

Department of Human Services
Bureau of Human Service Licensing

April 23, 2021

[REDACTED] ADMINISTRATOR
LINDA E. BRANDON
PO BOX 455, 11293 ROUTE 422
ELDERTON, PA 15736

RE: FAMILY PINES PERSONAL CARE
HOME
P.O.BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736
LICENSE/COC#: 42671

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

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LINDA E. BRANDON
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RE: FAMILY PINES PERSONAL CARE
HOME
P.O.BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736
LICENSE/COC#: 42671

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/09/2021 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,
Janine Wenzig

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: FAMILY PINES PERSONAL CARE HOME **Licen e #:** 42671 **Licen e Expiration Date:** 04/20/2021
Addr e : P O BOX 455, 11293 ROUTE 422, ELDERTON, PA 15736
County: ARMSTRONG **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7243544195 **Email:** [REDACTED]

Legal Entity

Name: LINDA E. BRANDON
Address: PO BOX 455, 11293 ROUTE 422, ELDERTON, PA, 15736
Phone: 7243544195 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP **Date:** 10/20/2017 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 7 **Waking Staff:** 5

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/09/2021

Inspection Dates and Department Representative

02/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 **Residents Served:** 6

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:** 5
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

02/09/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/08/2021

Inspections / Reviews *(continued)*

4/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/21/2021*

4/23/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/28/2021*

4/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

A copy of 55 Pa. Code Chapter 26 will be posted on bulletin board in public place in the home.

Completion Date: 02/10/2021

Document Submission

Implemented

see attached file 2600 3.c.

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [REDACTED] does not have a criminal background check.

Plan of Correction

Accept

All criminal background checks will be done prior to hire.

Completion Date: 02/09/2021

Document Submission

Implemented

see attached files [REDACTED]

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff person A, hired [REDACTED], did not receive any of the trainings required under 2600.65(a).

65a - FS Orientation 1st Day (continued)

Plan of Correction**Accept**

Staff A- has been trained successfully in all areas necessary. All staff will be trained in these areas before hire date.

Completion Date: 02/12/2021

Document Submission**Implemented**

see attached file [REDACTED] orientation

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person A, hired [REDACTED], did not receive any of the trainings required under 2600.65(b).

Plan of Correction**Accept**

Within 40 hours all new staff will receive the required training under 2600. 65(b)

Completion Date: 02/14/2021

Document Submission**Implemented**

see attached file [REDACTED] orientation

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

There was no medical evaluation for resident #1, admitted [REDACTED]

The initial medical evaluation for resident #4, admitted [REDACTED], is blank in the following areas:

- Date resident evaluated
- Date form completed
- Blood pressure
- Height
- Weight
- Pulse rate
- Temperature

141a - Medical Evaluation (continued)

Plan of Correction

Accept

All residents will be required to have a med evaluation prior to admission. All medical evaluation forms will be checked for completeness from doctor.

Completion Date: 02/20/2021

Document Submission

Implemented

see attached file [redacted] med eval.

185a - Implement Storage Procedures

1. Requirements

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

Resident #2 is ordered [redacted]; however, this medication was not available in the home.

Plan of Correction

Accept

Medication will be monitored on a monthly basis.

Completion Date: 04/20/2021

Document Submission

Implemented

see attached file med eval.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is ordered [redacted]; however, the staff person(s) who administered this medication did not initial the [redacted] Medication Administration Record between [redacted] and [redacted].

Plan of Correction

Accept

Medication will be monitored on a daily basis to insure it is given properly and will be initialed.

Completion Date: 04/20/2021

Document Submission

Implemented

see attached file med eval.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (*continued*)**Description of Violation**

Resident #3 has not been educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

Residents will be required to sign a medical refusal. Forms will be monitored

Completion Date: 02/23/2020

Document Submission**Implemented**

see attached file med refusal.

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

There was no assessment for resident #1, admitted [REDACTED]

Plan of Correction**Accept**

All residents will be required to have a medical assessment within 15 days of admission.

Completion Date: 02/12/2021

Document Submission**Implemented**

see attached file hannelore med eval.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The most recent assessment for resident #7 was completed on [REDACTED]

Plan of Correction**Accept**

only have 6 residents.

Completion Date: 04/20/2021

Document Submission**Implemented**

See Resident Demographic Data as of Inspection Dates on this page. residents served : 6