

Department of Human Services
Bureau of Human Service Licensing

November 23, 2021

[REDACTED]

RE: EVANS' PERSONAL CARE HOME
503 CENTENNIAL AVENUE
NEW GALILEE, PA, 16141
LICENSE/COC#: 41737

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021 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

November 19, 2021

RE: EVANS' PERSONAL CARE HOME
503 CENTENNIAL AVENUE
NEW GALILEE, PA, 16141
LICENSE/COC#: 41737

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/02/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *EVANS' PERSONAL CARE HOME* License #: *41737* License Expiration Date: *11/03/2021*
Address: *503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *02/10/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/02/2021*

Inspection Dates and Department Representative

06/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

06/02/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2021*

Inspections / Reviews *(continued)*

11/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Exception*

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

CPR training for all of the home's staff was conducted online through the National CPR Foundation and did not have any hands-on component. Also, the National CPR Foundation is not certified by a hospital or recognized healthcare organization.

Plan of Correction

Accept

The training for this will be completed by August 6, 2021. Instructor is on vacation until the 29th, no other courses offered at any earlier date. Will send copies ASAP.

Within 7 calendar days of receipt of the plan of correction - The administrator will ensure that on each shift there is a staff person fully trained in CPR by an individual certified as a trainer by a hospital or other recognized health care organization, which includes an in-person component. -- 9/21/21

As part of the staff training component of the quality management review, the administrator will monitor CPR training and other certification expiration dates to ensure there are no lapses. -- 9/21/21

Completion Date: 09/14/2021

Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a black plastic ashtray containing approximately 9 cigarette butts next to numerous canned foods, crackers, and cereal on the middle pantry shelf.

Plan of Correction

Accept

A meeting was held with the 3 smokers of the house and again the house and smoking policy was reviewed.

Daily checks will be done as to no ashtrays or smoking inside the home.

All staff, including kitchen staff will be educated on monitoring the home for sanitary conditions and to ensure ashtrays are not stored inside the home and that smoking is only taking place in the designated smoking area. -- 9/21/21

Completion Date: 09/21/2021

Implemented

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

92 - Windows (continued)

Description of Violation

Accept

There were no screens in either of the two windows in the upstairs bathroom.

Plan of Correction

A screen was put in place inside the upstairs window and the air conditioner was also installed in the 2nd window of the upstairs bathroom.

Checks will be done monthly to ensure the screen stays in place. Photo enclosed.

Within 7 calendar days of receipt of the plan of correction - A designated staff person will monitor all windows in the home at least monthly to ensure screens are in place. - [REDACTED] 9/21/21

Completion Date: 6/3/2021

Implemented

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.

Description of Violation

The 8th step down on the top flight of the emergency exit stairway from the second floor was rotted and and bowing, posing a fall hazard, Also, there were 3 nails protruding approximately 2 inches from the front of the step, where approximately 2 inches of the step is missing, posing a laceration hazard.

Plan of Correction

Accept

The step was repaired and had been on the list for Admin. However it was repaired on 6/3/21.

Checklist will be completed in a more timely manner for future repairs.

Completion Date: 06/03/2021

Implemented

103d - Storing Food Off Floor

1. Requirements

2600.

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

Description of Violation

There was a box of potatoes stored on the floor in the basement.

103d - Storing Food Off Floor (continued)

Plan of Correction

Accept

All food items are kept on shelves in the pantry. Admin will check for future items to remain on shelves on daily checks.

Potatoes were removed from basement floor after insp remarked they could not be stored on the floor even though they were in a box.

Immediately - All staff will be educated that no food may be stored on the floor. - [redacted] 9/21/21

Completion Date: 09/21/2021

Implemented

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 Repeat Violation

The temperature in the kitchen refrigerator measured 46 degrees Fahrenheit at 9:30a.m. and at 1:15p.m.

Repeat Violation: 4/1/2019

Plan of Correction

Accept

Temp. came up to the correct temp after removing it from the door of the fridge and items moved around for more airflow due to overcrowding of food from the holiday.

Admin/staff will monitor the fridge temp daily and keep thermometer in back of fridge. Photo enclosed.

All staff will be educated on safe food storage temperatures and to monitoring thermometer temperatures daily. --

[redacted] 9/21/21

Completion Date: 06/03/2021

Implemented

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The rabies vaccination for resident #1's dog, Shadow, expired on 7/22/2020.

109b - Rabies Vaccination (continued)

Plan of Correction

Accept

Oversight at to expiration of dog's rabies vaccine. Admin. will remind owner (resident) to keep a calendar for upcoming vaccination. Admin took "Shadow" and has current 3 year rabies tag and license. Appt was made by admin for veterinarian. Photo enclosed

Completion Date: 07/11/2021

Implemented

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

There was a concrete paver leaning against a railing and an extension cord blocking approximately 14 inches of the egress path at the bottom of the 2nd floor emergency exit stairs. Also, the extension cord was draped over the landscaping pad and lying on the bottom step, posing a trip hazard.

Plan of Correction

Removal was done and admin will check all stairways, egress, passageways for any type of blockage on a daily basis. Items were removed. Photo enclosed.

Within 30 calendar days of receipt of plan of correction- All staff will be educated on to keeping all egress routes clear at all times. - [redacted] 09/21/21

Completion Date: 09/21/2021

Implemented

144c1 - Smoking Area Guidelines

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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 9:45a.m., there was a cigarette butt on the ledge of the upstairs common bathroom and the room smelled of cigarette smoke. Staff person A, [redacted] indicated that resident #2 frequently ignores the smoking policy and smokes inside the home. The home's smoking policy indicates that "residents must smoke outside the building in designated smoking areas."

144c1 - Smoking Area Guidelines (continued)

Plan of Correction

Accept

A smoking policy was reviewed with residents/staff as to no smoking inside the home, smoking only in designated areas. Resident is again reminded that he is not to smoke inside the home.

Within 7 calendar days of receipt of the plan of correction -- If the resident continues to smoke inside the home, the home must use the assessment-support plan process, positive interventions (see § 2600.201), and/or the discharge process to address these behaviors. -- JRW 9/21/21

Completion Date: 09/21/2021

Implemented

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 A did not complete any of the annual practicum requirements for 2020, as required by the Department-approved medications administration course. However, staff person A regularly administers medications to all residents of the home, to include the following:

- [Redacted]
- [Redacted]

Staff person B did not complete any of the annual practicum requirements for 2020, as required by the Department-approved medications administration course. However, staff person B regularly administers medications to all residents of the home, to include the following:

- [Redacted]
- [Redacted]

Plan of Correction

Accept

All staff have completed the annual practicum on a yearly basis. Proof of certification is enclosed and was not available during the inspection. The nurse who does the reviews had kept it in [Redacted] file but has since returned the certificates to the home. Photo enclosed.

Within 7 calendar days of receipt of the plan of correction - The administrator will ensure all staff records are immediately available upon request from the Department. - [Redacted] /21/21

Completion Date: 09/21/2021

Implemented

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision (continued)**Description of Violation**

The support plan for resident #3, dated [REDACTED] is blank in the description of medication needs and the plan to meet medication needs. Resident #3 is assessed as capable of self-administration with assistance with remembering medication schedule, offering medications, and opening medication containers.

The support plan for resident #4, dated [REDACTED] is blank in the description of medication needs and the plan to meet medication needs. Resident #4 is assessed as capable of self-administration with assistance with remembering medication schedule, offering medications, and opening medication containers.

Plan of Correction**Accept**

An addendum has been added to meet the needs of all residents who are assessed as self-admin with assistance. For future reference on the support plan it will read the correct assistance per needs by staff or admin. Photo enclosed.

Within 7 calendar days of receipt of the plan of correction -- Any resident who is assessed capable of self-administering medications will have a detailed support plan to indicate if the resident is self-administering medications, and which medications, if any, and the assistance needed. -- [REDACTED] 9/21/21

Completion Date: 09/21/2021**Implemented**