

Department of Human Services
Bureau of Human Service Licensing

November 5, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: LASOSKY'S PERSONAL CARE HOME,
INC.
23 MAIN STREET
CLARKSVILLE, PA, 15322
LICENSE/COC#: 41858

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2021, 08/10/2021 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: *LASOSKY'S PERSONAL CARE HOME, INC.* License #: *41858* License Expiration Date: *02/22/2022*
Address: *23 MAIN STREET, CLARKSVILLE, PA 15322*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/02/1998* Issued By: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/10/2021*

Inspection Dates and Department Representative

08/09/2021 - On-Site: [REDACTED]
08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

08/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/31/2021*

11/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/05/2021*

11/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

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

Description of Violation

According to staff person A, [REDACTED], a quality management review has not been completed in the past 12 months.

Plan of Correction

Accept

A quality management review was completed on 10/24/2021. Manager was educated regarding the review process. Administrator will Complete review annually adding it to the Homes calendar to ensure it is not missed. See attached

Completion Date: 10/24/2021

Document Submission

Implemented

Sent previously

101j2 - Bedroom Chairs

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

On 8/9/21 at 11:30 a.m., there was only one chair in the upper level resident bedroom shared by three male residents in the "old side" of the home.

Plan of Correction

Accept

Chair was immediately added to the residents room. Staff will be educated regarding what is required to be in residents rooms. Meeting scheduled for 11/3/2022. Manager will do walk through all rooms monthly to ensure all items are present in residents rooms.

See attached monitoring log

Completion Date: 11/03/2021

Document Submission

Implemented

See attached

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

On 8/9/21 at 11:45 a.m., there were two chest freezers in the home's basement that contained the following unlabeled, undated items that were not in their original packaging:

* The freezer near the boiler contained a clear zip-close bag with five meat patties identified by staff person B as ham patties, two zip-close bags containing in excess of 13 round pizzas in each, a clear bag with approximately 30-40 breaded balls identified by staff person B as cauliflower, and a clear zip-close bag with French toast sticks.

* The freezer not near the boiler contained nine bags of garlic bread slices (eight slices per bag), and a large clear plastic bag that contained approximately 55 dinner rolls.

Plan of Correction

Accept

All items were immediately labeled. staff will be educated regarding 260.103i. Meeting scheduled for 11/03/2021 Manager to audit freezers monthly to ensure compliance.

See attached monitoring log

Completion Date: 11/03/2021

Document Submission

Implemented

See attached

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 certificate for one of the home's pet cats, Harry (Hai'r as indicated on his rabies vaccination), expired on 5/8/21.

Plan of Correction

Accept

Appointment was immediately made for Harry. Vaccine was administered on Sept. 13, 2021. Manager to monitor vaccines on house pets annually for compliance.

Completion Date: 09/13/2021

Document Submission

Implemented

See Attached

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Repeat Violation

Resident #1 is ordered [redacted] before meals and at bedtime as per sliding scale: 131-180=2U; 181-240=4U; 241-300=6U; 301-350=8U; 351-400=10U.

* On 8/9/21 at 12:00 p.m., a blood glucose reading of 145 was entered onto the resident's August 2021 medication administration record (MAR). However, there was no corresponding reading in the resident's glucometer.

* On 8/8/21 at 9:00 p.m., a reading of 112 was entered onto the resident's August 2021 MAR. However, there was no corresponding reading in the resident's glucometer.

On 8/10/21 at approximately 1:55 p.m., resident #2's glucometer was not calibrated to the correct date and time.

On 8/10/21 at approximately 1:45 p.m., resident #3's glucometer was not calibrated to the correct date and time.

Repeat violation 6/19/19

Plan of Correction

Accept

Staff will be re educated regarding glucometer use. Meeting scheduled for November 3, 2021. Manager to monitor all glucometer readings ever Monday and submit to administrator. Pharmacy to check during routine Quarterly audits. This will be reviewed in the quality management meetings.

See attached monitoring tool.

Completion Date: 11/03/2021

Document Submission

Implemented

See attached

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:

6. Dose.

Description of Violation

Resident #4 is ordered [redacted] - take one tablet by mouth every morning. However, on [redacted]/21 at approximately [redacted] a.m., the resident's August 2021 medication administration record (MAR) had an entry that indicates [redacted] - [redacted] by mouth every morning.

Plan of Correction

Accept

The [redacted] was immediately clarified and corrected. All staff were retrained on medication management. Administrator immediately audited medication cart. FHP pharmacy will audit carts quarterly beginning in November.

Completion Date: 10/24/2021

Document Submission

Implemented

See Attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

187.d. The home shall follow the directions of the prescriber.

Description of Repeat Violation

According to Resident #4's documentation of medical evaluation (DME), completed 4/26/21, the resident is ordered the following medications that were not available in the home on 8/10/21 at approximately 10:50 a.m. and have not been administered as follows:

* [redacted] - Take two capsules by mouth twice a day (take 30 minutes before meal). This medication was not available and not administered on 8/1/21 at 5:00 p.m., 8/2/21 - 8/9/21 at 9:00 a.m. and 5:00 p.m. and on 8/10/21 at 9:00 a.m.

* [redacted] - Take 1 tablet by mouth every morning. This medication was not available and not administered on 8/1/21 through 8/7/21 and on 8/10/21.

* [redacted] - Take 1 tablet by mouth every day. This medication was not available and not administered on 8/1/21 through 8/7/21 and on 8/10/21.

Repeat violation 6/19/19

Plan of Correction

Accept

The VA is the prescribing clinic. They were called immediately. They stated there was a delay from the postal service. The [redacted] was received on 8/20/2021. The [redacted] were discontinued. All staff will be educated to notify the administrator when medication is not available. Staff meeting will be held on 11/3/2021. FHP pharmacy will do cart audits quarterly.

Completion Date: 11/03/2021

Document Submission

Implemented

See Attached

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 8/9/21 at 1:02 p.m., the dry erase board in the home's dining room which is used as the home's activity calendar was blank.

Plan of Correction

Accept

Activity calendar was completed immediately. Manager educated regarding keeping board up to date. Administrator to monitor monthly for compliance.

See attached monitoring tool

Completion Date: 10/25/2021

Document Submission

Implemented

Monitoring tool sent previously

225a - Assessment 15 Days

1. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Repeat Violation

Resident #5's initial assessment, completed 1/23/21, indicates "N/A" for Dental Need (page 7/17). It does not indicate if resident has [redacted] own teeth and/or how oral care is managed.

Repeat violation 6/19/19

Plan of Correction

Accept

All resident assessments were audited for accuracy. Resident 5's dental need was added. 3 residents charts will be audited quarterly for accuracy and submitted to quality management team.

Completion Date: 10/25/2021

Document Submission

Implemented

See Attached

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #4's annual assessment, completed [redacted], does not include any medical diagnosis (page 6/17). However, according to the resident's August 2021 MAR, the resident is prescribed medication for the following diagnoses:

Resident #6's annual assessment, completed 8/15/2020, does not include the diagnosis of [redacted] as is indicated in handwriting on the front of the resident's record and on the resident's August 2021 medication administration record which includes a medication for which the diagnosis is [redacted]

Resident #7's annual assessment, completed 3/10/21, does not include the diagnosis of [redacted] as indicated on the resident's medical evaluation (DME) completed 3/14/21 and does not include that the resident's medical conditions include an inoperable hernia that causes enlarged testicles and occasional passing out when sitting up.

Plan of Correction

Accept

Resident 4, 6 and 7 assessments were updated. All resident assessments were audited for accuracy. 3 resident records shall be audited quarterly and submitted to the lquality management team.

Completion Date: 10/25/2021

Document Submission

Implemented

See Attached