

Department of Human Services
Bureau of Human Service Licensing

November 29, 2021

[REDACTED], OWNER/ADMINISTRATOR
HORIZON PERSONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA 15436

RE: HORIZON PERSONAL CARE HOME,
INC.
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436
LICENSE/COCC#: 41383

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: *HORIZON PERSONAL CARE HOME, INC.* License #: *41383* License Expiration Date: *05/28/2021*
 Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436*
 County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7245640352* Email: [REDACTED]

Legal Entity

Name: *HORIZON PERSONAL CARE HOME INC*
 Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436*
 Phone: *7245640352* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/10/2011* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/18/2021*

Inspection Dates and Department Representative

03/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

03/18/2021 - Full

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

Inspections / Reviews *(continued)*

5/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/26/2021*

8/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/02/2021*

11/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 3/18/21 at 9:00 am., an agent of the Department requested access to resident and staff records. However, [REDACTED] the home's administrator, was not available, no designee was present and staff person B could not access the records. Staff person A arrived at 12:30 p.m. and provided access to resident and staff records.

Plan of Correction

Accept

Staff person B was named designee on 3/20/2021 and has access to records at all times. A designee is assigned to all shifts and will be available to access records at all times. Administrator reviews schedules weekly to ensure designee is assigned to all shifts.

Completion Date: 08/20/2021

Document Submission

Implemented

Sent.

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home failed to conduct a quality management review meeting in 2020.

Plan of Correction

Accept

Quality review plan conducted on 4/15/21. Staff meeting and all items discussed. Administrator will conduct meetings every April for compliance of 2600.26.a

Completion Date: 04/15/2021

Document Submission

Implemented

Sent.

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 3/18/21 from 9:00 a.m. to 12:30 p.m., 11 residents were present in the home. However, neither staff person A, the home's administrator, or a designee was present during this time.

Plan of Correction

Accept

Designee will be made available at all times. Staff person B was named designee immediately. Administrator will appoint a designee for all shifts to ensure compliance of 2600.57.a.

Completion Date: 03/19/2021

57a - Designee Present/Age (continued)

Document Submission

Implemented

Sent.

94b - Non-Skid Surface

1. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The red wheelchair ramp on the side of the house does not have a non-skid surface.

Plan of Correction

Accept

Nonskid paint was applied to wheelchair ramp on 5/11/21. Administrator will do weekly checks to ensure compliance of 2600.94.b.

Completion Date: 05/11/2021

Document Submission

Implemented

Sent.

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

The water pipe under the upstairs kitchen sink was leaking water. The cabinet bottom was wet and black with what appeared to be mold in a 12" area.

The drain and water pipe under the main floor kitchen sink was leaking water. The cabinet bottom was wet and black with what appeared to be mold in a 12" area.

The dresser in bedroom #3 was missing the 2nd drawer from the top. The drawer was broken and laying in pieces next to the dresser.

Plan of Correction

Accept

Water pipes were not leaking at either sink. Cabinets were cleaned underneath. Employees remained to clean under cabinets and notify administrator if any problems occur. Dresser was replaced on 3/19/21. Employees reminded to clean under cabinets and to notify administrator if anything needs fixed. Administrator will conduct weekly reviews to ensure compliance of 2600.95.

Completion Date: 03/19/2021

Document Submission

Implemented

The upstairs kitchen is not in use. The water is turned off.

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

100a - Exterior - Free of Hazards (continued)

Description of Violation

The red wheelchair ramp on the side of the home was uneven and sloped sharply away from the home posing a trip/fall hazard and making it difficult to ambulate safely with a wheelchair.

The exterior electric outlet by the red wheelchair ramp was detached from the building and electrical wires were exposed.

The fire escape steps exiting to the rear of the home were unstable and moved approximately 2"- 3" side to side when walked on, posing a trip/fall hazard.

Plan of Correction

Accept

Wheelchair ramp was fixed immediately. The exterior outlet was repaired on 3/19/20. Fire escape was fixed immediately on 3/19/21. Administrator will conduct weekly checks to ensure compliance of 2600.100.a.

Completion Date: 03/19/2021

Document Submission

Implemented

Sent.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following items were unlabeled and undated in the cabinet above the kitchen coffee maker:

- * 1 plastic container containing flour
- * 1 plastic container containing potato flakes

Plan of Correction

Accept

Staff educated on labeling all items in the kitchen cupboard. Administrator or designee will check weekly to ensure compliance of 2600.103.e.

Completion Date: 03/19/2021

Document Submission

Implemented

Sent.

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

There was an unlabeled and undated plastic bag of bacon in the freezer section of the upstairs refrigerator/freezer.

The following items were unlabeled and undated in the freezer section of the main floor kitchen's refrigerator/freezer:

- * 1 plastic bag containing 1 pound of ground beef*
- * 1 plastic bag containing 2 red peppers*
- * 1 plastic bag containing approximately 15 cheese sticks*
- * 1 plastic bag containing a beef roast*

Plan of Correction

Accept

Staff educated on labeling all items in the freezer and refrigerator. Administrator or designee will check weekly to ensure compliance of 2600.103.i.

Completion Date: 03/19/2021

Document Submission

Implemented

Sent.

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

The home's front door would not freely open when the crash bar was pushed, blocking egress from the home. The door was stuck against the top and left side of the door frame.

The front porch gate, exiting from the front porch to the walkway, was stuck shut and the latch would not release, blocking egress from the home.

Plan of Correction

Accept

The front door was fixed immediately on 3/18/2021. The inspector checked before leaving to ensure compliance. The front door gate latch was removed on 3/19/2021. Administrator will check daily for compliance of 2600.121.a.

Employees educated at quality management meeting on 4/15/2021.

to administrator immediately any door does

Completion Date: 08/01/2021

Document Submission

Implemented

Sent.

125b - Combustible Restrictions

1. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

125b - Combustible Restrictions (continued)

Description of Violation

Two 100 ounce bottles of Pine Sol Original multi surface cleaner with labels indicating "Combustible – do not use or store near heat or open flame," were unlocked, unattended and accessible to residents in the upstairs living room closet.

Plan of Correction

Accept

Door was fixed immediately and locked on 3/18/21. Staff educated on poisons being locked up at all times. Administrator will check weekly to ensure compliance of 2600.125.b.

Completion Date: 03/19/2021

Document Submission

Implemented

Sent.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The inspection date was not indicated on the fire extinguisher by the rear patio exit.

Plan of Correction

Accept

Fire extinguisher was inspected on 4/15/21. Staff notified of regulation. Administrator will check monthly to ensure compliance of 2600.131.f.

Completion Date: 04/15/2021

Document Submission

Implemented

Sent.

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 is no initial medical evaluation for resident #2, admitted [REDACTED]

Plan of Correction

Accept

Medical evaluation was completed on [REDACTED]. Administrator or designee will complete a initial review of all DME. Monthly reviews will be conducted by administrator or designee to ensure compliance of 2600.141.a.

Completion Date: 08/20/2021

Document Submission

Implemented

Sent.

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 prescribed [redacted] once a day; however, [redacted] was not labeled with the date it was opened.

Plan of Correction

Accept

Staff notified of regulation concerning open dates at quality review meeting on 4/15/2021. Medication cart audit including MAR to Label, label to inventory and prescribers orders. Administrator or designee will check weekly for compliance of 2600.185.a. Initial audit completed on 3/27/2021.

Completion Date: 08/20/2021

Document Submission

Implemented

Sent.

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:

- 4. Strength.
- 6. Dose.
- 8. Frequency of administration.

Description of Violation

Resident #4 is prescribed [redacted] - Take 1 tab 3 times daily. However, [redacted] March 2021 medication administration record (MAR) indicates [redacted] - Take 1 tab twice daily.

Plan of Correction

Accept

Staff educated on regulation concerning sign off procedures at quality review meeting on 4/15/2021. Medication cart audit including MAR to label, label to inventory and prescribing orders completed on 3/27/2021. MAR reviews will be conducted weekly to ensure compliance of 2600.187.a.

Completion Date: 08/20/2021

Document Submission

Implemented

Sent.

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.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #3 is prescribed [redacted] - Take 1 tablet every 8 hours as needed. Staff interviews indicate resident #3 is administered [redacted] daily at 8:00 a.m. and 8:00 p.m. However, [redacted] March 2021 MAR does not document 8:00 p.m. administrations from 3/1/21 - 3/17/21.

On 3/10/21, resident #4's prescription was changed from [redacted] - Take 1 tab twice daily, to [redacted] - Take 1 tab 3 times daily. [redacted] March 2021 MAR indicates this medication is to be administered at 8:00 a.m., 2:00 p.m. and 8:00 p.m. However, [redacted] March 2021 MAR does not document 2:00 p.m. administrations from 3/10/21 - 3/17/21.

Plan of Correction

Accept

Staff educated on sign off procedures for medication administration at quality review meeting on 4/15/2021. Administrator or designee will conduct Mar reviews weekly for compliance of 2600.187.b. Med cart audit including MAR to label, label to inventory and prescribers orders completed on 3/27/2021.

Completion Date: 08/20/2021

Document Submission

Implemented

Sent.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [redacted] - Take 1 tab every 8 hours as needed. However, staff interviews indicate the home administered [redacted] to the resident at 8:00 a.m. on 3/1/21 - 3/11/21 and at 8:00 a.m. on 3/14/21 - 3/18/21.

Plan of Correction

Accept

Staff educated on following prescriber orders. Family notified as well about bringing correct dose. Administrator will check weekly for compliance of 2600.187.d. Medication cart audit including MAR to label, label to inventory and prescribers orders conducted on 3/27/2021.

Completion Date: 08/20/2021

Document Submission

Implemented

Sent.