

Department of Human Services  
Bureau of Human Service Licensing

May 18, 2021

██████████ ADMINISTRATOR/OWNER  
LAURA B SEGERS AND JOEL W SEGERS  
1502 E. WASHINGTON STREET  
NEW CASTLE, PA 16101

RE: LA CASA PERSONAL CARE HOME  
1502 E. WASHINGTON STREET  
NEW CASTLE, PA, 16101  
LICENSE/COC#: 40211

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2021 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:** LA CASA PERSONAL CARE HOME      **License #:** 40211      **License Expiration Date:** 04/02/2021  
**Address:** 1502 E WASHINGTON STREET, NEW CASTLE, PA 16101  
**County:** LAWRENCE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7246547824      **Email:** [REDACTED]

**Legal Entity**

**Name:** LAURA B SEGERS AND JOEL W SEGERS  
**Address:** 1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101  
**Phone:** 7246547824      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 10/04/1996      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 13      **Working Staff:** 10

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/08/2021

**Inspection Dates and Department Representative**

04/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 13      **Residents Served:** 13

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 8      **Are 60 Years of Age or Older:** 7  
**Diagnosed with Mental Illness:** 13      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 0      **Have Physical Disability:** 2

**Inspections / Reviews**

04/08/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/22/2021

Inspections / Reviews (*continued*)

4/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/30/2021*

5/3/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/07/2021*

5/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 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

*Per the Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings, updated November 18, 2020, states that, except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.*

*At 9:00 am, staff member A was working inside the home and not wearing a face covering. At 9:35 am, staff member B was working inside the home and not wearing a face covering.*

#### Plan of Correction

**Directed**

*Staff members A & B, as well as all 13 of the residents of La Casa PCH have received both Covid-19 vaccinations (on 2/11/21 and 3/11/21), and believed themselves to be in compliance with the latest CDC guidelines. However, after instruction from the Inspector, all individuals at La Casa are now required to wear face masks. The staff has been notified and is compliant. The Administrator will read all e-mails from DHS more carefully from now on to ensure that we are up-to-date on the most current guidelines.*

*DIRECTED: A designated staff person shall inspect the home daily to ensure all staff persons are wearing facial coverings at all times in accordance with the Order of the Secretary of the Pennsylvania Department of Health, updated 11/18/20 LM 5/3/21*

**Completion Date:** 04/09/2021

#### Document Submission

**Implemented**

*Staff members A & B, as well as all 13 of the residents of La Casa PCH have received both Covid-19 vaccinations (on 2/11/21 and 3/11/21), and believed themselves to be in compliance with the latest CDC guidelines. However, after instruction from the Inspector, all individuals at La Casa are now required to wear face masks. The staff has been notified and is compliant. The Administrator will read all e-mails from DHS more carefully from now on to ensure that we are up-to-date on the most current guidelines.*

*A designated staff person shall inspect the home daily to ensure all staff persons are wearing facial coverings at all times in accordance with the Order of the Secretary of the Pennsylvania Department of Health, updated 11/18/20 LM 5/3/21*

## 25b - Contract Signatures

### 1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

#### Description of Violation

*The resident-home contract for resident #1, dated [REDACTED] does not include the date the resident and the home's administrator signed the resident-home contract.*

## 25b - Contract Signatures (continued)

**Plan of Correction****Directed**

The date on the resident-home contract was inadvertently left out. This contract was completed and signed by the resident on the day of admission to La Casa, as has been the case for the last 16 years, without exception. The correct date has now been added to the contract. In the future, the Administrator will closely review each document and contract to ensure that no pertinent information (such as dates) are left out before placing in the resident's file.

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident-home contracts to ensure they are completed in their entirety. LM 5/3/21*

**Completion Date:** 04/09/2021

**Document Submission****Implemented**

The date on the resident-home contract was inadvertently left out. This contract was completed and signed by the resident on the day of his admission to La Casa, as has been the case for the last 16 years, without exception. The correct date has now been added to the contract. In the future, the Administrator will closely review each document and contract to ensure that no pertinent information (such as dates) are left out before placing in the resident's file. Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident-home contracts to ensure they are completed in their entirety. LM 5/3/21

## 94b - Non-Skid Surface

**1. Requirements**

2600.

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

**Description of Violation**

6 of the steps from the 2nd floor fire escape to the alley side porch do not have a nonskid surface.

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

The Administrator has applied new non-skid strips to the steps and has inspected all other steps, stairs and ramps to ensure they do currently have adequate nonskid surfaces. As soon as the weather permits and the decking surfaces are dry, the decking and steps will all be repainted with non-skid paint and all new non-skid strips will be applied on steps and ramps. The Administrator will check the condition of all steps and ramps at the home during the weekly walk-through inspection to ensure that they have non-skid surfaces.

**Completion Date:** 04/09/2021

**Document Submission****Implemented**

The Administrator has applied new non-skid strips to the steps and has inspected all other steps, stairs and ramps to ensure they do currently have adequate nonskid surfaces. As soon as the weather permits and the decking surfaces are dry, the decking and steps will all be repainted with non-skid paint and all new non-skid strips will be applied on steps and ramps. The Administrator will check the condition of all steps and ramps at the home during the weekly walk-through inspection to ensure that they have non-skid surfaces.

## 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.

103f - Refrigerator/Freezer Temps (continued)

**Description of Violation**

At 9:50am, the temperature in the kitchen freezer next to the dining room was 10 degrees Fahrenheit, and at 1:55pm it was 15 degrees Fahrenheit. This freezer was full with various meat, dairy and produce products.

**Plan of Correction**

**Accept**

The Administrator adjusted the refrigerator/freezer to try to bring the temperature down to the required level. When this failed to bring the thermometer reading down to zero degrees, we replaced it with a new thermometer, and the reading immediately dropped to zero degrees. The new thermometer has been checked numerous times since and each time shows a temperature of zero degrees. All refrigerator and freezer thermometers will be checked daily by the staff and recorded on a log sheet. Any temperatures that are not in the safe zone will be immediately reported to the Administrator so that corrective steps can be taken.

Completion Date: 04/08/2021

**Document Submission**

**Implemented**

The Administrator adjusted the refrigerator/freezer to try to bring the temperature down to the required level. When this failed to bring the thermometer reading down to zero degrees, we replaced it with a new thermometer, and the reading immediately dropped to zero degrees. The new thermometer has been checked numerous times since and each time shows a temperature of zero degrees. All refrigerator and freezer thermometers will be checked daily by the staff and recorded on a log sheet. Any temperatures that are not in the safe zone will be immediately reported to the Administrator so that corrective steps can be taken.

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.

**Description of Violation**

Resident #2's most recent medical evaluation, dated [REDACTED], is blank under the body positioning and movement section.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Directed**

*Resident #2 is fully ambulatory, as are all of the residents at La Casa PCH, therefore "body positioning and movement" are not an issue. This medical evaluation has now been corrected. In the future, the Administrator will review the medical evaluations more closely to ensure that all sections are filled in correctly before it is placed in the resident's file and will do once weekly random checks on files to check that all forms are complete.*

*DIRECTED: Within 5 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 medical evaluation present. LM 5/3/21*

**Completion Date:** 04/08/2021

**Document Submission****Implemented**

*Resident #2 is fully ambulatory, as are all of the residents at La Casa PCH, therefore "body positioning and movement" are not an issue. This medical evaluation has now been corrected. In the future, the Administrator will review the medical evaluations more closely to ensure that all sections are filled in correctly before it is placed in the resident's file and will do once weekly random checks on files to check that all forms are complete.*

*DIRECTED: Within 5 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 medical evaluation present. LM 5/3/21*

## 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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident #1 is prescribed Melatonin-3mg cap/tab-Take 6mg (2 cap/tab) by mouth at bedtime; however, resident #1's April 2021 medication administration record (MAR) does not indicate the strength of the prescribed medication.*

*Resident #1 is prescribed the following medications which are not present on the resident's April 2021 MAR:*

- *Pantoprazole-40mg tablets-Take 1 tablet by mouth every day*
- *Hydroxyzine HCL-10mg tablets-Take 1 tablet by mouth 3 times a day as needed*

## 187a - Medication Record (continued)

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

*These medications have now been entered appropriately on the current Medication Administration Record. The Administrator will review each MAR carefully before the beginning of each month, and also whenever there is a medication change or addition, to ensure that this does not happen again. Staff has been instructed to immediately report any questions, concerns or missing entries in the MAR to the Administrator so they can be corrected.*

**Completion Date:** 04/08/2021

**Document Submission****Implemented**

*These medications have now been entered appropriately on the current Medication Administration Record. The Administrator will review each MAR carefully before the beginning of each month, and also whenever there is a medication change or addition, to ensure that this does not happen again. Staff has been instructed to immediately report any questions, concerns or missing entries in the MAR to the Administrator so they can be corrected.*

## 190a - Completion Medication Course

**1. Requirements**

2600.

- 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 an annual practicum in accordance with the Department-approved medication administration course since 7/31/19. Staff person C has administered medications to residents, including the following medications to resident #1:*

- *Oxcarbazepine-50mg at 8:00am on 4/1/21, 4/2/21, 4/5/21 and 4/6/21*
- *Aspirin-81mg at 8:00am on 4/1/21, 4/2/21 4/5/21 and 4/6/21*
- *Vitamin D3-25mcg at 8:00am on 4/1/21, 4/2/21, 4/5/21 and 4/6/21*
- *Olanzapine-10mg at 8:00am on 4/1/21, 4/2/21, 4/5/21 and 4/6/21*

**Plan of Correction****Directed**

*The day after the inspection the Administrator located the paperwork showing that this employee did successfully complete ■■■ annual practicum on 7/31/20, but the forms were not in ■■■ file. They have now been returned to the file. The Administrator (who is also the Medication Administration Trainer) had also conducted a med-pass observation and a MAR review on this employee on 12/28/20, as noted in ■■■ Planner, but had failed to fill out the appropriate forms showing this. The day after the inspection, this information was entered onto the appropriate forms and placed in this employee's file. The Administrator has created a system of reminders in ■■■ Planner, and has better organized the required forms, to ensure that this oversight does not happen again. DIRECTED: Documentation of the home's new system shall be kept. LM 5/3/21*

*DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review the records of all staff persons who administer medications to ensure they are qualified in accordance with the Department-approved medication administration course. LM 5/3/21*

**Completion Date:** 04/09/2021

## 190a - Completion Medication Course (continued)

**Document Submission****Implemented**

The day after the inspection the Administrator located the paperwork showing that this employee did successfully complete ■■■ annual practicum on 7/31/20, but the forms were not in ■■■ file. They have now been returned to the file. The Administrator (who is also the Medication Administration Trainer) had also conducted a med-pass observation and a MAR review on this employee on 12/28/20, as noted in ■■■ Planner, but had failed to fill out the appropriate forms showing this. The day after the inspection, this information was entered onto the appropriate forms and placed in this employee's file. The Administrator has created a system of reminders in ■■■ Planner, and has better organized the required forms, to ensure that this oversight does not happen again. DIRECTED: Documentation of the home's new system shall be kept. LM 5/3/21  
DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review the records of all staff persons who administer medications to ensure they are qualified in accordance with the Department-approved medication administration course. LM 5/3/21

## 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 #1's preadmission screening form is undated, so it is unable to be determined if the form was completed within 30 days prior to admission. The resident was admitted to the home on ■■■■.

**Plan of Correction****Directed**

The Administrator checked her Planner and determined that the preadmission screening was completed the day before this resident moved into La Casa. The date (■■■■) has now been added to the form. The Administrator will review each form for accuracy and completeness before filing in the resident's file and will do once weekly random checks on the residents' files to determine that they are accurate and complete.

DIRECTED: Within 5 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 preadmission screening present. LM 5/3/21

Completion Date: 04/08/2021

**Document Submission****Implemented**

The Administrator checked her Planner and determined that the preadmission screening was completed the day before this resident moved into La Casa. The date (■■■■) has now been added to the form. The Administrator will review each form for accuracy and completeness before filing in the resident's file and will do once weekly random checks on the residents' files to determine that they are accurate and complete.  
DIRECTED: Within 5 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 preadmission screening present. LM 5/3/21

## 225c - Additional Assessment

**1. Requirements**

2600.

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

225c - Additional Assessment (*continued*)**Description of Violation**

*Resident #3's most recent assessment was completed on 7/8/20; however, the resident's previous assessment was completed on 4/12/19.*

**Plan of Correction****Directed**

*Due to the Covid-19 pandemic, this resident's physician was not seeing any patients in the office for several months. The Administrator was not able to obtain an appointment for this resident until July, 2020. This resident's health remained very good, with no changes or concerns, during this delay. This is the only resident in the home that was due for an annual assessment during this time. If this situation happens again, the Administrator will contact the doctor's office for advice on alternate ways to meet the need for an annual physical.*

*DIRECTED: Within 72 hours of receipt of the plan of correction: An assessment shall be completed for resident #3. A copy of the assessment shall be kept in the resident's record. LM 5/3/21*

*DIRECTED: Within 5 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. LM 5/3/21*

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure an assessment is completed for each resident at least annually. LM 5/3/21*

**Completion Date:** 04/08/2021

**Document Submission****Implemented**

*Due to the Covid-19 pandemic, this resident's physician was not seeing any patients in the office for several months. The Administrator was not able to obtain an appointment for this resident until July, 2020. This resident's health remained very good, with no changes or concerns, during this delay. This is the only resident in the home that was due for an annual assessment during this time. If this situation happens again, the Administrator will contact the doctor's office for advice on alternate ways to meet the need for an annual physical.*

*DIRECTED: Within 72 hours of receipt of the plan of correction: An assessment shall be completed for resident #3. A copy of the assessment shall be kept in the resident's record. LM 5/3/21*

*DIRECTED: Within 5 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. LM 5/3/21*

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure an assessment is completed for each resident at least annually. LM 5/3/21*