

Department of Human Services  
Bureau of Human Service Licensing

March 25, 2021

██████████ ADMINISTRATOR  
EAST DEER PERSONAL CARE HOME INC  
967 FREEPORT ROAD  
CREIGHTON, PA 15030

RE: EAST DEER PERSONAL CARE HOME  
967 FREEPORT ROAD  
CREIGHTON, PA, 15030  
LICENSE/COC#: 43078

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2021, 02/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

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:** EAST DEER PERSONAL CARE HOME      **Licen e #:** 43078      **Licen e Expiration Date:** 05/19/2021  
**Addr e :** 967 FREEPORT ROAD, CREIGHTON, PA 15030  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7242249997      **Email:** [REDACTED]

**Legal Entity**

**Name:** EAST DEER PERSONAL CARE HOME INC  
**Address:** 967 FREEPORT ROAD, CREIGHTON, PA, 15030  
**Phone:** 7242249997      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/07/2008      **Issued By:** L&I

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 32      **Waking Staff:** 24

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 02/10/2021

**Inspection Dates and Department Representative**

02/08/2021 - On-Site: [REDACTED]  
02/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 60      **Residents Served:** 32

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 5      **Are 60 Years of Age or Older:** 29  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

Inspections / Reviews

02/08/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *02/27/2021*

3/1/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/03/2021*

3/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/09/2021*

3/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/8/21 at 11:14 a.m. in the first floor shower room to the right of the laundry room, in the top drawer of the double vanity unit across from the showers there is a blue handled brush matted with light grey hair and a light blue thick bristle comb, neither item is labeled with a residents name.

On 2/8/21 at approximately 11:50 a.m. in the ATOSA brand upright produce cooler in the home's kitchen, there are scattered pieces of food debris to include onion skins, dried lettuce, and brown bits of an unidentifiable substance strewn across the entire bottom shelf of the cooler.

Plan of Correction

Do Not Accept

On 2/10/21 the DCS was educated to check the shower room after each resident has finished their shower. Any items that may have been left behind will be returned to the resident's room.

On 2/9/21 the dietary was educated on cleaning debris from the coolers. The cooler was cleaned at this time and onions were placed in a bin outside of the cooler. The cooler will be cleaned out weekly by the dietary aide on Saturday.

Completion Date: 02/10/2021

Plan of Correction

Accept

On 2/10/21 the DCS was educated to check the shower room after each resident has finished their shower. Any items that may have been left behind will be returned to the resident's room. The Saturday daylight charge person on each floor will check shower rooms to ensure proper sanitary conditions are being met.

On 2/9/21 the dietary was educated on cleaning debris from the coolers. The cooler was cleaned at this time and onions were placed in a bin outside of the cooler. The cooler will be cleaned out weekly by the dietary aide on Saturday. On Monday, the chef will check all coolers for debris to maintain proper sanitary conditions.

Completion Date 03/06/2021

Document Submission

Implemented

On day of inspection the brush and comb were removed from the drawer in the shower room. The DCS was educated on 2/10/21 to check the shower room after each resident has finished their shower. If any items are left behind they will be returned to the resident's room.

On 2/9/21 the dietary was educated on cleaning debris from the coolers. The cooler was cleaned at this time and onions were placed in a bin outside of the cooler. The cooler will be cleaned out weekly by the dietary aide on Saturday. On Monday, the chef will check all coolers for debris to maintain proper sanitary conditions.

95 - Furniture and Equipment

1. Requirements

2600.

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

95 - Furniture and Equipment (continued)

Description of Violation

On 2/8/21 at 12:27 p.m. in resident room # [redacted] a bedside lamp for resident #1 is not operable, the knob to turn the light on and off is missing.

On 2/8/21 at approximately 12:35 p.m. in the Second Floor shared shower room across from the nurse's station, the lift rod in the right sink of the double vanity is detached from the faucet entirely and can be completely removed without depressing the stopper in the sink basin.

Repeat Violation 3/6/2020

Plan of Correction

Accept

The lamp in Room [redacted] was replaced with a new lamp on 2/8/21.

The sink in the shower room was repaired on 2/12/21.

The DCS has been educated to report any repairs or hazards that they observe to the Administrator. Repairs that can be fixed at the time reported, will be fixed immediately. All others at the earliest time; depending on parts, professional repair persons schedules, etc.

On the 20th of each month all common shower rooms will be checked by the Administrator. Also, quarterly checks will be conducted on the resident rooms.

Completion Date: 02/12/2021

Document Submission

Implemented

The lamp in Room [redacted] was replaced with a new lamp on 2/8/21.

The sink in the shower room was repaired on 2/12/21.

The DCS has been educated to report any repairs or hazards that they observe to the Administrator. Repairs that can be fixed at the time reported, will be fixed immediately. All others at the earliest time; depending on parts, professional repair persons schedules, etc.

On the 20th of each month all common shower rooms will be checked by the Administrator. Also, quarterly checks will be conducted on the resident rooms.

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 2/8/21 at 11:09 a.m. in resident bedroom [redacted] belonging to resident #2 and resident #3, the drop ceiling tile in the corner of the room adjacent to the window on the right side has water damage in a circular pattern measuring approximately 1½ feet in diameter.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept

The ceiling tile in Room [redacted] was replaced on 2/8/21.

The Charge Staff will audit all rooms on the 1st of the month. They will inspect the ceilings, floors and walls at this time. Any damages or issues that require repairs will be reported to the Administrator. All repairs will addressed and work orders issued. These will be completed within the most efficient time frame. Depending on availability of material and repair persons.

Completion Date: 02/08/2021

Document Submission

Implemented

The ceiling tile in Room [redacted] was replaced on 2/8/21.

The Charge Staff will audit all rooms on the 1st of the month. They will inspect the ceilings, floors and walls at this time. Any damages or issues that require repairs will be reported to the Administrator. All repairs will addressed and work orders issued. These will be completed within the most efficient time frame. Depending on availability of material and repair persons.

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.

Description of Violation

On 2/8/21 at approximately 11:35 a.m. in the home's basement there is no thermometer in the Kenmore brand ice cream freezer.

Repeat Violation 3/6/2020

Plan of Correction

Accept

A new thermometer was placed in the freezer on 2/8/21.

All coolers will have 2 secured thermometers placed in them by 3/5/21.

The dietary staff will be educated on where thermometers are stored.

The dietary staff will perform weekly checks of all coolers. They will replace any missing thermometers at that time.

Completion Date: 03/05/2021

Document Submission

Implemented

A new thermometer was placed in the freezer on 2/8/21.

All coolers will have 2 secured thermometers placed in them by 3/5/21.

The dietary staff will be educated on where thermometers are stored.

The dietary staff will perform weekly checks of all coolers. They will replace any missing thermometers at that time.

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:

6. Dose.

187a - Medication Record *(continued)***Description of Violation**

*On 2/6/21 at approximately 7:00 a.m., direct care staff person A a medication technician, administered 1 unit of Novolog 100 ML/U insulin to resident #5. However, resident #5's medication administration record indicates that no insulin was administered on that date at that time.*

**Plan of Correction****Accept**

*On 2/25/21 Staff Person A was retrained by the Med Trainer on documentation and its importance.*

*All med techs will be retrained by 3/15/21.*

*The R.N.'s on each floor will conduct a weekly review of the MARS to ensure all medications have been documented.*

**Completion Date:** 03/15/2021

**Document Submission****Implemented**

*On 2/25/21 Staff Person A was retrained by the Med Trainer on documentation and its importance.*

*All med techs will be retrained by 3/15/21.*

*The R.N.'s on each floor will conduct a weekly review of the MARS to ensure all medications have been documented.*