

Department of Human Services
Bureau of Human Service Licensing

June 22, 2021

██████████ ADMINISTRATOR
HAVERILLA PERSONAL CARE HOME INC
775 STONETOWN ROAD
ROSSITER, PA 15772

RE: HAVERILLA PERSONAL CARE HOME
775 STONETOWN ROAD
ROSSITER, PA, 15772
LICENSE/COC#: 42793

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2021 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: HAVERILLA PERSONAL CARE HOME **License #:** 42793 **License Expiration Date:** 06/09/2021
Address: 775 STONETOWN ROAD, ROSSITER, PA 15772
County: INDIANA **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 8149383399 **Email:** [REDACTED]

Legal Entity

Name: HAVERILLA PERSONAL CARE HOME INC
Address: 775 STONETOWN ROAD, ROSSITER, PA, 15772
Phone: 8149383399 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 07/28/1977 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 22 **Working Staff:** 17

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/03/2021

Inspection Dates and Department Representative

03/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24 **Residents Served:** 22

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 20 **Are 60 Years of Age or Older:** 8
Diagnosed with Mental Illness: 22 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/03/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/18/2021

Inspections / Reviews (*continued*)

4/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/19/2021*

5/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/24/2021*

6/22/2021 - 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

At approximately 10:25 a.m. the home's regulation book was located in the private living quarters off of the home's kitchen and was not posted in a conspicuous and public place.

Plan of Correction

Do Not Accept

During inspection, another copy of the regulation book was obtained and posted. This way, we will now have a copy to look through at all times.

Completion Date: 03/03/2021

Plan of Correction

Directed

During inspection, another copy of the regulation book was obtained and posted. This way, we will now have a copy to look through at all times.

Directed

Immediately: The administrator or designated staff person shall complete an audit to ensure compliance with regulation 2600.3(c). Documentation shall be kept. 5/18/21 JK

Completion Date: 03/03/2021

Document Submission

Implemented

Administrator [redacted] completed an audit to ensure compliance with regulation 2600.3(c). Documentation picture and letter attached.

101p - Bedroom Doors

1. Requirements

2600.

- 101.p. There must be doors on the bedrooms.

Description of Violation

Bedroom [redacted] in building 45, occupied by resident #1 and resident #2, does not have a door.

Plan of Correction

Do Not Accept

A privacy curtain was installed to provide privacy because a door was inconvenient for the residents.

Completion Date: 03/04/2021

Plan of Correction

Directed

A privacy curtain was installed to provide privacy because a door was inconvenient for the residents.

Directed

Immediately: The administrator, designated staff person or contracted person shall install a door for bedroom [redacted]. 5/18/21 JK

Completion Date: 03/04/2021

101p - Bedroom Doors *(continued)***Document Submission****Implemented**

The privacy curtain was installed as a substitute to a door due to limited space and inconvenience to residents. This was approved by phone on the condition that it was not transparent and could not be seen through. A picture is attached.

6/1/2021 A folding door has been installed in place of the privacy curtain. Pictures attached.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar in the half bathroom off of the home's dining area.

There is no grab bar, hand rail or assist bar near the toilet in the building 45 bathroom.

Plan of Correction**Do Not Accept**

The grab bars were located. They had been removed for remodeling. They were permanently replaced during the inspection.

Completion Date: 03/03/2021

Plan of Correction**Directed**

The grab bars were located. They had been removed for remodeling. They were permanently replaced during the inspection.

Directed

Immediately: The administrator or designates staff person shall check all grab bars monthly the ensure they are in place and secure. Documentation shall be kept. 5/18/21 JK

Completion Date: 03/03/2021

Document Submission**Implemented**

Administrator [REDACTED] will check all grab bars each month to ensure they are in place and secure. Pictures of the 2 grab bars referenced and the monthly checklist are attached.

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of Irish Spring soap in the vanity cabinet under the sink in the bathroom across the hall from the main building's resident bedroom [REDACTED].

102i - Soap Dispenser (continued)

Plan of Correction**Do Not Accept**

Soap was removed and disposed of during inspection. The home uses a soap dispenser. An unknown resident must have purchased and used the Irish Spring soap. All residents were instructed to label any bar soap they have with their name.

Completion Date: 03/03/2021

Plan of Correction**Directed**

Soap was removed and disposed of during inspection. The home uses a soap dispenser. An unknown resident must have purchased and used the Irish Spring soap. All residents were instructed to label any bar soap they have with their name.

Directed

Immediately: The administrator or designated staff person shall check all bathrooms weekly to ensure there is no unlabeled soap. Documentation shall be kept. 5/18/21 JK

Completion Date: 03/03/2021

Document Submission**Implemented**

Administrator [REDACTED], or an assigned staff person will do weekly bath room checks to ensure there is no unlabeled soap. A copy of the weekly check list is attached.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 11:05 a.m., the handle bar on the emergency exit door is bent and when depressed on the right side the door will not open, obstructing egress from the home's main building bedroom [REDACTED].

Plan of Correction**Do Not Accept**

The handlebar was removed and replaced with a doorknob. Administrator talked to the fire chief and was advised that Indiana County has no codes concerning this and it would be fine to replace with a doorknob.

Completion Date: 03/04/2021

Plan of Correction**Directed**

The handlebar was removed and replaced with a doorknob. Administrator talked to the fire chief and was advised that Indiana County has no codes concerning this and it would be fine to replace with a doorknob.

Directed

Immediately: The administrator or designated staff person shall audit the home daily to ensure compliance with Regulation 121(a). Documentation shall be kept. 5/18/21 JK

Completion Date: 03/04/2021

Document Submission**Implemented**

Administrator [REDACTED] and assigned staff will audit the home daily to ensure compliance with regulation 2600.121(a). A picture of the replaced door knob and of the daily check list are attached.

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 #4's glucometer is not properly calibrated to the current date and time, at 8:38 a.m. on 3/3/21 the glucometer indicates a date of 11/3/20 and time of 11:38 a.m.

Repeat Violation 3/6/2020

Plan of Correction

Do Not Accept

[Redacted] was called the following day. A script was sent to the pharmacy for a new glucometer. Administrator and staff will check the date and time before each check.

Completion Date: 03/04/2021

Plan of Correction

Directed

[Redacted] was called the following day. A script was sent to the pharmacy for a new glucometer. Administrator and staff will check the date and time before each check.

Directed

Immediately: The administrator or a designated staff person qualified to administer medications shall check the calibration of all resident glucometers weekly to ensure proper calibration. Documentation shall be kept. 5/18/21 JK

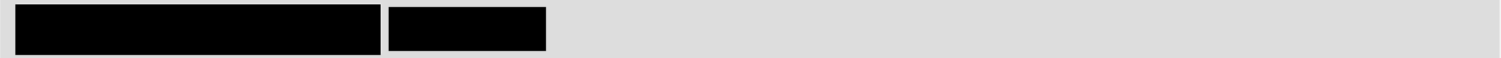
Completion Date: 03/06/2021

Document Submission

Implemented

Administrator [Redacted] will check the calibration of all resident glucometers weekly to ensure proper calibration. A copy of the weekly checklist is attached.

[Large redacted area containing multiple lines of blacked-out text]



Plan of Correction **Accept**

iolation Withdrawn 5/18/21 JK

Completion Date: 03/04/2021

Document Submission **Implemented**

disregard

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]. However, the resident #4's preadmission screening form does not indicate the date it was completed.

Plan of Correction **Do Not Accept**

There was an oversight of the date on the prescreening of resident #4. In the future, we plan to record the date as the first entry on the form.

Completion Date: 03/03/2021

Plan of Correction **Directed**

There was an oversight of the date on the prescreening of resident #4. In the future, we plan to record the date as the first entry on the form.

Directed

Immediately: The administrator shall review all preadmission screening forms for accuracy and completeness.

5/18/21 JK

Completion Date: 03/03/2021

Document Submission **Implemented**

All preadmission screenings were reviewed by [REDACTED], Administrator and found complete and accurate.