

Department of Human Services
Bureau of Human Service Licensing

June 23, 2021

██████████ OWNER
LYTLES PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA 15459

RE: LYTLE'S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459
LICENSE/COC#: 44391

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

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MARKLEYSBURG, PA 15459

RE: LYTLE'S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459
LICENSE/COC#: 44391

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/04/2021 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,
Janine Wenzig

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: *LYTLE'S PERSONAL CARE HOME LLC* **Licen e #:** *44391* **Licen e Expiration Date:** *03/07/2022*
Addr e : *4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459*
County: *FAYETTE* **Region:** *WESTERN*

Administrator

Name: [REDACTED] **Phone:** *7243291020* **Email:** [REDACTED]

Legal Entity

Name: *LYTLES PERSONAL CARE HOME LLC*
Address: *4508 NATIONAL PIKE, MARKLEYSBURG, PA, 15459*
Phone: *8142790961* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *03/24/1994* **Issued By:** *L&I*

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff:** *29* **Waking Staff:** *22*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Complaint* **Exit Conference Date:** *06/04/2021*

Inspection Dates and Department Representative

06/04/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served:** *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older:** *27*
Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *2* **Have Physical Disability:** *1*

Inspections / Reviews

06/04/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/18/2021*

6/23/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/25/2021*

6/23/2021 - Document Submission

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

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 6/2/21, a representative of the Area Agency on Aging's Protective Services informed staff person A, the owner, and staff person B, the administrator of an allegation of suspicious bruising of resident #1's arms, chest and back and that staff person B grabbed the resident's arm. The home did not complete a mandatory report of abuse and submit it to the the Area Agency Aging within 48 hours.

Plan of Correction

Accept

A mandatory abuse report was submitted to the area Agency Aging on 06-04-2021. Never had to complete a Act 13 Mandatory abuse report before.

Suspected Resident Abuse Reporting and Investigation Requirements chart was posted for staff and staff was re-educated on mandatory abuse report.

Lytle's PCH will report all abuse reports to the Area Agency Aging with required time frame.

Completion Date: 06/23/2021

Document Submission

Implemented

Documentation provided

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 6/2/21, a representative of the Area Agency on Aging's Protective Services informed staff person A, the owner, and staff person B, the administrator of an allegation of suspicious bruising of resident #1's arms, chest and back and that staff person B grabbed the resident's arm. Staff person B provided unsupervised direct care on 6/4/21, from 7:00 a.m,-9:00 a.m.

Plan of Correction

Accept

On 06-04-2021 the alleged staff person B was put on supervision until alleged investigation of abuse is completed. Never had a allegation of abuse prior to complaint.

Staff was educated on plan of supervision and or suspension of staff member that may be accused of abuse.

Completion Date: 06/23/2021

Document Submission

Implemented

documentation provided

16c - Written Incident Report

1. Requirements

2600.

16c - Written Incident Report (continued)

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/2/21, a representative of the Area Agency on Aging's Protective Services informed staff person A, the owner, and staff person B, the administrator of an allegation of suspicious bruising of resident #1's arms, chest and back and that staff person B grabbed the resident's arm. The home did not report this incident to the Department until 6/6/21.

Plan of Correction

Accept

A incident report was submitted to the Bureau of Human Services Licensing on 06-04-2021 regarding the allegation of abuse.

Staff was re-educated on incident report requirements and abuse chart was reviewed.

Any incident report will be submitted to department in required time frame.

Completion Date: 06/23/2021

Document Submission

Implemented

documentation provided

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment for resident #1, dated 9/14/2020, does not include the resident's behavior of placing self on the floor many times per day or how the home will address the behavior.

Plan of Correction

Accept

Resident #1 assessment was updated on 06-04-2021 to include [redacted] behaviors of lowering herself to the floor several times a day. Assessment was reviewed with staff on what the plan is when resident shows this behavior to assist [redacted]

Completion Date: 06/23/2021

Document Submission

Implemented

documentation provided