

Department of Human Services
Bureau of Human Service Licensing

September 13, 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 08/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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: *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:** *02/23/1994* **Issued By:** *L&I*

Staffing Hours

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

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Incident* **Exit Conference Date:** *08/05/2021*

Inspection Dates and Department Representative

08/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served:** *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older:** *21*
Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *1* **Have Physical Disability:** *0*

Inspections / Reviews

08/05/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/19/2021*

Inspections / Reviews (*continued*)

8/16/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *08/18/2021*

8/17/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/23/2021*

8/26/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2021*

9/13/2021 - 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

The Adult Protective Services Act 70 of 2010 requires an employee or an administrator who has reasonable cause to suspect that a resident is a victim of abuse or neglect to immediately make an oral report to the local contracted provider of protective services agency. However, on 7/31/21 at approximately 4:50 p.m., there was an alleged incident of abuse between direct care staff person A and resident #1 and it was not reported to Adult Protective Services until 8/4/21.

Plan of Correction

Do Not Accept

Lytle's PCH will comply with Adult Protective Services act 70 and report any alleged incident of abuse or neglect immediately.

A mandatory abuse report was sent to Protective Services on 08-03-2021 and Lytle's PCH should of made a phone call to Protective Services immediately.

Lytle's PCH sent the Department of Human Services a incident report on 08-01-2021.

A copy of the Suspected Resident Abuse Reporting and Investigation Requirements was given to all employees and is posted in the PCH.

Completion Date: 08/15/2021

Plan of Correction

Directed

Lytle's PCH will immediately comply with applicable Federal, State, and local laws, ordinances and regulations. Which includes complying with Adult Protective Services act 70 and report any alleged incident of abuse or neglect immediately.

A mandatory abuse report was sent to Protective Services on 08-03-2021 and Lytle's PCH should of made a phone call to Protective Services immediately.

Lytle's PCH sent the Department of Human Services a incident report on 08-01-2021

A copy of the Suspected Resident Abuse Reporting and Investigation Requirements was given to all employees and is posted in the PCH.

DIRECTED:

Immediately: a,, staff shall be educated on the requirements of the Adult protective Services Act of 2010.

Documentation of education shall be kept. 8/17/21 JK

Immediately: The administrator or designee shall review all allegations of abuse to ensure all allegations of abuse are reported as required. 8/17/21 JK

Completion Date: 08/17/2021

Document Submission

Not Implemented

documentation provided

Document Submission

Implemented

see attached