

Department of Human Services
Bureau of Human Service Licensing

March 16, 2022

[REDACTED], LEGAL ENTITY
[REDACTED]
[REDACTED]

RE: JOHNSON PERSONAL CARE
502-504 WEST SEVENTH STREET
CHESTER, PA, 19013
LICENSE/COC#: 14366

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021 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: *JOHNSON PERSONAL CARE* License #: *14366* License Expiration: *04/30/2022*
Address: *502-504 WEST SEVENTH STREET, CHESTER, PA 19013*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *02/23/2018* Issued By: *L&I Chester*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/21/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2021*

09/21/2021 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/19/2021*

12/20/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2021*

03/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The home manages finances for resident #1 and resident #2 and presented the residents with quarterly financial statements for the months of January, February, March, April, May, and June. The quarterly statement for resident #1 and resident #2 only shows the money received by their Social Security Income, the rent amount, \$85 monthly allowances, and a balance of \$0 at the end of each month.

A Direct Express card for Resident #1 is in the name of staff member A. A statement for the month of April 2021 shows that resident #1 received a \$1400 economic impact payment on April 7, 2021. The home provided quarterly statements to Resident #1 showing balances of \$0 for the months of January 2021 through July 2021. Resident #1 previously asked staff member A about the receipt of the \$1,400 economic impact payment the resident expected to receive. Staff Member A stated that the funds would be provided upon receipt but did not inform the resident as expected. The home provided quarterly statements to Resident #1 showing balances of \$0 for the months of January 2021 through July 2021.

A bank account statement dated April 2021 shows that resident #2 received a \$1400 economic impact payment on April 7, 2021 bringing the balance on his bank account to \$2165.60. The home provided quarterly statements to Resident #1 showing balances of \$0 for the months of January 2021 through July 2021. Resident #2 stated that he was not aware of the receipt of the economic impact payment and that he would like to have the money to buy a tv and a radio.

Plan of Correction**Accept**

The home disputes this violation because the current legal entity is not the rep payee for Residents #1 and #2. Please WITHDRAW this violation as it is incorrectly cited and not a valid violation. A copy of the legal entity, Johnson Personal Care LLC is provided to verify the name of the legal entity is not the representative payee for these residents.

- Resident #1's representative payee is not the legal entity of the home. The rep payee sends the residents rent and allowance to the administrator for distribution. A quarterly financial statement is provided to the resident. The rep payee is in personal contact with the resident and provides access to the debit card as requested. At no time does the administrator of the home have access to the resident's personal debit card. The administrator will communicate with the rep payee the residents request to use their debit card when needed, immediately.*

- The administrator will have the rep payee meet with resident #1, by December 15, 2021, to explain the current balance and assist the resident in purchasing items the resident may need to ensure the stimulus money is available for the resident. A statement signed by the resident acknowledging the conversation will be made available to the Department for review. The administrator will encourage the Rep Payee to meet with the resident on a monthly basis explaining the balance and cash available, starting immediately.*

- Resident #2's representative payee is not the legal entity of the home. The rep payee sends the residents rent and allowance to the administrator for distribution. A quarterly financial statement is provided to the resident. The rep payee is in personal contact with the resident and provides access to the residents checking account. At no time does the administrator of the home have access to the residents checking account. The administrator will communicate with the representative payee, immediately, of the alleged residents request for a new TV and radio, or any needs the resident may have, on a monthly basis, starting immediately. A statement signed by the resident acknowledging the conversation with the Rep Payee will be made available to the Department for review.*

42b - Abuse (continued)

- The administrator will have the rep payee meet with resident #2 to explain the current balance and assist the resident in purchasing items the resident may need to ensure the stimulus money is available for the resident by December 15, 2021. The administrator will encourage the Rep Payee to meet monthly with the resident explaining the balance of cash available to the resident.
- Effective December 15, 2021, the administrator will offer Resident #1 and Resident #2 the opportunity to change their representative payee, if they choose, to the administrator if this is more convenient for the resident. A copy of the letter and the resident's response will be made available to the Department for review.
- The administrator will continue to provide quarterly financial records and all financial transactions for residents that the home provides any financial relationship for as required by the regulations, starting immediately.
- The administrator has provided quarterly financial records for other residents reflecting the distribution of the stimulus money to show the home maintains correct financial transactions for all residents for which the administrator assists in financial management.
- The administrator will review all quarterly financial transaction records, using a calculator, to ensure the balance reflects the current balance, starting immediately.
- The administrator will conduct a Resident Rights, financial abuse and Older Adult abuse training for the current staff by December 15, 2021. Documentation of the training will be made available to the Department for review.
- The administrator will discuss financial abuse at staff meetings for the next six months. A copy of the agenda will be made available for the Departments review, starting immediately.

Completion Date: 12/17/2021

Document Submission

Implemented

As of 11/2021, administrator became Ms. Gibbs payee.

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/21/21, there were no paper towels, mechanical hand dryer, or other sanitary means of hand drying in the first floor bathroom in building 502.

Plan of Correction

Accept

Paper towels were placed in the bathroom on the day of inspection and have continued to be made available to the residents to dry their hands after washing.

The administrator or designee will check the bathroom on a daily basis to ensure the residents have paper towels, a personal towel or mechanical dryer at all times, starting immediately.

The administrator will discuss the importance of providing paper towels in the bathroom for residents, to ensure cleanliness and sanitary reasons, at staff meetings for the next six months, starting immediately.

Document Submission

Implemented

added

95 - Furniture and Equipment**1. Requirements**

95 - Furniture and Equipment (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 9/21/21, the kitchen area and hallway leading to the kitchen posed several hazards such as exposed electrical wiring, exposed gas line, exposed and charred insulation material, tools scatted throughout the area. The floorboards were missing, showing charred and broken floor joists. The window in the kitchen appears to be off the track and sitting crooked. There was no barrier preventing the residents from accessing this area of the home.

Plan of Correction**Accept**

The home was renovating the kitchen to improve the quality of care for the residents. During this time there was no sign to indicate the residents should not go into the kitchen during the renovation or use the exit during the renovations.

To prevent residents from going int to the kitchen, a door was in place that the licensing representative requested we move so they could inspect the kitchen. At no time were residents allowed in the kitchen during the renovation. The kitchen renovations are complete, and all equipment/furniture is in good repair and free of hazards. The window was corrected as part of the renovation.

Starting immediately, the administrator will develop a sign to caution residents from entering any future renovations or from using the door as an exit in the renovated area, since there are three additional exits on the first floor of the home.

Starting immediately, the administrator or designee will conduct daily rounds of the home to identify furniture in disrepair or hazardous to the residents. An action plan to replace or repair the item will be initiated and corrected as soon as possible.

Document Submission**Implemented**

Daily Maintenance Checklist

103a - Kitchen**1. Requirements**

2600.

103.a. A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

Description of Violation

The home does not have an operable stove, oven, cooking equipment and cabinets on the premises. On 9/21/21, the kitchen was observed in the process of renovation. The walls were torn down to the studs, floor joists were showing as the floor was removed, and the kitchen had no appliances or cabinets.

Plan of Correction**Accept**

The home is requesting this violation be withdrawn as there was a temporary kitchen onsite during the renovation of the kitchen and the residents had access to all meals/snacks daily.

The home began renovation on the kitchen on 9/20/21 and was under construction on the day of inspection, through October 15, 2021. The renovations were conducted by a licensed contractor. The renovation did not change the structure, plumbing or electricity of the home.

The administrator contracted the renovation of the home to improve the quality of care for the residents which included the removal of walls, floors, kitchen cabinets, sink, oven, refrigerator and dishwasher; therefore, a full kitchen was unavailable for approximately three (3) weeks. In accordance with the regulation a temporary kitchen

103a - Kitchen (continued)

was set up in the dining room which included a refrigerator, microwave, kitchen utensils, food storage and water access during the kitchen renovations. Major meals were cooked off site since a baking oven was not available. Should the home conduct a kitchen renovation in the future, the home will always provide a kitchen for the residents to include a refrigerator, cooking, kitchen utensils, food storage and water access if there are any future renovations, starting immediately. The administrator will continue to review the kitchen and any future renovations to ensure the safety of the residents, starting immediately.

The kitchen is now operation and completely renovated .

Completion Date: 12/17/2021

Document Submission

Implemented

Facility Checklist

104b - Dishes/Glassware/Utensils**1. Requirements**

2600.

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Description of Violation

During the home's kitchen renovation, a period of several weeks, disposable plates and utensils were used.

Plan of Correction

Accept

The home disagrees with this violation and request it be WITHDRAWN because on the day of inspection, the home had used paper products on one day. The homes kitchen was under renovation and paper products were use temporarily during the renovation.

The administrator of the home provided paper products and plastic utensils to the residents during the three (3) weeks of the kitchen renovation. The paper products were fresh and not reused at any time for each meal and only used for this temporary situation.

The administrator will ensure the home uses dishware and utensils daily, starting immediately.

In the future, if the kitchen is being renovated, plates and silverware will be used daily. A temporary (portable) dishwasher will be obtained to ensure dishware and utensils are available and cleaned after each use, starting immediately.

The administrator will conduct periodic checks on the employees to ensure paper products are not being utilized, starting immediately.

Completion Date: 12/17/2021

Document Submission

Implemented

added

107d - Procedure Emergency Management Agency Submission**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (*continued*)**Description of Violation**

The home's written emergency procedures have not been submitted to the municipal emergency management agency since 2019.

Plan of Correction**Accept**

The home disagrees with this violation and requesting it be WITHDRAWN. The home had documentation indicating the emergency plan was sent and received by the local emergency management on 1/19/21. The administrator of the homes submitted the changes of the emergency plan to the local emergency management on 1/19/21 and included the change of the names of the current residents. No other changes in the plan were made other than the names of the residents. The local emergency management office reviewed the changes and stamped the changes. A copy of the stamped review verifying the submission is available for the Department review. The administrator of the home will continue to submit their emergency plan, if there are changes, in January annually. A copy of the stamped receipt by the emergency management will be maintained for the Departments review.

Completion Date: 12/17/2021

Document Submission**Implemented**

added

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 09/21/21, the kitchen floor was missing, preventing access to the egress door in the kitchen.

Plan of Correction**Accept**

The kitchen was under renovation and the exit located in the kitchen was not used as an emergency exit. A sign to prevent residents was not available but a door to prevent immediate egress was used, until the licensing rep requested the staff of the home remove the door for inspection of the kitchen. There are three other emergency exits on the first floor and the kitchen exit was not in use during the renovation. Starting immediately, the kitchen renovation has been completed and the emergency exit is available. In the event of any renovations, the administrator will develop a sign to caution the residents from entering the renovated area or from using an emergency exit if it is located in the renovated area. Starting immediately, the administrator or designee will conduct daily rounds of the home to ensure all emergency exits are operable. The administrator will discuss the importance of operable exits to staff at the monthly staff meeting, for the next six months. A copy of the agenda will be made available to the Department for review.

Document Submission**Implemented**

Emergency Exit Maintenance/Operable

141a 1-10 Medical Evaluation Information

1. Requirements

141a 1-10 Medical Evaluation Information (continued)

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

Resident #1's medical evaluation dated [REDACTED] did not include a measure of cognitive functioning or a list of diagnoses.

Resident #2's medical evaluation dated [REDACTED] did not include special health or dietary needs, a determination of the resident's ability to self-administer medications, body positioning/movement needs, or a mobility needs assessment,

Plan of Correction

Accept

Resident #1's medical evaluation, dated [REDACTED], was updated and corrected on [REDACTED].
Resident #2's medical evaluation, dated [REDACTED], was updated and corrected on [REDACTED].

The administrator will review all medical evaluations upon receipt of the signed and completed medical evaluation, starting immediately.

The administrator will conduct an audit of all current medical evaluations to ensure they are complete, by January 2, 2022.

Document Submission

Implemented

Med Eval Tickler

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 was completed on [REDACTED].

Resident 2's most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

The home disagrees with this violation and is requesting it be WITHDRAWN, on the basis that the current medical evaluation was completed prior to this inspection and ignored by the licensing representative.

Resident #1's medical evaluation, dated [REDACTED], was updated and corrected on [REDACTED]. This was available in the resident's record for review during the inspection.

Resident #2's medical evaluation, dated [REDACTED] was updated and corrected on [REDACTED]. This was available in the resident's record for review during the inspection.

141b1 - Annual Medical Evaluation (continued)

The administrator will review all medical evaluations upon receipt of the signed and completed medical evaluation, starting immediately.

The administrator will conduct an audit of all current medical evaluations to ensure they are completed timely, by January 2, 2022.

The administrator will develop and use a tickler to ensure all medical evaluations are completed annually, starting December 15, 2021.

Document Submission**Implemented***Med Eval Tickler***162c - Menus Posted****1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of September 19 to September 26 was posted. However, it was not posted in a conspicuous and public place in the home. The home did not have a menu posted one week in advance.

Plan of Correction**Accept**

The homes menu was in the office during the kitchen renovations.

The administrator moved the menu to the dining room, starting immediately.

The administrator will review the menu, monthly, to ensure it is posted in a conspicuous place for all residents to review, starting immediately.

Document Submission**Implemented***added***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 was completed on 08/03/20.

Plan of Correction**Accept**

Resident #1's RASP was dated 8/3/20. This RASP was updated on 9/22/2021.

The administrator will conduct an audit of all assessments to ensure they are completed annually, starting January 2, 2022.

The administrator will develop and use a tickler to ensure all assessments are completed annually, starting December 15, 2021.

Document Submission**Implemented***Assessment Tickler*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED], indicates the resident is independent with managing finances. However, the home is currently managing the resident's finances entirely.

Plan of Correction

Accept

The home is disputing and disagrees with this violation. Please WITHDRAW this violation based on the fact the resident does not have any cognitive loss and is able to spend [REDACTED] personal needs allowance independently. Resident #1's assessment dated 8/3/2020 and 9/22/2021 indicate the resident is independent in conducting [REDACTED] finances. The administrator distributes his personal needs allowance (PNA) of \$85. and the resident has no cognitive loss. The resident displayed he is capable of handling the PNA, therefore, [REDACTED] was assessed to be independent for financial assistance.

The resident has a rep payee who submits the residents rent and PNA to the home for distribution. The resident handles the \$85. Without incident and is free to use [REDACTED] money as [REDACTED] wishes. Just because a resident has a rep payee does not indicate they are not capable of handling their PNA.

The administrator will observe the resident and how they handle their PNA to determine if they need financial assistance on spending their PNA, starting immediately.

The administrator will review each resident's ability to handle their finances with their physician on an annual basis to ensure they are able to handle their PNA, starting immediately. In the event, the physician indicates they are not able to handle their money, the RASP will be updated within 30 days.

The administrator will continue to provide quarterly financial report to each resident. If the residents have difficulty spending their \$85 PNA, the administrator will immediately consult with the resident physician for an evaluation, starting immediately.

Document Submission

Implemented

RASP and Addendum