

Department of Human Services
Bureau of Human Service Licensing

April 26, 2021

[REDACTED] EXECUTIVE DIRECTOR
HUMAN SERVICES CENTER
130 WEST NORTH STREET
NEW CASTLE, PA 16101

RE: CARITAS
2882 OLD PRINCETON ROAD
NEW CASTLE, PA, 16101
LICENSE/COC#: 44133

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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: *CARITAS* License #: *44133* License Expiration Date: *05/30/2021*
Address: *2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101*
County: *LAWRENCE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7249242892* Email: [REDACTED]

Legal Entity

Name: *HUMAN SERVICES CENTER*
Address: *130 WEST NORTH STREET, NEW CASTLE, PA, 16101*
Phone: *7249242892* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *07/09/2010* Issued By: *Code Consulting Inc*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Working Staff: *8*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/11/2021*

Inspection Dates and Department Representative

03/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *11* Residents Served: *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/11/2021 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2021*

Inspections / Reviews (*continued*)

3/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/30/2021*

3/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/15/2021*

4/26/2021 - 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

The following items are not posted in a conspicuous and public place in the home:

- * A copy of the current licensing inspection summary, dated 2/26/20
- * A copy of 55 Pa. Code Chapter 2600 regulations

Plan of Correction

Accept

Plan of Action: The administrator replaced the missing licensing inspection dated 02/26/20 and a copy of the 55 Pa. Code Chapter 2600 regulations on the bulletin board in the main hallway during the inspection.

Monitoring: The administrator will check weekly to ensure the homes current licensing inspection and a copy of the 55 Pa. Code Chapter 2600 regulations are posted in a conspicuous and public place in the home.

Education: The administrator will also ask the staff on 04/15/2021, during the staff meeting, to be aware of the documentation that should be on the bulletin board and to notify me immediately if something is missing from the board. They were also asked to please replace any item they take down to read.

Completion Date: 03/11/2021

Document Submission

Implemented

See attached

18 Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The influenza poster is not posted in a public and conspicuous place in the home in accordance with the Influenza Awareness Act, enacted in July 2016.

Plan of Correction

Accept

Plan of Action: On 03/19/2021 I replaced the existing influenza poster with the influenza poster that is accordance with the Influenza Awareness Act, enacted in July 2016. The poster was placed on the bulletin board in the main hallway of the home which is a conspicuous and public area.

Monitoring: The administrator will check monthly that the influenza poster is up to date with the Influenza Awareness Act and is in compliance with Federal, State and local laws. During the staff meeting on 04/15/2021, the administrator will ask the staff to report if the the Influenza Poster is missing.

Completion Date: 04/15/2021

Document Submission

Implemented

See attached

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home manages finances for numerous residents, including residents #1 and #2. No quarterly financial statements have been completed for any resident the home manages finances for, including resident #1 and resident #2, since 12/31/19.

Plan of Correction

Accept

Plan of Action: The staff in charge of the resident #1 and #2's finances completed the quarterly reviews at the time of inspection. All other residents were given their quarterly reviews of their finances as well.

Monitoring: The administrator will check in with the staff and look at the documentation of quarterly reviews to ensure they are completed and signed by the resident. This will be done on a quarterly basis and is marked in my work planner to complete.

Education: On 03/22/2021 I spoke with the staff in charge of the residents finances and educated them on the importance of giving the residents or the residents designated person, an itemized account of financial transactions made on the residents behalf on a quarterly basis. I also informed him that even if no monies were handled the quarterly reviews still need to be completed.

Completion Date: 03/11/2021

Document Submission

Implemented

See attached

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At approximately 3:00 pm, numerous residents were lined up in the activity room where the Podiatrist was observed cutting residents' toenails without providing privacy to the residents.

42s - Privacy (continued)

Plan of Correction

Accept

Plan of Action: The residents were notified on 03/23/2021 they will no longer line up in the activity room to have their toenails cut by the Podiatrist. Instead they will go in the group room one at a time to ensure their privacy during a medical procedure.

Education: On 03/23/2021 I explained to the residents that although the process of the medical procedure was done by their choice, the home has an obligation to them to provide privacy during medical procedures. The residents all agreed to the new process.

Monitoring: The administrator and staff will ensure the residents privacy during a medical procedure in the home by assisting them to see the podiatrist one at a time during their bi-monthly visits.

Completion Date: 03/23/2021

Document Submission

Implemented

See attached

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services to residents around 2/15/21; however, staff person A has not successfully completed and passed the Department-approved direct care training course and passed the competency test.

Plan of Correction

Accept

Plan of Action: The home failed to have a copy of staff person A's Department-approved direct care staff training course and passing the competency test. Staff person A completed the course and passed the competency test on 03/19/2021. In addition all other staff records were checked on 03/26/2021 to ensure they completed the department approved direct care staff training.

Monitoring: I have a list that I will use for new hires, and current employees that indicate all of the required documentation to have in their files. I will follow this check list when reviewing new and current employee files on a monthly basis.

Completion Date: 03/26/2021

Document Submission

Implemented

See attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:40 am, there were approximately 30 cigarette butts scattered on the ground at the edge of the rear patio.

Plan of Correction

Accept

Plan of Action: Maintenance staff cleaned up cigarettes' butts on 03/22/2021 off the ground at the edge of the rear patio.

Education: I will educate the residents and the staff on the importance of sanitary conditions and proper disposal of cigarettes' butts. Residents will be education on 03/23/2021, staff 04/15/2021.

Monitoring: During weekly walks around the grounds and facility the maintenance staff and DCS will remove and inform me of any debris making conditions unsanitary.

Completion Date: 04/15/2021

Document Submission

Implemented

See attached

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 Violation

The first aid kit located in the dining room closet does not include bandages, tweezers, a breathing shield, gauze, thermometer, tape or scissors.

The first aid kit located in staff person B's office does not include eye coverings.

REPEAT VIOLATION: 2/26/2020

Plan of Correction

Accept

Plan of Action: On 03/12/2021 I replaced the first aid kit in the medication closet and placed the eye coverings inside the kit.

Monitoring: I have made a first aid checklist of the required items and taped it to the top of the first aid kit. I will check the first aid kit monthly and document the checklists.

Education: I will educate the staff during the staff meeting on 04/15/2021 about the importance of having all required items in the first aid kits and having the kit available upon an emergency. I informed them they are responsible for replacing any items they use out of the kit using the stock we have available in the supply closet in the dining area.

Completion Date: 04/15/2021

96a - First Aid Kit *(continued)*

Document Submission

Implemented

See attached

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

At 9:25 am, no thermometer was present in the basement vegetable chest freezer.

REPEAT VIOLATION: 2/26/2020

Plan of Correction

Accept

Plan of Action: The thermometer was not missing, however it was attached to a string on the outside of the freezer. During the inspection on 03/11/2021 I placed the thermometer inside the freezer and the temperature was below zero degrees Fahrenheit.

Education: During the staff meeting on 04/15/2021 I will educate the staff on the importance of replacing the thermometer if they need to take out for something. I will explain if we are unaware of the temperature of the freezer we could potentially serve harmful foods to the residents. Staff are also responsible for reporting missing thermometers from any of the refrigerators or freezers. Staff are also responsible for checking all temperatures of thermometers and documenting they did so.

Monitoring: I will make a weekly checklist for all refrigerator and freezers to ensure the thermometers are inside the appliance and that temperatures are at or below 40 degrees F in refrigerator and at or below 0 degrees F for the freezers. This will ensure the health and safety of the residents.

Completion Date: *04/15/2021*

Document Submission

Implemented

See attached

109a - Pets

1. Requirements

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

109a - Pets (continued)

Description of Violation

The home's rules, which are part of the resident-home contract, indicate "Dogs, cats, and fish are permitted in the home as long as the cat or dog is current on all vaccinations"; however, page 4 of the resident-home contract indicates only a house pet is allowed. Additionally, the home's policy titled, "Pet Policy for Personal Care Home", which is dated 1/31/19, indicates, "All new and existing residents are permitted to have a pet fish in their rooms or the common area of the home.....There is a house dog inside the home for therapeutic purposes.....There is a pet cat outside of the home that is not permitted inside of the home. All other species of animals are not permitted in the home." Staff person B, the home's administrator, indicates that the home does not permit pets of any kind.

Plan of Correction

Accept

Plan of Action: On 03/23/2021 I gave a 30 day written notice to all the residents explaining that the home is no longer permitting pets of any species inside the home. The home rules were changed to reflect the policy change and all of the residents signed off on that change.

Policy Change: On 03/19/2021 I changed the pet policy and added it to the policy folder. The change will be effective May 1, 2021.

Monitoring: In the future the homes administrator will be more diligent to change policies when necessary and will ensure all policies, rules and home contract coincide with one another.

Completion Date: 05/01/2021

Document Submission

Implemented

See attached

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures, as well as the emergency preparedness plan for the municipality in which the home is located, are kept in staff person B's office and are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Plan of Action: The policy and procedure manual, where the homes emergency procedures are located, and the municipalities emergency preparedness plan were not in staff person B office, however they were in the direct care staff office. The DCS office is not a conspicuous and public place in the home. On 03/22/2021 I placed a stand in the hallway under the bulletin board and placed both the municipalities emergency preparedness plan and the homes emergency procedure on it.

Monitoring: I will check the bulletin board and shelve below it on a monthly basis to ensure copies of emergency procedures specified in 2600.107 are in a conspicuous and public place in the home.

Completion Date 03/22/2021

Document Submission

Implemented

See attached

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 7/14/20; however, the resident's previous medical evaluation was completed on 5/20/19.

Resident #2's most recent medical evaluation was completed on 1/25/21; however, the resident's previous medical evaluation was completed on 12/10/19.

REPEAT VIOLATION: 2/26/2020

Plan of Correction

Accept

Plan of Action: Resident #1 was two months late on their medical evaluation due to a high percentage of COVID infection in Lawrence county at that time. I have enclosed a letter dated 03/22/2021, from [redacted] PCP indicating there was no threat to [redacted] health due to missing [redacted] appointment. I will place this letter in [redacted] file. Resident #2's medical evaluation was one month late due to a COVID outbreak in the home in December 2020. I called the PCP on 03/22/2021 and spoke to the nurse at the office, I indicated to [redacted] what I needed and [redacted] said [redacted] would get it to me as soon as possible. As of 03/23/2021 I have not yet received a letter. I failed to have the documentation from the residents PCP at the time of inspection determining that the medical evaluation could be done at a later date with no threat to their health. In accordance with the suspended guidelines, all annual DME's will be completed within 90 days after the Emergency Declaration is lifted.

Monitoring: I will be sure that all residents are up to date on their annual medical evaluations even during a pandemic. If telehealth is not available I will ask for a letter from the physician stating the resident is not in immediate danger if they reschedule their appointment for a later date. . I will check all resident files monthly to ensure they are up to date and that all acceptable documentation is in their file.

Completion Date: 03/26/2021

Document Submission

Implemented

See attached

144c2 - Smoking Area Distance

1. Requirements

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
 - 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

144c2 - Smoking Area Distance (continued)

Description of Violation

At 9:15 am, a coffee can containing numerous cigarette butts was present on the front porch near the kitchen. The home's designated smoking area is in the rear of the home.

Plan of Correction

Accept

Plan of Action: On 03/23/2021, I met with the residents and notified them verbally and gave written notice that effective May 1, 2021 the smoking policy has changed. There are now two designated areas to smoke outside the home. One is in the smoking hut and the other is on the front porch. I gave each resident a copy of the new policy and they signed off on it, I will place a copy in each residents file. I have also placed the policy change in the policy and procedure manual, in addition I have placed a copy of the policy change in all staff mailboxes on 03/23/2021.

Policy Change: I changed the policy that indicates smoking is permitted on the front porch of the home in addition to the smoking hut in the back of the house.

Education: During the staff meeting on 04/15/2021 I will remind the staff to only smoke in the designated smoking areas that are indicated in the homes policy. I will encourage the staff to notify me if they would like to add a designated smoking area to the policy to ensure compliance with 2600.144.c.

Completion Date: 04/15/2021

Document Submission

Implemented

See attached

162e - Menu Changes

1. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 3/11/21, the posted menu for the lunch meal indicated chicken patty sandwich, salad and ½ apple (peeled and sliced) were to be served; however, fried chicken, macaroni and cheese, potato salad and watermelon were served. This menu change was not posted in advance in a public and conspicuous place in the home.

162e - Menu Changes (continued)

Plan of Correction

Accept

Plan of Action: On 03/11/2021 I had a staff meeting scheduled at 10am, at 9am I was informed my [redacted] was here for the homes annual inspection. To make things easier for the staff and residents I had the staff ask the residents what they would like to eat that day for lunch in replacement of what was on the menu during their morning group. The residents chose fried chicken, macaroni and cheese, potato salad, and a fruit cup. We did not feel it necessary to post the change since the residents chose the meal and they were notified verbally that they would not be having what is on the menu at their 9:30 am meeting.

Education: I understand that even if the resident are given verbal notification or if they choose the meal they are substituting for the meal that is on the menu, the home must still give written notice of the menu change. During the staff meeting scheduled on 04/15/2021 I will notify all staff to be diligent is posting a written notification of any substitutions for any meals regardless the situation.

Monitoring: When and if there is a menu change I will remind the staff to post the change. I have also posted a reminder on the refrigerator in the kitchen to notify the residents in writing of meal changes.

Completion Date: 04/15/2021

Document Submission

Implemented

See attaced

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include a thermometer.

Plan of Correction

Accept

Plan of Action: On 02/23/2021 I replaced the thermometer in the van used to transport residents.

Education: At the staff meeting scheduled 04/15/2021 I will remind the van drivers to replace any item used or lost mmediately. If they are unable to replace the item then they are to notify me immediately so that the residents health and safety are not at risk.

Monitoring: I have made a first aid checklist of the required items and taped it to the top of the first aid kit. I will check the first aid kit monthly and document on the checklists.

Completion Date: 04/15/2021

Document Submission

Implemented

See attached

190a - Completion Medication Course

1. Requirements

2600.

190a - Completion Medication Course (continued)

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C has not successfully completed the annual practicum in accordance with the Department-approved medication administration course since 11/12/19. Staff person C has administered medications to numerous residents, including the following medications to resident #1 at 8:00 pm on 3/9/21:

- Aripiprazole-5mg
- Benztropine-1mg
- Fluphenazine-10mg

Staff person D has not successfully completed the annual practicum in accordance with the Department-approved medication administration course since 12/30/19. Staff person D has administered medications to numerous residents, including the following medications to resident #1 at 8:00 am on 3/1/21 through 3/4/21 and 3/8/21 through 3/12/21:

- Benztropine-1mg
- Fluphenazine-2.5mg
- Lithium carbonate-300 mg

REPEAT VIOLATION: 2/26/2020

Plan of Correction

Accept

Plan of Action: Staff person C received medication and self administration training in accordance with the Departments approved medication administration course on 10/22/2020, however I failed to have [redacted] certificate filled out since 11/12/2019. I do not currently have certificates and am waiting for the medication training program to reopen my account so that I can complete all MAR reviews and observations for the staff. I sent an email out on 03/22/2021 asking them to reopen my account, I have not had a successful response.

Staff person D's training does not expire until 03/30/2021, I spoke to [redacted] regarding this on 03/19/2021.

Monitoring: I will check staff's medication administration training every two month to ensure all trainings, observations, and MAR reviews are up to date in accordance with the Department approved medication administration course.

Completion Date: 03/22/2021

Document Submission

Implemented

See attached

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

221c - Post Activity Calendar (continued)

Description of Violation

A current weekly activity calendar is not posted in a public and conspicuous place in the home.

Plan of Correction

Accept

Plan of Action: On the day of inspection 03/11/2021 the monthly activity calendar was completed but was on the floor in the group room rather than posted in a conspicuous and public place. On 03/19/2021 the monthly activity calendar was posted in the group room in a conspicuous and public place.

Education: On 03/23/2021 I spoke with the two staff who are in charge of scheduling and posting activities. I reminded them how important it was that the residents have a schedule of their daily activities in order to plan their days.

Monitoring: I will check the group room monthly to ensure the staff have hung the calendar in a conspicuous and public area of the group room. I have added this to my monthly checklist on 03/23/2021.

Completion Date: 03/23/2021

Document Submission

Implemented

See attached

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 was completed on 7/15/20; however, [REDACTED] previous assessment was completed on 5/21/19.

Resident #2's most recent assessment was completed on 1/25/21; however, [REDACTED] previous assessment was completed on 12/16/19.

REPEAT VIOLATION: 2/26/2020

225c - Additional Assessment (continued)

Plan of Correction

Directed

Plan of Action: In the future if a resident is late for their annual medical evaluation, I will not wait to complete their assessment, instead I will complete it one year from the date of the last assessment.

Monitoring: Effective 03/23/2021, I will be sure that all residents are up to date on their annual assessments are completed. I will check all resident files monthly to ensure they are up to date and that all acceptable documentation is in their file.

DIRECTED: Within 3 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a completed assessment at least annually. Copies of the completed assessments shall be kept in each resident's record. LM 3/29/2021

Completion Date: 03/23/2021

Document Submission

Implemented

See attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The records for residents #1, #2 and #3 do not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept

Plan of Action: Upon admission, all resident pictures will be taken. This will be added to my checklist for new admissions. I took all resident photos on 02/23/2021 and placed them in each file and also updated them on our electronic MARS.

Monitoring: I have now marked an expiration date on each photo of the residents to ensure their photos are taken every two years.

Completion Date: 03/29/2021

Document Submission

Implemented

See attached