

Department of Human Services
Bureau of Human Service Licensing

September 2, 2022

[REDACTED]

PO BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736

RE: FAMILY PINES PERSONAL CARE
HOME
P.O.BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736
LICENSE/COC#: 42671

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/23/2021 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: *FAMILY PINES PERSONAL CARE HOME* License #: *42671* License Expiration: *04/20/2022*
 Address: *P O BOX 455, 11293 ROUTE 422, ELDERTON, PA 15736*
 County: *ARMSTRONG* Region: *WESTERN*

Administrator

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

Legal Entity

Name: [REDACTED]
 Address: *PO BOX 455, 11293 ROUTE 422, ELDERTON, PA, 15736*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *10/20/2017* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *11/23/2021*

Inspection Dates and Department Representative

11/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *6*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

11/23/2021 - Partial

Lead In pector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *01/07/2022*

02/09/2022 POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

03/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/25/2022*

09/02/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

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

1. [REDACTED]

Description of Violation

Resident #1's assessment, [REDACTED]

Resident #3's assessment, [REDACTED]

REPEAT 2/9/2021

Plan of Correction

Directed

[REDACTED] /21 has been updated to reflect issues of [REDACTED]

A monthly check list has been made. Audit all current records on a monthly basis .Document accordingly when a significant change occurs. See attachment

Completion Date: 03/17/2022

Document Submission

Implemented

see attached documentation