

Department of Human Services  
Bureau of Human Service Licensing

August 15, 2022

[REDACTED], OWNER  
44 BROAD STREET  
PITTSTON, PA, 18640

RE: ADULT PERSONAL CARE HOME  
44 BROAD STREET  
PITTSTON, PA, 18640  
LICENSE/COC#: 24386

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

[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: *ADULT PERSONAL CARE HOME* License #: *24386* License Expiration: *02/08/2023*  
Address: *44 BROAD STREET, PITTSTON, PA 18640*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: [REDACTED]  
Address: *44 BROAD STREET, PITTSTON, PA, 18640*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *09/20/1980* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/09/2022*

**Inspection Dates and Department Representative**

*02/09/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *5*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *5*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**02/09/2022 - Full**

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

Inspections / Reviews (*continued*)

05/24/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2022*

05/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/01/2022*

07/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/22/2022*

08/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/12/2022*

08/15/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the most current license posted in the home.

Plan of Correction

Accept

It is important to have the current year license posted as per regulations. The reason this is a violation is due to the department who sends the updated license. I know I submitted the forms and the fee for the license, as I have confirmed cards with a date and signature. Also the Civil Rights sent me an email to that fact they received what I sent to them. I realized one will not be in the mail and was given a website where I was able to print my license. As administrator I will monitor and be responsible for ongoing compliance.

Completion Date: 04/25/2022

Document Submission

Implemented

It is important to have the current year license posted as per regulations. The reason this is a violation is due to the department who sends the updated license. I know I submitted the forms and the fee for the license, as I have confirmed cards with a date and signature. Also the Civil Rights sent me an email to that fact they received what I sent to them. I realized one will not be in the mail and was given a website where I was able to print my license. As administrator I will monitor and be responsible for ongoing compliance.

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 home did not have a Carbon Monoxide monitor installed in the basement to monitor the gas fired boiler as required by the Care Facility Carbon Monoxide Monitoring Act.

The inspection certificate for the home's boiler expired 11/21/20.

Plan of Correction

Accept

As Administrator and the person responsible for being responsible for keeping the Boiler Inspection every two years to assure it is safe to use in the facility. I have a current certificate. The certificate issue date is 11/25/2020 and an expiration date of 10/30/2022. A Carbon Monoxide Monitor was purchased to comply with the regulations of having one in the basement where the Boiler is and one in the kitchen as per regulations. As administrator I will be responsible for checking the units along with the other alarm system on a regular basis to assure compliance ongoing in the future.

Completion Date: 02/11/2022

Update: 05/20/2022

Please send proof of compliance (pictures). 5-20-22 

Document Submission

Implemented

As Administrator and the person responsible for being responsible for keeping the Boiler Inspection every two years to assure it is safe to use in the facility. I have a current certificate. The certificate issue date is 11/25/2020 and an

**18 - Compliance With Laws (continued)**

expiration date of 10/30/2022. A Carbon Monoxide Monitor was purchased to comply with the regulations of having one in the basement where the Boiler is and one in the kitchen as per regulations. As administrator I will be responsible for checking the units along with the other alarm system on a regular basis to assure compliance ongoing in the future.

**26a - Quality Management Plan****1. Requirements**

2600.

26.a. The home shall establish and implement a quality management plan.

**Description of Violation**

The home's quality management meeting held in 2021 did not include a review of staff training or license inspection violations.

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

As Administrator and responsible person, the homes quality management plan will now state the plan must include to monitor training, license inspection violations, Incident reporting,, family councils, and the complaint procedure to ensure continued compliance ongoing.

**Completion Date:** 05/09/2022**Update:** 05/20/2022

Please send proof of quality management plan updates for 2021. 5-20-22

**Document Submission****Implemented**

As Administrator and responsible person, the homes quality management plan will now state the plan must include to monitor training, license inspection violations, Incident reporting,, family councils, and the complaint procedure to ensure continued compliance ongoing.

**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**

The steps leading from the 2nd floor exit located in the bathroom were covered with a layer of snow.

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

As Administrator and responsible, I had hired a person to remove the snow who was there the day of inspection moving the snow for a clear pathway. In question was a clear pathway from the bottom of the steps to the designated meeting spot. This exit was change and a sign posted to go in a different direction to use the ramp instead of the grounds for the safety of residents. Monitoring the weather and clearing of snow to assure ongoing compliance has been established by the Administrator.

**Completion Date:** 05/09/2022**Update:** 05/20/2022

Please add to the above plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps,

**100b - Removal Snow/Obstructions (continued)**

recreational areas and exterior fire escapes.

Who will monitor ongoing compliance?

5-20-22 ■■■

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

Addendum to the plan of correction.

As Administrator and responsible person for this plan of correction, the snow was removed to its completion on the day of inspection. For the safety of the residents I designed a sign to redirect the residents to a safer pathway using the cleared ramp instead of walking in the snow covered grounds. The Administrator will monitor the weather and assure the grounds caretaker is on the job when it snows to assure continued compliance as per regulations

**Completion Date:** 05/20/2022

**Document Submission****Implemented**

Addendum to the plan of correction.

As Administrator and responsible person for this plan of correction, the snow was removed to its completion on the day of inspection. For the safety of the residents I designed a sign to redirect the residents to a safer pathway using the cleared ramp instead of walking in the snow covered grounds. The Administrator will monitor the weather and assure the grounds caretaker is on the job when it snows to assure continued compliance as per regulations

**107d - Procedure Emergency Management Agency Submission****1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

The home did not have documentation that their emergency procedures were reviewed and sent to the local emergency management agency in 2021.

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

As Administrator and responsible person, I have developed an emergency procedure plan and submitted it to the Emergency Management Authority as I have been doing annually for the past years I have had the Personal Care Home. I have documented the exchange but did not request a signed document stating they received it. I have changed my procedure to include documentation of receipt of my plan. They in return have mailed me a document/receipt of the plan as I will expect in the future to be in compliance ongoing.

**Completion Date:** 05/09/2022

**Update:** 05/20/2022

Please add to the above plan of correction:

Who will monitor ongoing compliance?

5-20-22 ■■■

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

As Administrator and responsible person, I have developed an emergency procedure plan and submitted it to the

**107d - Procedure Emergency Management Agency Submission (continued)**

*Emergency Management Authority as I have been doing annually for the past years I have had the Personal Care Home. I have documented the exchange but did not request a signed document stating they received it. As Administrator I have changed my procedure to include documentation of receipt of my plan. They in return have mailed me a document/receipt of the plan as will be expect in the future to have the plan acknowledged by signing a receipt to be in compliance ongoing. As administrator I will be responsible for maintaining a record to monitor the annual Emergency Plan and receipt of it ongoing..*

**Completion Date:** 05/24/2022

**Document Submission****Implemented**

*As Administrator and responsible person, I have developed an emergency procedure plan and submitted it to the Emergency Management Authority as I have been doing annually for the past years I have had the Personal Care Home. I have documented the exchange but did not request a signed document stating they received it. As Administrator I have changed my procedure to include documentation of receipt of my plan. They in return have mailed me a document/receipt of the plan as will be expect in the future to have the plan acknowledged by signing a receipt to be in compliance ongoing. As administrator I will be responsible for maintaining a record to monitor the annual Emergency Plan and receipt of it ongoing..*

**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 fire drills in the months of December 2021 or January 2022.*

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

*As Administrator and responsible person a monthly unannounced fire drill will be demonstrated and carried out to prepare residents to exit the facility in a timely manner through practicing on a routine basis. The administrator shall monitor the fire drill log to ensure ongoing compliance every 30 days prior to the anticipated drills.*

**Completion Date:** 05/09/2022

**Update:** 05/20/2022

*Please send fire drill log for February, March and April 2022. 5-20-22* ██████████

**Document Submission****Implemented**

*As Administrator and responsible person a monthly unannounced fire drill will be demonstrated and carried out to prepare residents to exit the facility in a timely manner through practicing on a routine basis. The administrator shall monitor the fire drill log to ensure ongoing compliance every 30 days prior to the anticipated drills.*

**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 home's last fire safety inspection and supervised fire drill was conducted by a fire safety expert on 11/21/2019. The home did not have a fire safety inspection and supervised fire drill by a fire safety expert completed by 12/31/2021 as required.*

## 132b - Safety Inspection/Fire Drill (continued)

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

*As Administrator it is my responsibility to reach out to the Fire Department to arrange a yearly drill and safety inspection conducted by the fire chief of the department. I have had the drill through the years and documented the date and had the chief sign that ■ conducted a safety inspection as well. In 2021 to this date however I have made several attempts (5) to the department to perform the safety inspection/drill with no response. As administrator I will continue to call until I get a response to complete this activity for the safety of the residents and to comply with the regulations ongoing.*

**Completion Date:** 05/09/2022

**Update:** 05/20/2022

*Require date on when this will be completed and who will be monitoring for ongoing compliance. 5-20-2022 MM*

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

*As Administrator it is my responsibility to reach out to the Fire Department to arrange a yearly drill and safety inspection conducted by the fire chief of the department. I have had the drill through the years and documented the date and had the chief sign that he conducted a safety inspection as well. In 2021 to this date however I have made several attempts (5) to the department to perform the safety inspection/drill with no response. As administrator I will continue to call until I get a response to complete this activity for the safety of the residents and to comply with the regulations ongoing. As Administrator and responsible person I have reached out to the Mayor of our city to intervene on my behalf to get this task accomplished by the end of this week 05/29/2022. As Administrator I will be responsible for monitoring these drill and inspection for ongoing compliance.*

**Completion Date:** 05/24/2022

**Update:** 05/27/2022

*Please send proof of a fire safety inspection and fire drill conducted by a fire safety expert. 2-25-2022 ■*

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

*As Administrator it is my responsibility to reach out to the Fire Department to arrange a yearly drill and safety inspection conducted by the fire chief of the department. I have had the drill through the years and documented the date and had the chief sign that he conducted a safety inspection as well. In 2021 to this date however I have made several attempts (5) to the department to perform the safety inspection/drill with no response. As administrator I will continue to call until I get a response to complete this activity for the safety of the residents and to comply with the regulations ongoing. As Administrator and responsible person I have reached out to the Mayor of our city to intervene on my behalf to get this task accomplished by the end of this week 05/29/2022. As Administrator I will be responsible for monitoring these drill and inspection for ongoing compliance.*

**UPDATE:** 07/13/2022

*On 07/12/2022 as administrator, I finally was able to speak directly to the Fire Chief at 570-299-7809. After I explained my need for a fire drill and safety inspection to comply with the regulations and the violation report. The Chief explained to me that due to all the changes in their regulations ■ is no longer able to sign the document stating ■ witnessed, timed and did a safety inspection. ■ explained the liability insurance will not cover such a task. The Chief did say ■ will watch as I conducted a fire drill with my residents. I called the fire house today 07/13/2022 and left a message stating I am willing to do the drill as soon as possible and I understand he will not be signing the document. That fire department has been ignoring my calls and messages for the past 6 months. I believe the fire chief will come through and watch the drill as planned by 07/20/2022.*

**Completion Date:** 07/20/2022

**Update:** 07/15/2022

*Please send proof of a fire safety inspection and fire drill conducted by a fire safety expert.*

## 132b - Safety Inspection/Fire Drill (continued)

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

As Administrator it is my responsibility to reach out to the Fire Department to arrange a yearly drill and safety inspection conducted by the fire chief of the department. I have had the drill through the years and documented the date and had the chief sign that [REDACTED] conducted a safety inspection as well. In 2021 to this date however I have made several attempts (5) to the department to perform the safety inspection/drill with no response. As administrator I will continue to call until I get a response to complete this activity for the safety of the residents and to comply with the regulations ongoing. As Administrator and responsible person I have reached out to the Mayor of our city to intervein on my behalf to get this task accomplished by the end of this week 05/29/2022. As Administrator I will be responsible for monitoring these drill and inspection for ongoing compliance.

UPDATE: 07/13/2022

On 07/12/2022 as administrator, I finally was able to speak directly to the Fire Chief at [REDACTED]. After I explained my need for a fire drill and safety inspection to comply with the regulations and the violation report. The Chief explained to me that due to all the changes in their regulations he is no longer able to sign the document stating he witnessed, timed and did a safety inspection. [REDACTED] explained the liability insurance will not cover such a task. The Chief did say [REDACTED] will watch as I conducted a fire drill with my residents. I called the fire house today 07/13/2022 and left a message stating I am willing to do the drill as soon as possible and I understand he will not be signing the document. That fire department has been ignoring my calls and messages for the past 6 months. I believe the fire chief will come through and watch the drill as planned by 07/20/2022.

As administrator and to comply with the regulations pursuant to 132b I have completed and received the letter that states the drill and fire safety inspection has been done.

**Completion Date:** 07/28/2022

**Update:** 08/12/2022

132b letter received 8-12-2022

**Document Submission****Implemented**

As Administrator it is my responsibility to reach out to the Fire Department to arrange a yearly drill and safety inspection conducted by the fire chief of the department. I have had the drill through the years and documented the date and had the chief sign that he conducted a safety inspection as well. In 2021 to this date however I have made several attempts (5) to the department to perform the safety inspection/drill with no response. As administrator I will continue to call until I get a response to complete this activity for the safety of the residents and to comply with the regulations ongoing. As Administrator and responsible person I have reached out to the Mayor of our city to intervein on my behalf to get this task accomplished by the end of this week 05/29/2022. As Administrator I will be responsible for monitoring these drill and inspection for ongoing compliance.

UPDATE: 07/13/2022

On 07/12/2022 as administrator, I finally was able to speak directly to the Fire Chief at [REDACTED]. After I explained my need for a fire drill and safety inspection to comply with the regulations and the violation report. The Chief explained to me that due to all the changes in their regulations [REDACTED] is no longer able to sign the document stating he witnessed, timed and did a safety inspection. [REDACTED] explained the liability insurance will not cover such a task. The Chief did say [REDACTED] will watch as I conducted a fire drill with my residents. I called the fire house today 07/13/2022 and left a message stating I am willing to do the drill as soon as possible and I understand he will not be signing the document. That fire department has been ignoring my calls and messages for the past 6 months. I believe the fire chief will come through and watch the drill as planned by 07/20/2022.

As administrator and to comply with the regulations pursuant to 132b I have completed and received the letter that states the drill and fire safety inspection has been done. I have uploaded the letter to this site twice to view as an attatchment to view as needed on 08/13/2022.

## 132b - Safety Inspection/Fire Drill (continued)

## 141b1 - Annual Medical Evaluation

## 1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

The home had a Documentation of Medical Evaluation (DME) form signed by a doctor on [REDACTED]/21 for resident #1 but none of the required medical information was completed on the form.

Resident #2 had DME forms completed and dated [REDACTED]/2019 and [REDACTED]/21. Resident #2 did not have a DME form completed for 2020.

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

As Administrator I will maintain current medical evaluations that reflect the residents condition as per regulations. The administrator will review new and annual evaluations as they are received or scheduled to assure they are correct, complete and in a timely manner to ensure ongoing compliance.

**Completion Date:** 05/09/2022

**Update:** 05/20/2022

Please include in the above plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

What is the status of resident #1's DME?

Who will monitor ongoing compliance?

5-9-2022 MM

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

As Administrator and responsible person, all DME's and any other medical evaluation will be monitored for completion. The administrator scheduled future appointments and have the forms semi completed where the medical team will have to add the residents vitals. The website on mygeisinger.org will display the office visits and a summary of the visit including anything added or discontinued and present medications. As administrator I was able to use the website to access the information to complete the Medical Evaluation form on 05/09/2022. As administrator all Evaluation will be monitored for completion ongoing and on schedule.

**Completion Date:** 05/24/2022

**Update:** 05/25/2022

Please send proof of resident #1's current DME. 5-25-2022 [REDACTED]

**Document Submission****Implemented**

As Administrator and responsible person, all DME's and any other medical evaluation will be monitored for completion. The administrator scheduled future appointments and have the forms semi completed where the medical team will have to add the residents vitals. The website on mygeisinger.org will display the office visits and a summary of the visit including anything added or discontinued and present medications. As administrator I was able to use the website to access the information to complete the Medical Evaluation form on 05/09/2022. As administrator all Evaluation will be monitored for completion ongoing and on schedule.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A's annual practicum for medication administration training for 2021 was invalid because it was not completed by a person who had completed the required Train the Trainer course.

Plan of Correction

Do Not Accept

Staff person A is a Medication Train the Trainer certificate holder. As administrator and a past trainer I have scheduled to be recertified as a trainer in the near future and will be able to complete any training and manage the facility medication along with Staff person A ongoing as per regulations.

Completion Date: 05/09/2022

Update: 05/20/2022

What is the status of Staff person A's medication training. Until training is updated, Staff person A should not be administering medications to residents.

Please include in the above plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

All POC's at a minimum must include the above information.

5-9-2022 [redacted]

Plan of Correction

Accept

Staff person A is a Medication Train the Trainer certificate holder. As administrator and a past trainer I have scheduled to be recertified as a trainer in the near future and will be able to complete any training and manage the facility medication along with Staff person A ongoing as per regulations. The Medication Training certificate will display when the training needs to be renewed. As administrator, medication training will be monitored to be on schedule for training updates and renewals ongoing.

Completion Date: 05/24/2022

Update: 05/27/2022

Please send proof of staff training for those staff who administer medications to residents. 5-25-2022 - [redacted]

Document Submission

Implemented

Staff person A is a Medication Train the Trainer certificate holder. As administrator and a past trainer I have scheduled to be recertified as a trainer in the near future and will be able to complete any training and manage the facility medication along with Staff person A ongoing as per regulations. The Medication Training certificate will display when the training needs to be renewed. As administrator, medication training will be monitored to be on schedule for training updates and renewals ongoing.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's Medication Administration Record (MAR) indicated the resident has an order for [redacted] to be taken in the morning and at bedtime. The medication was not found in the medication cart. The home verified with the pharmacy during the inspection that the order for this medication was discontinued by the resident's physician more than a month ago. Staff initialed the medication as administered from [redacted] even though the medication was not administered.

Plan of Correction

Do Not Accept

As Administrator and responsible person, the delivery of the medication will be monitored to ensure the medication in the packets match the MAR records. This practice will prevent errors in the process of documentation of received medication to a resident. The medication cart shall also be examined and monitored to prevent errors as an ongoing practice by the administrator.

Completion Date: 05/10/2022

Update: 05/20/2022

Please include in the above plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Was medication staff retrained?

5-20-2022 MM

Plan of Correction

Accept

As Administrator and responsible person, when the medication was delivered (on 05/20/2022) it was checked to match what medications that are on the residents medical record to what is being delivered and in the packets to prevent medication errors. This practice by the administrator and staff will be ongoing. Staff A performs training on schedule and will continue to as per regulations. The administrator will monitor the training and medication ongoing.

Completion Date: 05/24/2022

Document Submission

Implemented

As Administrator and responsible person, when the medication was delivered (on 05/20/2022) it was checked to match what medications that are on the residents medical record to what is being delivered and in the packets to prevent medication errors. This practice by the administrator and staff will be ongoing. Staff A performs training on schedule and will continue to as per regulations. The administrator will monitor the training and medication ongoing.