

Department of Human Services  
Bureau of Human Service Licensing

July 1, 2022

[REDACTED], ADMINISTRATOR/OWNER

[REDACTED]  
1502 E. WASHINGTON STREET  
NEW CASTLE, PA, 16101

RE: LA CASA PERSONAL CARE HOME  
1502 E. WASHINGTON STREET  
NEW CASTLE, PA, 16101  
LICENSE/COC#: 40211

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2022 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: *LA CASA PERSONAL CARE HOME* License #: *40211* License Expiration: *04/02/2022*  
Address: *1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101*  
County: *LAWRENCE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *LAURA B SEGERS AND JOEL W SEGERS*  
Address: *1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/20/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/04/2022*

**Inspection Dates and Department Representative**

01/04/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *13* Residents Served: *12*

**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: *5*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *2*

**Inspections / Reviews**

**01/04/2022 - Full**

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

**03/01/2022 - POC Submission**

Inspections / Reviews (*continued*)

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

03/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/30/2022*

07/01/2022 - Document Submission

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

## 42s - Privacy

## 1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

## Description of Violation

*On 1/4/2022, at approximately 9:10 a.m., staff was observed performing a blood glucose check on residents #1 and #2 at the dining room table while other residents were still eating.*

## Plan of Correction

**Accept**

*Staff has been instructed to now perform the blood glucose checks on the residents in the nearby bathroom. The Administrator will be present to observe this at least twice weekly to ensure it is happening.*

**Completion Date:** 01/04/2022

## Document Submission

**Implemented**

*See Attached. 1/04/2022*

## 66a - Staff Training Plan

## 1. Requirements

2600.

66.a. A staff training plan shall be developed annually.

## Description of Violation

*The home does not have a staff training plan for 2022.*

## Plan of Correction

**Accept**

*A staff training plan has now been created for 2022. The Administrator revised the form to make it much easier to create a staff training plan each year.*

**Completion Date:** 01/07/2022

## Document Submission

**Implemented**

*See Attached. 1/07/2022*

## 85d - Trash Receptacles

## 1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

*On 1/4/2022, there was a half full, uncovered, unattended trash can in the shared bathroom of residents #1 and #3.*

## Plan of Correction

**Accept**

*This uncovered trash can was removed from that bathroom and returned to the nearby bedroom. The bathroom does have a covered trash can in it. The housekeeper has been instructed to check that other (non-covered) trashcans are not brought into the bathrooms by the residents.*

**Completion Date:** 01/04/2022

## Document Submission

**Implemented**

*See Attached. 1/04/2022*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

*There is an approximate 18" x 18" hole in the plaster of the ceiling in the bathroom of residents #1 and #2 exposing the older plaster underneath.*

*There is an approximate 2' x 18" hole in the plaster in the center of the ceiling in the kitchen that is covered with plastic along with pieces of plaster hanging down.*

*There is an approximate 12" x 12" bubbled up area of the ceiling in the first floor laundry area with pieces of plaster hanging.*

*The first step leading from the basement bedrooms area to the first floor has an uneven surface, causing a potential trip/fall hazard.*

Plan of Correction

**Accept**

*All of the damaged ceiling areas have been repaired. The step that was damaged has been replaced. The condition of the building will be checked carefully during a weekly walk-through inspection by the Administrator, and any problems will be noted and repaired promptly.*

**Completion Date:** 02/11/2022

Document Submission

**Implemented**

*See Attached. 2/11/2022*

89a - Water Pressure

1. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

*On 1/4/2022, the home did not have sufficient hot and cold water pressure in the sink in the shared bathroom of residents #1 and #3. The hot and cold water pressure was a slow trickle.*

Plan of Correction

**Accept**

*The sink faucet has been replaced, which solved the problem of the inadequate water pressure. The water pressure at all faucets will be checked on a weekly walk-through inspection of the home by the Administrator. Any problems will be repaired promptly.*

**Completion Date:** 01/07/2022

Document Submission

**Implemented**

*See Attached. 1/07/2022*

95 - Furniture and Equipment

1. Requirements

2600.

**95 - Furniture and Equipment (continued)**

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

**Description of Violation**

*The right light bulb in the emergency light fixture in the bedroom of resident #5 was detached from the unit and hanging down by a wire.*

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

*The Administrator was unable to repair the emergency light fixture adequately, so he replaced it with a new one. The condition of the emergency lights will be checked on a weekly walk-through inspection of the home by the Administrator. The lights will also be checked during the monthly fire drills. Any problems will be repaired promptly.*

**Completion Date:** 01/10/2022

**Document Submission****Implemented**

*See Attached. 1/10/2022*

**100a - Exterior - Free of Hazards****1. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

*The floor boards of the side deck in front of the steps leading down to the sidewalk to the rear of the home bow approximately 1/2" when stepped on. Additionally, multiple floor boards between these steps and the first floor side entrance are rotting and there is an approximate 12" x 6" hole between this walkway and the side of the house posing a fall hazard to residents*

*At approximately 11:30 a.m., and 12:36 p.m., there was a extension cord across the walkway leading to the side exit of the front porch.*

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

*This entire decking area will be removed and replaced with all new decking, including an all new support structure underneath. This will be completed by 4/30/22. The 12" x 6" hole has been repaired. The exterior of the home, including decking and steps, will be checked on a weekly walk-through inspection by the Administrator. Any problems will be repaired in a timely manner.*

**Completion Date:** 04/30/2022

**Document Submission****Implemented**

*See Attached. 4/30/2022*

**101r - Bedroom - shades/drapes/window covering****1. Requirements**

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

**Description of Violation**

*The window facing the road in the bedroom of resident #4 does not have shades, blinds, or shutters and the curtain that*

**101r - Bedroom - shades/drapes/window covering (continued)**

*is hung does not cover the center of the window to provide for resident privacy.*

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

*New blinds have now been installed on this window. All other resident bedroom windows were checked and all have blinds. The condition of the window coverings will be checked on a weekly walk-through inspection by the Administrator. Any problems will be fixed promptly.*

**Completion Date:** 01/06/2022

**Document Submission****Implemented**

*See Attached. 1/06/2022*

**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 Violation**

*On 1/4/2022, at approximately 10:45 a.m., the temperature in the freezer of the left upright refrigerator/freezer in the kitchen was 10 degrees Fahrenheit and at approximately 3:40 p.m., it was 8 degrees Fahrenheit.*

*On 1/4/2022, at approximately 10:45 a.m., the temperature in the freezer of the right upright refrigerator/freezer in the kitchen was 20 degrees Fahrenheit and at approximately 3:40 p.m., it was 11 degrees Fahrenheit.*

*Repeat Violation 4/8/2021*

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

*New thermometers were purchased for these freezers which showed that the problem was not as severe as first thought. Some food was removed (and placed in the large freezer in the basement). Items were rearranged to increase cold air flow, and the temperature controls were adjusted down. The freezer temperatures are now monitored daily, and the temperatures recorded on a form created for this purpose. Daily monitoring and recording of temperatures will continue until 4/01/22. If temperatures are stable, then the monitoring will be done at least twice weekly thereafter.*

*Staff were trained in the importance of monitoring the temperatures in the freezers and refrigerators, and of making adjustments to correct any problems, and reporting any problems or concerns to the Administrator immediately.*

**Completion Date:** 03/08/2022

**Document Submission****Implemented**

*See Attached. 3/08/2022*

**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 1/4/2022, at approximate 10:00 a.m., a bedside floor tray, portable exercise machine, laundry basket, and multiple*

**121a - Unobstructed Egress (continued)**

*gallon filled drink jugs, partially blocked the egress from the second floor through resident #5's bedroom that leads to the fire escape; not allowing safe egress due to a trip/fall hazard.*

*On 1/4/2022, at approximately 10:05 a.m., an overturned large flower pot with a mound of dirt spread across the middle landing of the fire escape from resident #5's bedroom.*

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

*This area was cleared out the day of the inspection. The bedside floor tray was removed from the room, and the drink jugs were placed neatly on shelves in the room. The other items were moved away from the egress and the resident was counselled about the importance of keeping this area clear. Blue duct tape was put down to clearly show the resident the pathway that needs to stay clear. The staff will check this daily, and the Administrator will also check this on a weekly walk-through inspection of the home. Any problems will be dealt with promptly.*

**Completion Date:** 01/05/2022

**Document Submission****Implemented**

*See Attached. 1/05/2022*

**132b - Safety Inspection/Fire Drill****1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 9/24/2020.*

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

*The New Castle Fire Department conducted a fire drill and fire inspection on 2/01/2022.*

*The Administrator will contact the local fire department one month before the annual inspection is due, in order to ensure it is scheduled within the one-year requirement. This will be noted in the Administrator's Planner.*

**Completion Date:** 02/01/2022

**Document Submission****Implemented**

*See Attached. 2/01/2022*

**141a - Medical Evaluation****1. Requirements**

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.

**Description of Violation**

*Resident #3 was admitted on [REDACTED]. A medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.*

*Repeat Violation 4/8/2021*

141a - Medical Evaluation (continued)

Plan of Correction

Accept

This resident was admitted to La Casa straight from a stay in the hospital (due to a [REDACTED]. Prior to [REDACTED] hospital stay [REDACTED] was in jail for 7 months. The doctor at the hospital did complete an MA-51 form, but not a DME form. The resident did not have a PCP, and we were unable to determine if [REDACTED] had health insurance. [REDACTED] has no family and no support system.) Once [REDACTED] health insurance was finally established, the Administrator contacted a PCP and was able to make a tele-appointment for [REDACTED] on 10/05/22, and then an in-office appointment on 11/08/22. [REDACTED] now has an appointment scheduled with the PCP on 2/23/22 for an in-office check-up, and he will, at that time, have the medical evaluation form completed.

Update: This resident's medical evaluation was completed on 2/23/22 and is in [REDACTED] file. In the future, the Administrator will take the required form to the hospital for the attending physician to complete prior to the resident's discharge to the home, if there is any concern that the resident does not have a PCP or that there will be a delay in arranging an appointment with his PCP beyond the 30 days required.

Completion Date: 03/01/2022

Document Submission

Implemented

See Attached. 3/01/2022

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1's opened [REDACTED] and [REDACTED] are kept in a plastic bag in the medication cart with just the resident's name on.

Resident #1 is prescribed [REDACTED], 3 units, 3 times a day along with medium sliding scale of max of 51 units per day as follows:

70-140=0 units

141-180=2 units

181-220=4 units

221-260=6 units

261-300=8 units

301-340=10 units

341-400=12 units

401-500=14 units

However, the sliding scale is not included on the pharmacy label.

Plan of Correction

Accept

The pharmacy was contacted and has provided labels that include all of the required information (sliding scale, etc.). These labels are now attached to the zip-lock bags that contain the insulin pen currently in use. The staff have received re-training in the exact requirements of medication labeling, especially regarding non-oral medications, such as insulin, eye drops, etc. The Administrator will make random checks (at least weekly) to ensure that all medications, including insulin pens, are stored with their complete information, (i.e. sliding scales).

Completion Date: 03/08/2022

184a - Labeling OTC/CAM (continued)

Document Submission

Implemented

See Attached. 3/08/2022

186a - Authorized Prescriber

1. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The prescribed medication [redacted] belonging to resident #4 was in the medication cart and listed on the January 2022 medication administration record (MAR). The pharmacy label indicates 3mg, 1 cap before bedtime. The MAR indicates 3mg, 2 tabs at bedtime. The home did not have a current order by an authorized prescriber to verify correct administration order.

Plan of Correction

Accept

The doctor was contacted and has provided current orders for all of this resident's medications. The MAR was corrected. The Administrator will carefully check each MAR before the start of that month, and then will re-check it each week during the month.

Completion Date: 02/11/2022

Document Submission

Implemented

See Attached. 2/11/2022

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:

Description of Violation

Resident #3 is prescribed [redacted]. However, resident's January 2022 MAR indicates [redacted]

Repeat Violation 4/8/2021

Plan of Correction

Accept

The MAR was corrected. The Administrator will carefully check each MAR before the start of that month, and then will re-check it each week during the month.

Staff were re-trained in the importance of checking each medication label carefully against the MAR, and making immediate corrections when errors are found, and reporting all errors and concerns to the Administrator.

Completion Date: 03/08/2022

Document Submission

Implemented

See Attached. 3/08/2022

## 252 - Record Content

## 1. Requirements

2600.

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

**Description of Violation**

*Resident #6's record does not include a photograph of the resident that is no more than 2 years old. The last photograph taken of the resident was dated [REDACTED]*

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

*A new photo was taken of this resident the day of the inspection and is now in his file. All other resident files were checked and this was the only one without a current photo. Nevertheless, all residents were photographed and the new photos placed in their files. The Administrator will set a special day each year for all residents to have new photographs taken, so that the photos are never more than a year old.*

**Completion Date:** 01/05/2022**Document Submission****Implemented***See Attached. 1/05/2022*