

Department of Human Services
Bureau of Human Service Licensing

October 12, 2021

[REDACTED] ADMINISTRATOR

P.O. BOX 535
NEW SALEM, PA 15468

RE: TROSIEK'S PERSONAL CARE HOME
214 SECOND STREET
NEW SALEM, PA, 15468
LICENSE/COC#: 45026

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021 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 - PUBLIC**

Facility Information

Name: *TROSIEK'S PERSONAL CARE HOME* License #: *45026* License Expiration Date: *02/08/2022*
Address: *214 SECOND STREET, NEW SALEM, PA 15468*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7242450203* Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *P.O. BOX 535, NEW SALEM, PA, 15468*
Phone: *7242450203* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *12/15/1986* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/02/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* Residents Served: *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2021*

Inspections / Reviews (*continued*)

9/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/28/2021*

9/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/01/2021*

10/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated [REDACTED], does not include the resident's blood pressure, weight, pulse rate or temperature. These sections of the form are blank.

Plan of Correction**Directed**

Immediately residents #1's medical evaluation was sent back to the Physicians office and updated. Administrator will periodically check for the accuracy and completeness of Residents files to prevent any errors or mistakes from occurring in the future.

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation completed in its entirety at least annually. [REDACTED] 9/24/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each resident has a medical evaluation completed in its entirety at least annually. Documentation of the tracking system shall be kept. [REDACTED] 9/24/21

Completion Date: 09/03/2021

Document Submission**Implemented**

Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation completed in its entirety at least annually.

Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each resident has a medical evaluation completed in its entirety at least annually. Documentation of the tracking system shall be kept.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED], does not include the diagnosis of dementia, as indicated on the resident's most recent medical evaluation, dated [REDACTED].

225c - Additional Assessment (continued)

Plan of Correction

Directed

Immediately residents #1's medical assessment was updated. Administrator will periodically check for the accuracy and completeness of Residents files to prevent any errors or mistakes from occurring in the future.

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety at least annually. 9/24/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each resident has an assessment completed in its entirety at least annually.

Documentation of the tracking system shall be kept. 9/24/21

Completion Date: 09/02/2021

Document Submission

Implemented

Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety at least annually.

Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each resident has an assessment completed in its entirety at least annually. Documentation of the tracking system shall be kept.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's most recent support plan, dated [redacted], is not signed by the assessor.

Resident #3's most recent support plan, dated [redacted], is not signed by the assessor.

Resident #4's most recent support plan, dated [redacted], is not signed by the assessor.

Plan of Correction

Accept

Administrator reviewed residents support plans. support plans were updated with a "Handwritten signature" by assor where required. Administrator Feels that signature was included By electronically typing name. administrator will periodically and in the future check files for accuracy and correctiveness and verify that signatures, where required, are written by hand or electronically signed e-signed where and when required

Completion Date: 09/03/2021

Document Submission

Implemented

Administrator reviewed residents support plans. support plans were updated with a "Handwritten signature" by assor where required. Administrator Feels that signature was included By electronically typing name. administrator will periodically and in the future check files for accuracy and correctiveness and verify that signatures, where required, are written by hand or electronically signed e-signed where and when required