

Department of Human Services  
Bureau of Human Service Licensing

April 26, 2021

██████████ PRESIDENT  
KELLY S II PERSONAL CARE HOME INC  
141 UNITY CEMETERY ROAD  
LATROBE, PA 15650

RE: KELLY'S II PERSONAL CARE HOME  
141 UNITY CEMETERY ROAD  
LATROBE, PA, 15650  
LICENSE/COC#: 44840

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

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: *KELLY'S II PERSONAL CARE HOME*      Licens e #: *44840*      Licens e Expiration Date: *05/04/2021*  
 Address : *141 UNITY CEMETERY ROAD, LATROBE, PA 15650*  
 County: *WESTMORELAND*      Region: *WESTERN*

**Administrator**

Name: [REDACTED]      Phone: *7244331160*      Email [REDACTED]

**Legal Entity**

Name: *KELLY S II PERSONAL CARE HOME INC*  
 Address: *141 UNITY CEMETERY ROAD, LATROBE, PA, 15650*  
 Phone: *7248045916*      Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3*      Date: *03/05/2010*      Issued By: *L&I*  
 Type: *C-2 LP*      Date: *05/15/1992*      Issued By: *L&I*

**Staffing Hours**

Re ident Support Staff: *0*      Total Daily Staff: *8*      Waking Staff: *6*

**Inspection**

Type: *Full*      Notice: *Unannounced*      BHA Docket #:  
 Reason: *Renewal*      Exit Conference Date: *03/12/2021*

**Inspection Dates and Department Representative**

*03/12/2021 - 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: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0*      Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *0*      Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2*      Have Physical Disability: *0*

Inspections / Reviews

03/12/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/19/2021*

4/21/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2021*

4/22/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/26/2021*

4/26/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 3/10/2021, there were 6 residents present in the home. Staff persons A, B, and C were the only staff persons working in the home from 7:00 a.m. to 11:00 p.m. None of these staff persons are certified in first aid, CPR, and obstructed airway techniques.

Also, on 3/11/2021, there were 6 residents present in the home. Staff persons B, C, D, and E were the only staff persons working in the home from 7:00 a.m. to 11:00 p.m. None of these staff persons are certified in first aid, CPR, and obstructed airway techniques.

Plan of Correction

Accept

Staff members received CPR/First Aid class and received certification on Wednesday April 07, 2021. A second class will be scheduled when employees are hired and need certified.

Administrator will retain copy of employees and new hires certification and will perform quarterly checks to assure an employees who work alone have CPR. Administrator will check weekly schedule to assure someone with CPR is working at all times.

Completion Date: 04/07/2021

Document Submission

Implemented

Staff members received CPR and First Aid on April 07, 2021 record of training and instructor license 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 in the laundry room does not include adhesive tape.

Plan of Correction

Accept

Adhesive tape was added to first aid kit at time of inspection.

Administrator will make weekly checks of the first aid kit to assure all items necessary are located in kit.

Completion Date 03/10/2021

Document Submission

Implemented

added to weekly checklist which is attached

100a - Exterior - Free of Hazards

1. Requirements

100a - Exterior - Free of Hazards *(continued)*

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**

*The emergency exit ramp leading from the home to the driveway had multiple wooden boards on it that posed a possible tripping hazard to include:*

*An approximate 5 foot by 2 foot by 1/2 inch height piece of plywood board*

*An approximate 5 foot by 4 inch by 2 inch height wood board*

*An approximate 4 foot by 4 inch by 2 inch height wood board*

**Plan of Correction**

**Accept**

*all wooden boards were removed at time of inspection*

*Administrator will make daily checks of outside area to keep area free of hazards*

**Completion Date:** 03/10/2021

**Document Submission**

**Implemented**

*added to weekly checklist which is attached*

103d - Storing Food Off Floor

**1. Requirements**

2600.

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

**Description of Violation**

*Two cases of 24 cans of Boost Chocolate drink was stored on the floor in the laundry room.*

**Plan of Correction**

**Accept**

*Cases of Boost were removed and places on shelves in storage room at the time of inspection.*

*Staff retrained at proper storage of all food items. Administrator will check weekly to assure all food items are stored*

**Completion Date:** 03/10/2021

**Document Submission**

**Implemented**

*added to weekly checklist which is 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 9:41 a.m., the temperature in the kitchen freezer was 10 degrees Fahrenheit.*

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

**Plan of Correction**

**Accept**

*Freezer was closed for an hour and rechecked at time of inspection; at that point thermometer read 10*

*A daily checklist was placed on all freezers and refrigerators to assure temperatures are kept at proper range. Administrator will check weekly to assure chart is being completed*

**Completion Date** 03/10/2021

**Document Submission**

**Implemented**

*daily checklist created and staff to complete daily  
current checklist attached*

**2. 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**

*There was no thermometer in the refrigerator in the kitchen.*

**Plan of Correction**

**Accept**

*Owner bought thermometer and placed it in kitchen refrigerator at time of inspection*

*A daily checklist was placed on all freezers and refrigerators to assure thermometers are located in all refrigerators and freezers. Administrator will check weekly to assure chart is being completed*

**Completion Date:** 03/10/2021

**Document Submission**

**Implemented**

*daily checklist created and staff to complete daily  
current checklist attached*

141a 1 10 Medical Evaluation Information

**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. The evaluation must include the following:

- 1 A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4 Special health or dietary needs of the resident.
- 5 Allergies.
- 6 Immunization history.
- 7 Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8 Body positioning and movement stimulation for residents, if appropriate.
- 9 Health status.
- 10 Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

**Description of Violation**

Resident #1's initial medical evaluation, dated [REDACTED], was missing body positioning, health status, and cognitive functioning. These areas were blank.

Resident #2's initial medical evaluation, dated [REDACTED], was missing special health or dietary needs and body positioning. These areas were blank.

**Plan of Correction**

**Accept**

medical evaluations missing information were sent back to DR and asked to properly complete form.

A checklist was created for manager to check all medication evaluations to assure all boxes are completed and that form is properly completed. Administrator will also check medical evaluations when received and during quarterly checks.

Completion Date: 03/15/2021

**Document Submission**

**Implemented**

Medical evaluation of all resident file completed on April 22, 2021 and attached

141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

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

**Description of Repeat Violation**

Resident #3's annual medical evaluation, dated [REDACTED] was missing blood pressure, temperature, special health or dietary needs, body positioning, health status, and cognitive functioning. These areas were blank.

Resident #4's, annual medical evaluation, dated [REDACTED], was missing height, weight, and temperature. These areas were blank.

Repeat Violation: 2/21/2020

**Plan of Correction**

**Accept**

medical evaluations missing information were sent back to DR and asked to properly complete form.

A checklist was created for manager to check all medication evaluations to assure all boxes are completed and that form is properly completed. Complete check of all resident medical evaluations will be done April 21, 2021. Administrator will also check medical evaluations when received and during quarterly checks.

Completion Date: 04/22/2021

**Document Submission**

**Implemented**

Medical evaluation of all resident file completed on April 22, 2021 and attached

162c - Menus Posted

**1. Requirements**

2600.

162c - Menus Posted (*continued*)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The home's menu for the week of 3/7/2021 to 3/13/2021 was posted. However, the menu for the upcoming week of 3/14/2021 to 3/20/2021 was not posted.*

**Plan of Correction**

**Accept**

*Administrator made three weeks of menus and posted them*

*Administrator will add checking for two weeks of menus on the weekly checklist. First check was completed April 21, 2021*

**Completion Date:** 04/21/2021

**Document Submission**

**Implemented**

*added to weekly checklist which is attached*

184a - Labeling OTC/CAM

**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Repeat Violation**

*Resident #3 is prescribed [REDACTED]; however, the label indicates [REDACTED]*

*Repeat Violation: 2/21/2020*

**Plan of Correction**

**Accept**

*A "direction change see MAR" sticker was added to [REDACTED] at time of inspection. Hospice nurse made all changes with orders and pharmacy to assure label is properly marked. Staff was retrained on making sure all medication labels match prescription.*

*A medication checklist was created and staff/manager/Administrator will check weekly to assure all medications are properly labeled.*

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

**Document Submission**

**Implemented**

*medication checklist created for weekly checks completed checklist 04-19-2021 and attached*

184b - Resident's Meds Labeled

**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

184b - Resident's Meds Labeled (continued)

Description of Violation

belonging to resident #2 were in the medication cart; however, they were not labeled with the resident's name, initials or room number.

Plan of Correction

Accept

Name was added to all at time of inspection.

Med Aides retrained on facility policy of making sure all have full name of resident on . A medication checklist was created and staff/manager/Administrator will check weekly to assure all medications are properly labeled.

Completion Date: 03/15/2021

Document Submission

Implemented

medication checklist created for weekly checks completed checklist 04-19-2021 and attached

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:

Description of Repeat Violation

Resident #3 is prescribed . The home's medication cart includes . According to staff interviews, this medication is being administered, per the order, . However, it is not included on resident's medication administration record (MAR).

Repeat Violation: 2/21/2020

Plan of Correction

Accept

was added to MAR with note \* . All added to MAR with note

Manager will check MAR monthly to assure medications properly recorded. A medication checklist was created and staff/manager/Administrator will check weekly to assure all medications are properly labeled.

Completion Date: 03/15/2021

Document Submission

Implemented

medication checklist created for weekly checks completed checklist 04-19-2021 and attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187d - Follow Prescriber's Orders (*continued*)

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #3 is prescribed [REDACTED]. However, the resident was not administered this medication on [REDACTED] prior to [REDACTED].

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

Order received by PCP to discontinue medication [REDACTED] as written in MAR. Medication now only given as [REDACTED]. Changes made to MAR

Manager will check MAR monthly to assure medications properly recorded. A medication checklist was created and staff/manager/Administrator will check weekly to assure all medications are properly labeled.

Completion Date: 03/15/2021

**Document Submission****Implemented**

medication checklist created for weekly checks completed checklist 04-19-2021 and attached

## 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 #2's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

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

fixed at time of correction

Administrator will check all pre admission screenings at time of completion and again during quarterly checks to assure all pre admission screenings are properly filled out

Completion Date: 03/12/2021

**Document Submission****Implemented**

pre admission screening checklist to be completed at time of completion and again quarterly

quarterly check list attached