Department of Human Services
Bureau of Human Service Licensing

April 19, 2022

[redacted], PRESIDENT
[redacted]

RE: GETZ PERSONAL CARE HOME
1026 SCENIC DRIVE
KUNKLETOWN, PA, 18058
LICENSE/COC#: 24050

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2022, 01/26/2022 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: *GETZ PERSONAL CARE HOME* **License #:** *24050* **License Expiration:** *03/14/2023*

Address: *1026 SCENIC DRIVE, KUNKLETOWN, PA 18058*

County: *MONROE* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP*	**Date:** *08/10/1993*	**Issued By:** *PA L&I*
Type: *C-2 LP*	**Date:** *09/20/1996*	**Issued By:** *PA L&I*
Type: *C-2 LP*	**Date:** *01/03/1992*	**Issued By:** *PA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *50* **Waking Staff:** *38*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Incident* **Exit Conference Date:** *01/26/2022*

Inspection Dates and Department Representative

01/25/2022 - On-Site: [redacted]
01/26/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served:** *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *5* **Are 60 Years of Age or Older:** *47*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *1* **Have Physical Disability:** *0*

Inspections / Reviews

01/25/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/16/2022*

03/28/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/07/2022*

04/19/2022 - Document Submission

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

25c2 - Fee Schedule

1. Requirements

2600.
25.c. At a minimum, the contract must specify the following:

Description of Violation

Resident #1's contract dated [redacted], did not state a dollar amount that the resident was required to pay monthly.

Plan of Correction ***Accept***

Correct dollar amount was added to the resident's home contract immediately.

To ensure future compliance, if the amount of room and board is not determined prior to a or at time of admission due to circumstances such as awaiting VA funds or awaiting amount to be determined by Social Security for boarding home purposes, and approximate amount will be placed in the contract. Once a final amount is determined, an addendum to the contract stating the appropriate amount will be added to the contract and signed by all parties and administrator.

Completion Date: *03/16/2022*

Update: *03/28/2022*

Please indicate in you plan of correction who will specifically be responsible for monitoring and ongoing compliance.
3-28-2022 MM

Document Submission ***Implemented***

Administrator and Administrative Assistant will ensure that all documents are fully completed including contract amount.

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

The home did not have a record that staff person "A" DOH [redacted]) was successfully trained in their job duties as a direct care worker. The home did not have a record that they passed the direct care training test.

Plan of Correction ***Accept***

Staff person "A" left [redacted] position shortly after inspection and did not complete proper Department of Human Services training prior to leaving position.

To ensure future compliance with new hires, a computer has been designated for new hire training and Department of Human Services training is completed at the facility during hours that administration is available during initial training period of 2 weeks.

Completion Date: *03/16/2022*

Update: *03/28/2022*

Please indicate in you plan of correction who will specifically be responsible for monitoring and ongoing compliance.

65d - Initial Direct Care Training (continued)

3-28-2022 MM

Document Submission ***Implemented***

Administrator will ensure all new direct care staff have completed the required certification within the first 2 weeks of training.

66a - Staff Training Plan

1. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home did not have an annual staff training plan completed for the training year of 2022.

Plan of Correction ***Accept***

Staff training plan was developed and initiated immediately.

To ensure future compliance, administrator will complete annual training plan and have it reviewed and agreed upon by nursing 2 months prior to the start of the training year.

Completion Date: *03/16/2022*

Update: *03/28/2022*

Please attach proof of staff training plan for training year 2022. 3-28-2022 MM

Document Submission ***Implemented***

see attachments

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident rooms #120 and #136 had residents utilizing bed rails that were quarter length rails that were not covered, allowing for a potential entrapment risk.

Plan of Correction ***Accept***

Bed rail covers were made by staff member and placed on any beds that currently have open side rails to maintain the protection of residents and eliminate potential risk for entrapment.

To maintain compliance, addition covers were made and are stored in the nursing office and will immediately be placed on any hospital beds that enter the facility that side rails are required. This will be monitored by the nursing department.

Completion Date: *03/16/2022*

Update: *03/28/2022*

Please indicate in you plan of correction how often the nursing department will monitor this regulation for compliance. Plans of correction need to include steps that are measurable over a period of time. 3-28-2022 MM

81b - Resident Personal Equipment *(continued)*

Document Submission ***Implemented***

Nursing Department will provide covering upon installation of hospital bed and check daily that covering is on the bed rails.

100b - Removal Snow/Obstructions

1. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On the initial walk through on day one of the inspection, the home had 2 fire exists doors that were not cleared of snow and ice. The exit off the rear sunroom did not have a cleared path to the driveway that leads to the parking lot away from the building. The exit next to the laundry room, that also leads to the driveway away from the building to the main parking lot was not cleared of snow and ice.

Plan of Correction ***Accept***

Both areas were cleaned immediately by ownership.

To ensure future compliance, administrator will do thorough walk around building during and after storms to ensure all exits and and pathways are properly cleared for evacuation purposes and to prevent any slipping or falls during inclement weather.

Completion Date: *03/16/2022*

Document Submission ***Implemented***

Completed

103e - Left Overs

1. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The home's main kitchen refrigerator had a package of a 1/4 pound of sliced deli turkey meat that was not labeled with a date the package was opened.

Plan of Correction ***Accept***

Sliced turkey was labeled immediately upon discovery.

To ensure continued compliance, food in refrigerator will be checked 2x per day for proper labeling of leftover food in the refrigerator. this will be done by day shift cook and 2nd shift server.

Completion Date: *03/16/2022*

Document Submission ***Implemented***

completed

131c - Kitchen Fire Extinguisher

1. Requirements

2600.
131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The home's Kitchen fire extinguisher did not have a tag indicating it had been inspected annually.

Plan of Correction ***Accept***

Continuing to wait for Fire Extinguisher company to come and inspect fire extinguisher, this is ongoing until inspection is complete.

To maintain compliance, when inspection of fire extinguishers is being conducted, maintenance or administrator will assist with inspection to ensure that all fire extinguishers are properly inspected,

Completion Date: *03/16/2022*

Update: *03/28/2022*

Please attach proof/invoice for the Fire Extinguisher inspection. 3-28-2022 MM

Document Submission ***Implemented***

see attached

132a - Monthly Fire Drill

1. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill for the month of December 2021.

Plan of Correction ***Accept***

all unannounced fire drills have been conducted since inspection.

To maintain compliance, a calendar of unannounced fire drills seen only by administrator has been created to prevent excluding a monthly Fire Drill that will be conducted by administrator.

Completion Date: *03/16/2022*

Update: *03/28/2022*

Please attach fire drill log showing fire drills from January 2022 to current.
3-28-2022 MM

Document Submission ***Implemented***

see attachments

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

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 #2's DME dated 9/2/21, section 10 did not address the resident's mobility needs.

RP Violation 1/26/21

Plan of Correction ***Accept***

Physician was notified and resident's mobility needs were addressed.

To maintain compliance, Assistant in Nursing Office will thoroughly examine and ensure all medical evaluations are complete and regular audits of charts will be completed to ensure all paperwork is completed, signed and dated by all parties.

Completion Date: *03/16/2022*

Document Submission ***Implemented***

completed

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3's had [redacted], which was opened on 12/25/21. The manufacturers direction state to discard after 28 days of being opened.

Resident #4's Lantus Insulin vial was in use but not dated when the vial was opened. It could not be determined if the home is following the manufactures directions.

Plan of Correction ***Accept***

Resident #3 Lantus Insulin was properly dated per regulations.

To ensure continued compliance, all medications requiring open dates will be examined each shift to ensure that they are dated properly and are not expired.

Completion Date: *03/16/2022*

183e - Storing Medications *(continued)*

Update: *03/28/2022*

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. 03-28-2022 MM

Document Submission ***Implemented***

Nurse will be responsible for fixing the problem and monitoring compliance. She will monitor and check all medications weekly during an audit and instruct med techs on appropriate actions.