

Department of Human Services
Bureau of Human Service Licensing

April 11, 2022

[REDACTED]
PERSONACORP INC
86 MAIN STREET
STOUCHSBURG, PA, 19567

RE: LIBERTY SQUARE PERSONAL CARE
86 MAIN STREET
STOUCHSBURG, PA, 19567
LICENSE/COC#: 20572

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *LIBERTY SQUARE PERSONAL CARE* License #: *20572* License Expiration: *10/01/2021*
Address: *86 MAIN STREET, STOUCHSBURG, PA 19567*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6105891679* Email: [REDACTED]

Legal Entity

Name: *PERSONACORP INC*
Address: *86 MAIN STREET, STOUCHSBURG, PA, 19567*
Phone: *6105891679* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/17/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/30/2021*

Inspection Dates and Department Representative

09/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *19* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/30/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/30/2021*

Inspections / Reviews (*continued*)

03/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2022*

04/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 eloped from the facility on 09/10/21. The local police were called, and a search for the resident was conducted, later finding the resident in a nearby field. The home did not submit an incident report to the Department until 09/23/21.

Plan of Correction

Accept

The home will report reportable incidents to the department's PCH regional office within the required 24 hour window. A fax will be followed by a phone call to ensure that the transmission was received by the department. The administrator will be responsible.

Completion Date: 10/01/2021

Document Submission

Implemented

This has been completed

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The home was not able to meet resident #1's supervision needs. Resident #1 eloped from the facility on a few occasions and were brought back to the home by the local Emergency services after they were called to assist in locating the resident. The home used a smart phone to track the residents locations but were not able to meet the resident elopement, safety needs.

Plan of Correction

Accept

The home understands the importance of meeting the needs which are indicated in the RASP. In the future, a process to relocate a resident who wanders away from the home will be started immediately after first elopement. This will involve an assessment by the residents PCP and a psych evaluation. Case manager from the VA will be notified about impending relocation.

Also, our admissions policy has been modified to exclude any potential residents with a history of wondering. Resident RASPs are monitored annually by the administrator to ensure all service needs are being met.

Completion Date: 10/01/2021

Document Submission

Implemented

This has been completed.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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 home updated Resident #1 RASP on [REDACTED]. The RASP indicates that resident #1 has wandering behavior. The home did not put a plan in place to address the resident's elopement behaviors and need for supervision due to their wandering behaviors. The resident is considered immobile due to their cognitive decline and the resident had a number of elopements from the facility where emergency services were called to assist in finding the resident.

Plan of Correction**Accept**

After resident #1's wandering behavior was noticed to be getting more frequent and further, the home ordered a wrist band for resident with [REDACTED] facility name and phone number. A video surveillance camera was installed in the hallway outside [REDACTED] bedroom and both exit doors on the first floor with alerts that notified the staff person on duty when someone walked by the cameras. After [REDACTED] wandered away the 2nd time the home attached an apple air tag to resident #1's shoe.

As stated in previous deficiency, the home has implemented a new policy which includes starting the process for relocation of a wandering resident after the first incident occurs. Also, the home's future pre-admission screenings will include a review of wandering behaviors. If there is a history of elopement, the home will decline to admit potential resident. Administrator will monitor all new policies concerning elopement.

Completion Date: 10/01/2021

Document Submission**Implemented**

This has been completed.