

Department of Human Services  
Bureau of Human Service Licensing

October 8, 2021

[REDACTED], OWNER/ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: PEACE'S PERSONAL CARE HOME  
429 UNION STREET, P.O. BOX 536  
BIG RUN,, PA, 15715  
LICENSE/COC#: 40655

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/02/2021 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: *PEACE'S PERSONAL CARE HOME* License #: *40655* License Expiration Date: *12/14/2021*  
Address: *429 UNION STREET, P.O. BOX 536, BIG RUN,, PA 15715*  
County: *JEFFERSON* Region: *WESTERN*

**Administrator**

[REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *01/11/2012* Issued By: *Big Run Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection**

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

**Inspection Dates and Department Representative**

09/02/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16* Residents Served: *15*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *10*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/02/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/11/2021*

Inspections / Reviews (*continued*)

## 10/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/11/2021*

## 10/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Repeat Violation

At 9:53 a.m., the temperature in the white freezer on the left side of the entrance room was 6 degrees Fahrenheit.

In addition, at 9:57 a.m., the temperature in the white freezer on the right side of the entrance room was 2 degrees Fahrenheit.

Repeat Violation: 9/26/2019

Plan of Correction

Accept

The day of inspection the thermometers were on the doors of the freezers at the time thermometers were found to be reading high they were moved to the back of the freezer and were rechecked a little while later and were found to be at -10 degrees and at 0 degrees Fahrenheit. The plan is to educate staff on placement of thermometers in the freezers and continue with weekly temperature checks.

Completion Date: 09/02/2021

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:

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.

Description of Violation

Resident #1 is prescribed [REDACTED], take 1 capsule by mouth once daily. However, resident's September 2021 medication administration record does not include this medication.

Plan of Correction

Accept

On the day of inspection it was found that a mail order medication had dropped off of her MAR due to after being a year since our pharmacy had added it to [REDACTED] list and due to our pharmacy not being the supplier of this medication it had dropped off the MAR. On the day of inspection it was written on to the MAR for the month of September and pharmacy was notified to add it back onto the MAR and now in October it is back to being printed on the MAR. Staff was educated by myself (administrator) the importance of making sure when doing monthly checks of the MAR's to watch out for this particular issue.

Completion Date: 09/04/2021

187a - Medication Record *(continued)***Document Submission****Implemented***See attached*

## 251b - Record Entries Legible

**1. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

*Correction fluid was used on resident #2's annual support plan, dated [REDACTED] on the section for ambulating and was written over top with a box. In addition, correction fluid was used on the section for description of mobility needs and plan to meet mobility needs and "uses a cane or walker to get from one place to another for mobility and balance" and "staff will be sure when [he/she] is moving from one place to another, [he/she] is using walker or cane for balance and mobility" was written over top of the correction fluid.*

**Plan of Correction****Accept**

*On day of inspection it was noted that correction fluid was used on a support plan. I myself do all the RASP's and I know correction fluid is not to be used on any patient record I did it because I marked a wrong box and remade the box I was informed by the inspector that at anytime a mistake is made to just put a line through it, initial and date it at that time. I also educated staff on 09/04/2021 that under no circumstances is whiteout to be used on any patient record.*

**Completion Date:** 09/04/2021

**Document Submission****Implemented***See attached*