

Department of Human Services  
Bureau of Human Service Licensing

April 7, 2022

[REDACTED], ADMINISTRATOR

RE: C A R E  
109 WILLIAMS ROAD  
MAINESBURG, PA, 16932  
LICENSE/COC#: 20326

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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: *C A R E* License #: *20326* License Expiration: *11/15/2022*  
Address: *109 WILLIAMS ROAD, MAINESBURG, PA 16932*  
County: *TIOGA* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/07/2000* Issued By: *PALI*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *11/10/2021*

**Inspection Dates and Department Representative**

11/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *18* 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: *11* 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**

**11/10/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/10/2022*

Inspections / Reviews (*continued*)

01/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/19/2022*

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/23/2022*

04/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all fossil fuel burning devices have a CO2 detector installed within close proximity. The home's natural gas furnace did not have a CO2 detector installed within close proximity of the unit.

Plan of Correction

Do Not Accept

Carbon Monoxide Detector was installed on 11/11/21

Completion Date: 11/11/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Saff installed carbon monoxide detector. administrator will monitor on a weekly basis

Completion Date: 11/11/2021

Update: 02/03/2022

Please send/Attach (picture) of compliance. 2-3-2022 MM

Document Submission

Implemented

Here is pics of the problem fixed

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The record of Resident 1 did not contain a receipt from the resident for the transaction on 5/28/2020 to verify Resident 1 received their \$1200 stimulus check.

Plan of Correction

Do Not Accept

Resident 1 talked to the inspector and verified that [redacted] did receive the \$1200.00 stimulus check. In the future the administrator will ensure that the residents will receive a receipts for ant transactions

Completion Date: 11/11/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Office personnel will make sure that resident gets receipt for any and all money transactions. Administrator will monitor. this will take place immediately.

Completion Date: 11/11/2021

20b3 - Written Receipts (continued)

Update: 02/03/2022

Please send/Attach proof of Resident #1's current statement. 2-3-2022 MM

Document Submission

Implemented

Here is his current statement

20b5 - No Commingling

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

Resident 1's social security check is deposited directly into the home's house account.

Plan of Correction

Do Not Accept

we are in the process of sending for his birth certificate so he can get a photo id which is needed to open [redacted] own account

Completion Date: 11/11/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Directed

Administrator is working in this. It should be fixed in a couple of weeks. Administrator is still waiting for Birth certificate.

**Within 20 days of receipt of this plan of correction:**

**Residents will be offered the option of having their own checking or savings account in which to store funds. The home will assist the resident to establish these accounts. The home will open a second account where all resident funds belonging to those residents who do not wish to have their own checking accounts are stored. The administrator will keep a record of how much money belongs to each resident whose funds are stored in the collective account. The account will be maintained such that all resident funds can be withdrawn and distributed at any time. The home will not draw from the second account or use those funds in any way that is not for the residents' benefit. 2-3-2022 MM**

Completion Date: 01/27/2022

Document Submission

Implemented

Here is a statement showing he has his own account

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Resident 2 is not assessed to be safely around poisonous materials. In the unlocked laundry room, an open bottle of

82c - Locking Poisonous Materials (continued)

bleach was left on a table.

Plan of Correction

Do Not Accept

The gate to the laundry room now has a lock on it so no resident can get in the laundry room. Administrator will ensure that it is locked at all times

Completion Date: 11/11/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

All staff are fixing the problem. Administrator will monitor. action was taken Immediately.

Completion Date: 11/11/2021

Document Submission

Implemented

Here is a pic of the locked gate to the laundry room

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The bedroom of Resident 1 had a ceiling that was pulling away from the ceiling joist exposing nails. The overhead light in the bedroom was no longer fixed to the ceiling and was hanging from electrical wire.

Plan of Correction

Do Not Accept

Currently waiting on contractor -Which is supposed to be scheduled this week

Will send photo when completed

Administrator will ensure that rooms are in good repair

Completion Date: 11/11/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Contractor is currently working on the ceilings. AdministratorStaff installed new will monitor.

Completion Date: 01/27/2022

Update: 02/03/2022

Please send/Attach proof of invoice and picture of work completed. 2-3-2022 MM

Document Submission

Implemented

Here is a pic of the ceiling done

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.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

There was no thermometer located in the home's vegetable freezer.

Plan of Correction

Do Not Accept

A thermometer was installed in the freezer on 11/11/21

Completion Date: 11/11/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Staff installed new thermometer. Administrator will monitor weekly.

Completion Date: 11/11/2021

Update: 02/03/2022

Please send/Attach proof (picture) of compliance. 2-3-2022 MM

Document Submission

Implemented

Here is a pic of the freezer fixed

126b - Furnace Cleaning

1. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The home's furnace was last maintained and cleaned on 8/3/2020, which is more than the recommended annual maintenance time span.

Plan of Correction

Do Not Accept

The furnace was cleaned on 11/17/21

Administrator will ensure the furnace is cleaned annually

Completion Date: 11/17/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Contractor cleaned furnace and will be doing it yearly. Administrator will be monitoring.

Completion Date: 11/17/2021

Update: 02/03/2022

Please send/Attach proof of work completed (invoice). 2-3-2022 MM

Document Submission

Implemented

Here is a copy of the receipt for the furnace

183b - Meds and Syringes Locked

1. Requirements

**183b - Meds and Syringes Locked (continued)**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*The home's medication cabinet was left unlocked and was not being supervised by a staff member.*

**Plan of Correction****Do Not Accept**

*Staff member locked med cabinet while inspector was here.*

*Administrator talked with staff about the importance of keeping med cabinet locked and will ensure that it is locked when not being used by staff*

**Completion Date:** 11/10/2021

**Update:** 01/12/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM*

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

*Med supervisor will make sure all staff are locking med cabinet at all times. Administrator will be monitoring this regularly.*

**Completion Date:** 11/10/2021

**Update:** 02/03/2022

*Please send/Attach proof of staff training regrading ongoing compliance with this regulation. 2-3-2022 MM*

**Document Submission****Implemented**

*Here is a copy of the training staff received*

**183f - Discontinued Medications****1. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**Description of Violation**

*Resident 2 had a discontinued medication of Tramadol HCL located in the medication cabinet.*

**Plan of Correction****Do Not Accept**

*A discontinued order was obtained*

*Administrator will ensure that all discontinued meds have an order and the med will be pulled*

**Completion Date:** 11/29/2021

**Update:** 01/12/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM*

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

*Med supervisor will make sure that all med that are discontinued are taken out of cabinet. Administrator will*

183f - Discontinued Medications (continued)

monitor this weekly.

Completion Date: 11/29/2021

Update: 02/03/2022

Please send/Attach proof of staff training regrading ongoing compliance with this regulation. 2-3-2022 MM

Document Submission

Implemented

Here is the discontinue order

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 3 is prescribed [redacted] daily. The Medication Administration Record states that Resident 3 receives .25mg Calcitriol daily.

Plan of Correction

Do Not Accept

Mars sheet was corrected

Administrator will ensure that mars sheets are correct

Completion Date: 11/01/2021

Update: 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Med supervisor and all staff will make sure that med log matches pill packs labels. Administrator will monitor this on a weekly.

Completion Date: 11/01/2021

Update: 02/03/2022

Please send/Attach proof of staff training regrading ongoing compliance with this regulation. 2-3-2022 MM

Document Submission

Implemented

Here is a copy of the changes in the med log

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most current photo of Resident 4 was taken [redacted]

Plan of Correction

Do Not Accept

new photo was taken of resident 4 on 11/11/21

## 252 - Record Content (continued)

Administrator will ensure that photos are up to date

**Completion Date:** 11/11/2021

**Update:** 01/12/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

**Plan of Correction**

**Directed**

Office Personnel will make sure that all photos are up to date. Administrator will monitor this on a yearly basis.

**Within 20 days of receipt of this plan of correction:**

**The administrator will review audit all resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately. 2-3-2022 MM**

**Completion Date:** 11/11/2021

**Document Submission**

**Implemented**

Here is a copy of the pic of the missing info