

Department of Human Services
Bureau of Human Service Licensing

July 7, 2021

██████████ OWNER/ADMINISTRATOR
AM PM PERSONAL CARE HOME, INC.
555 ADRIAN ROAD, PO BOX 123
DELANCEY, PA 15733

RE: AM/PM PERSONAL CARE HOME
P.O. BOX 123,555 ADRIAN ROAD
DELANCEY, PA, 15733
LICENSE/COC#: 40736

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2021 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

July 6, 2021

██████████ OWNER/ADMINISTRATOR
AM PM PERSONAL CARE HOME, INC.
555 ADRIAN ROAD, PO BOX 123
DELANCEY, PA 15733

RE: AM/PM PERSONAL CARE HOME
P.O. BOX 123,555 ADRIAN ROAD
DELANCEY, PA, 15733
LICENSE/COC#: 40736

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/16/2021 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: AM/PM PERSONAL CARE HOME **Licen e #:** 40736 **Licen e Expiration Date:** 09/23/2021
Addr e : P O BOX 123,555 ADRIAN ROAD, DELANCEY, PA 15733
County: JEFFERSON **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 8149392676 **Email:** [REDACTED]

Legal Entity

Name: AM PM PERSONAL CARE HOME, INC.
Address: 555 ADRIAN ROAD, PO BOX 123, DELANCEY, PA, 15733
Phone: 8149392676 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/25/1997 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 27 **Waking Staff:** 20

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/16/2021

Inspection Dates and Department Representative

06/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 32 **Residents Served:** 26

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

06/16/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/05/2021*

7/6/2021 POC Submission

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

7/6/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/08/2021*

7/7/2021 - Document Submission

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

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has a 1/2 bedrail on each side his/her bed. The bedrail on the right side of the bed has multiple openings measuring approximately 6" wide by 12" long, posing an entrapment hazard. The left side rail is against the wall.

Plan of Correction

Accept

A bed rail cover was ordered for Resident #1, 1/2 bedrail and was delivered and placed over the bedrail on July 1. Please see attached copy of the order.

To assure future compliance, all staff will be trained in the risks of bedrails and enabler openings and will monitor the bedrails daily to ensure the covering remains in place and the the bedrails/enabler bars in all resident rooms remain covered and secured to the bed.

Completion Date: 07/01/2021

Document Submission

Implemented

Documentation provided

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

On 6/16/21 at 10:24 a.m., the temperature of the upright white freezer in the laundry room measured 5 degrees Fahrenheit, and at 11:26 a.m., it measured 2 degrees Fahrenheit.

Plan of Correction

Accept

At the time of the inspection, the inspector suggested placing the freezer thermometer further inside the freezer. AM/PM Administrator moved the thermometer at approximately 6:00p.m. following the exit interview with the inspector. Staff re checked the thermometer at approximately 7:00p.m. and the temperature was 0.

To assure future compliance, AM/PM Day to Day Manager and cook will assure thermometers are placed at an internal location in freezers.

Completion Date 06/16/2021

Document Submission

Implemented

Documentation provided

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers some medications and stores them in his/her room. On 6/16/21, at approximately 11:10 a.m., there were several unattended and unlocked medications, including Tylenol in the resident's file cabinet. The filing cabinet has a lock, however, the key was in the lock. The bedroom door was unlocked and the door was ajar.

Plan of Correction

Accept

This was corrected at the time of the inspection. AM/PM Administrator removed the key from the filing cabinet and oriented Resident #2 to the fact that the key must be removed from the lock each time [redacted] leaves the room. To assure future compliance, Day to Day Manager and staff will monitor resident daily to ensure Resident #2 removes the filing cabinet each time [redacted] leaves [redacted] room.

Completion Date: 06/16/2021

Document Submission

Implemented

Documentation provided.

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:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3's June 2021 medication administration record (MAR) does not include the diagnosis or purpose for multiple medications, including Amlodipine 10mg, Levothyroxin 50mcg and Memantine HCL 10mg.

Plan of Correction

Accept

Resident #3's MAR was corrected to indicate diagnosis for the above listed medications. Please see attachment. To assure future compliance, AM/PM Day to Day Manager will review resident MAR's for diagnosis'.

Completion Date: 07/01/2021

Document Submission

Implemented

Documentation provided.

187c - Refusal of Medication

1. Requirements

2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 is prescribed multiple medications, including Memantine HCL 10mg, Furosemide 40mg and Pantoprazole 40mg. On multiple days/times, including 6/3/21, at 8:00 a.m., 6/5/21 at 8:00 a.m., resident #3 refused to take the scheduled medications. The home did not report the refusals to the prescriber.

Plan of Correction**Accept**

Please see attached Medical Excuse from Resident #3's prescriber indicating that it is not necessary to report medication refusals each time resident refuses medications.

To assure future compliance AM/PM Day to Day Manager will monitor refusal of medications and will report to prescriber or will obtain a medical excuse as necessary.

Completion Date: 06/30/2021

Document Submission**Implemented**

Documentation provided.

225c - Additional Assessment**1. Requirements**

2600.

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

Description of Violation

Resident #4's assessment, dated 4/8/21, does not include the type and frequency of hospice services provided.

Resident #5's assessment, dated 10/7/2020, does not include the resident's need for 2-person assistance in transferring and ambulation due to safety.

Plan of Correction**Accept**

Resident #4 is NOT a hospice patient.

Please see an updated assessment for Resident #5 which was completed by AM/PM Day to Day Manager on June 29, 2021.

To assure future compliance, AM/PM Day to Day Manager will monitor and update resident assessments as resident's status' change.

Completion Date: 06/29/2021

Document Submission**Implemented**

Documentation provided.