

Department of Human Services
Bureau of Human Service Licensing

March 21, 2022

[REDACTED], ADMINISTRATOR

RE: LIBERTY SQUARE PERSONAL CARE
86 MAIN STREET
STOUCHSBURG, PA, 19567
LICENSE/COC#: 20572

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2021 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

Facility Information

Name: *LIBERTY SQUARE PERSONAL CARE* License #: *20572* License Expiration: *10/01/2021*
Address: *86 MAIN STREET, STOUCHSBURG, PA 19567*
County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/17/1999* Issued By: *PALI*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/24/2021*

Inspection Dates and Department Representative

08/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *19* 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: *0* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/24/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2022*

Inspections / Reviews (*continued*)

02/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/04/2022*

03/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The most current License Inspection Summary dated 8/13/2019, was not posted in a conspicuous and public location.


Plan of Correction

Accept

A copy current license was posted in a public area. An administrator will monitor compliance.

Completion Date: 08/25/2021

Update: 02/25/2022

Please send/Attach (picture) of compliance. 2-25-2022 

Document Submission

Implemented

A copy of the current license was posted in a public area. An administrator will monitor compliance.

26a - Quality Management Plan

1. Requirements

2600.

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

Description of Violation

The home did not have documentation that an annual quality management plan review had taken place within the past 12 months.

Plan of Correction

Accept

Quality management plan review was done in the form of a staff meeting. Quality Management plan review will be done annually going forward. Administration will monitor for compliance.

Completion Date: 08/30/2021

Update: 02/25/2022

Please send/Attach copy of the home's Quality Management plan. 2-25-2022 

Document Submission

Implemented

Quality management plan review was done in the form of a staff meeting. Quality Management plan review will be done annually going forward. Administration will monitor for compliance.

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The overhead lighting for the inside center staircase was not working.

Plan of Correction

Accept

Administrator has changed light bulbs in the inside center staircase and will monitor for compliance.

Completion Date: 08/26/2021

87 - Lighting (continued)

Update: 02/25/2022

Please send/Attach proof (picture) of compliance. 2-25-2022 [REDACTED]

Document Submission**Implemented**

Administrator has changed light bulbs in the inside center staircase and will monitor for compliance.

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

The Documentation of Medical Evaluation dated [REDACTED] for Resident 1, was incomplete. The section for health status and body positioning were left blank.

Plan of Correction**Accept**

Resident 1 was discharged from our facility on September 25th 2021. Going forward, direct care staff transporting residents to doctor's office will review DME before leaving the appointment to insure all sections of the DME are complete. Administration will monitor for continued compliance.

Completion Date: 09/30/2021

Document Submission**Implemented**

Resident 1 was discharged from our facility on September 25th 2021. Going forward, direct care staff transporting residents to doctor's office will review DME before leaving the appointment to insure all sections of the DME are complete. Administration will monitor for continued compliance.

102f - Towel/Washcloth/Soap**1. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

There were no paper towels available in the 1st floor bathroom. Repeat violation from 8/13/2019.

Plan of Correction**Accept**

The administrator has recognized this as a recurring violation because residents take paper products out of shared down stair bathroom. Administrator will order and connect hand blow dryer to solve this violation.

Completion Date: 08/26/2021

102f - Towel/Washcloth/Soap (continued)

Update: 02/25/2022

Please send/Attach proof of compliance. 2-25-2022 [REDACTED]

Document Submission

Implemented

The administrator has recognized this as a recurring violation because residents take paper products out of shared down stairs bathroom. Administrator will order and connect hand blow dryer to solve this violation. Currently all residents that reside on the lower level and share the bathroom will receive their own roll of toilet paper and paper towels to bring to and from their shared bathroom until air hand dryer is installed and functional.

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:

Description of Violation

Resident 2 has a PRN order for [REDACTED]. They received this PRN medication on 8/4, 8/5, and 8/10/2021, but there was no documentation of why the medication was administered or the effectiveness of the medication. Repeat violation from 8/13/2019.

Plan of Correction

Accept

DCS member responsible for failure to complete documentation was in-serviced in the proper procedure of PRN documentation. All DCS will monitor each other for compliance.

Completion Date: 08/25/2021

Update: 02/25/2022

Please send/Attach proof of staff training. 2-25-2022 [REDACTED]

Document Submission

Implemented

DCS member responsible for failure to complete documentation was in-serviced in the proper procedure of PRN documentation. All DCS will monitor each other for compliance.