEW STANTON, PA, 15672
LICENSE/COC#: 44057

Dear Ms. Nunez,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/11/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *GEORGE'S PERSONAL CARE HOME* License #: *44057* License Expiration Date: *02/18/2021*
 Address: *108 WATER STREET, NEW STANTON, PA 15672*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Honey Nunez* Phone: *7249259708* Email: *GEORGENHONEY@YAHOO.COM*

Legal Entity

Name: *PARACLETE GROUP LLC*
 Address: *421 COTTAGE LANE, MONROEVILLE, PA, 15146*
 Phone: *4129958684* Email: *GEORGENHONEY@YAHOO.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/06/1995* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal,Provisional* Exit Conference Date: *01/12/2021*

Inspection Dates and Department Representative

01/11/2021 - On-Site: Laurie Garrigan, Joseph Eveges

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/11/2021 - Full

Lead Inspector: *Laurie Garrigan* Follow-Up Type: *POC Submission* Follow-Up Date: *01/30/2021*

Inspections / Reviews (*continued*)

2/2/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *02/06/2021*

2/9/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *02/28/2021*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:40 a.m., the top left drawer of the vanity in the first floor bathroom of the new hallway contained 2 used disposable razors, 2 exam gloves and 4 empty and crusty tubes of toothpaste and, the bathroom ceiling exhaust fan was covered with an approximately 1/16" thick layer of black dust.

Plan of Correction

Accept

The administrator immediately disposed the 2 used disposable razors, 2 exam gloves, and 4 empty and crusty tubes of toothpaste on the day of inspection.

On 01/12/21, the administrator cleaned the bathroom ceiling exhaust fan. Attached pictures of cleaned bathroom ceiling fan.

On 01/18/21, the administrator had meeting with staff regarding bathrooms' ceiling fans and drawers violations. Attached the summary of the staff meeting.

To prevent repeat violation, administrator started a checklist on 01/25/21, for the staff or administrator to clean the bathrooms, to check and clean the bathrooms drawers daily to maintain sanitary conditions.

Another checklist started on 01/26/21, for the staff and administrator, to clean the bathroom ceiling fan weekly.

Completion Date: 02/06/2021

85b - Infestation

1. Requirements

2600.

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

Description of Violation

At 10:50 a.m., resident #1's mattress and box spring had multiple brown and red dead bed bug casings as well as multiple dead bed bug stains found mostly at the bottom seam of the mattress. Resident #1 also had bed bug bites in various stages of healing on his right arm.

At 10:55 a.m., resident #2's bed had a live bed bug and multiple brown and red dead bed bug stains on top of the mattress and along the seam next to the bedside table.

85b - Infestation (continued)

Plan of Correction

Accept

On the day of the inspection, administrator told the inspectors that VPD Bed Bug Exterminators was contacted and the bed bugs treatment was already scheduled. Attached emails from VPD Bed Bug Exterminators dated 01/09/21.

VPD Bed Bugs Exterminators treated the home's bed bugs issues last 01/14/2021 and 01/15/2021. They treated again on 01/28/2021 and yesterday 01/29/2021. Attached receipts.

Administrator purchased a new box spring for resident #1, receipt date 01/14/2021 and purchased a new bed mattress for resident #2, receipt date 01/20/2021. Also last 01/14/21, administrator cleaned resident #1 mattress. Attached pictures of resident #1 cleaned mattress and new box spring and mattress receipts.

On 01/18/21, Administrator educated the staff about the importance of cleaning, checking residents' mattresses and box springs weekly. Staff meeting documentation attached.

Administrator started a checklist on 01/26/21, for staff and administrator, to check the resident's mattresses and box springs weekly, to make sure there will be no more evidence of bed bugs or any infestations of insects and rodents in the home.

Completion Date: 02/06/2021

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 10:20 a.m., the outside glass on the front face of the oven door in the kitchen was missing and the insulation for the oven was exposed.

Plan of Correction

Directed

The administrator already purchased a new gas oven date of receipts 01/03/2021, and just waiting for Best Buy to deliver and install the new gas oven.

The new gas oven was delivered and installed last 01/16/2021. Attached picture of the new oven and the receipts.

Administrator started a checklist 02/05/21, for staff or administrator to check for any appliances/furniture's weekly, must be in good repair, clean and free of hazards.

(Directed)

By 2/19/21, all staff will be educated on §2600.95. Documentation will be submitted to the Department. (J.G.

2/9/21)

Completion Date: 02/06/2021

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Repeat Violation

At 10:35 a.m., the home's first aid kit did not include eye coverings.

Repeat Violation: 11/26/19, et. al.

Plan of Correction

Accept

On January 12th, the administrator put 2 eye coverings on the first aid kit. Then last January 18, 2021, we had a meeting with the staff regarding the violations and repeat violations. Administrator instructed the staff that we need to check the first aid kit daily, to make sure there is non-porous disposable gloves, antiseptics, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers to prevent the violation from happening again.

Attached is a picture of the posted checklist which is currently on the front of refrigerator. Attached pictures of 2 eye coverings inside the first aid kit.

Completion Date: 01/30/2021

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There was an area of concrete approximately 8" x 6" and 1/2" deep that was broken and pitted along the edge of the bottom step of the stairs leading to the porch and back staircase by the dining room, creating potential tripping hazard.

Plan of Correction

Accept

Mr. J. C. fixed the bottom step of the stairs last January 24th, 2021.

Attached pictures and receipt.

On 01/18/21, Administrator had meeting with the staff about porch step violation.

Meeting with staff documentation attached.

The administrator will check weekly the porch steps to make sure its in good repair and free of hazardous condition. Attached weekly checklist started 1/24/21.

Completion Date: 02/06/2021

101j1 - Mattress Fire Retardant

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

101j1 - Mattress Fire Retardant *(continued)*

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Resident #2's mattress had a 4"x 4" tear in it exposing the padding inside.

Plan of Correction

Accept

The administrator bought a new mattress receipt date 01/20/21 for resident #2. Receipt is already attached at 85b - Infestation. Res #2 new bed picture attached.

On 01/18/21, Administrator had meeting with the staff regarding furniture's, appliances, any items or stuff must be in good condition and free of hazards.

Attached meeting documentation.

Administrator or staff will check residents' beds weekly to make sure each resident has a bed with solid foundation, fire retardant mattress that is in good repair, clean and support the resident. Weekly checklist started 1/27/21 attached.

Completion Date: 02/06/2021

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 10:29 a.m., an open 10-lb. box of pancake mix and an open 13-oz. box of Captain Crunch Berries cereal were stored on the kitchen floor next to the oven.

Plan of Correction

Accept

The manager immediately removed the pancake mix and the cereal from the kitchen floor and put the pancake mix and the cereal on the shelf where it belongs on inspection day.

During staff meeting last 01/18/2021, administrator instructed staff to check the kitchen daily to make sure there is no food like boxes of cereal or pancakes mix on the kitchen floor. Attached checklist started 01/18/21. Attached picture of cereal shelves in the kitchen and a note for the staff so the violation will not happen again.

Completion Date: 02/06/2021

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps *(continued)*

Description of Repeat Violation

At 10:20 a.m., there was no thermometer in the refrigerator section of the silver Insignia refrigerator in the office.

Repeat Violation: 11/26/19, et.al.

Plan of Correction

Accept

The manager found 2 thermometers in the freezer, and put 1 thermometer back in the refrigerator on the inspection day 01/11/2021.

Administrator had a meeting with the staff last January 18,2021 regarding the repeat violations. Administrator instructed the staff that we need to make sure there is thermometer in refrigerator daily. The administrator tied the thermometer inside the refrigerator to prevent from removing inside the refrigerator.

The administrator told the staff to make sure there is a thermometer in the refrigerator and freezers daily. To check the refrigerator's thermometer, it should be at or below 40 degrees Fahrenheit. To check the freezer thermometer, it should be at or below 0 degrees Fahrenheit.

The administrator posted a checklist on the front of refrigerator to prevent the violation from happening again. Attached posted checklist and pictures of tied thermometer in refrigerator, freezer and basement freezer.

Completion Date: 01/30/2021

187a - Medication Record

1. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed Olopatadine HCL 0.2% eye drops-instill 1 drop into both eyes every morning . However, resident #1's January 2021 medication administration record does not the diagnosis or purpose for this medication.

187a - Medication Record (continued)

Plan of Correction**Accept**

The next day of inspection, administrator contacted resident #3 optometrist and asked for new prescription with diagnosis written on the prescription.

On 01/14/2021, Optometrist faxed resident #3 eye drops prescription with written diagnosis on the prescription, then the manager contacted the pharmacy, faxed the script to them and asked for new MAR.

Pharmacist then sent early the February MAR of resident #3 with diagnosis on the Olopatadine eye drops. Attached is resident # 3 prescription with diagnosis and copy of resident # 3 MAR with diagnosis typed on resident #3's Olopatadine eye drops.

On 01/18/21, Administrator re-educated the staff to check if MD's put diagnosis on resident's new medications, and check the MAR weekly to make sure there is diagnosis on residents' medications.

On 1/24/21, Administrator started a checklist for staff or administrator to check the MAR weekly, to make sure there is diagnosis on each resident's medication.

Completion Date: 02/06/2021