

Department of Human Services
Bureau of Human Service Licensing

April 6, 2022

[REDACTED], ADMINISTRATOR/CO-OWNER
[REDACTED]
[REDACTED]

RE: ADVANCED PERSONAL CARE HOME
 245 CENTER STREET, PO BOX 5
 CLARKSVILLE, PA, 15322
 LICENSE/COC#: 44048

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/17/2022, 02/18/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *ADVANCED PERSONAL CARE HOME* License #: *44048* License Expiration: *05/20/2022*
Address: *245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322*
County: *GREENE* Region: *WESTERN*

Administrator

Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/16/1992* Issued By: *L&I*
Type: *Other* Date: *03/10/1989* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *02/18/2022*

Inspection Dates and Department Representative

02/17/2022 - On-Site: [REDACTED]
02/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* Residents Served: *33*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *33* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *33* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

02/17/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2022*

Inspections / Reviews (*continued*)

03/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/31/2022*

04/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/12/2022*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/17/22, the hot water temperature at the sinks in the following locations exceeded 120 degrees Fahrenheit:

Time	Location	Temperature (degrees Fahrenheit)
• 11:05 AM	Big Bathroom	137.1
• 11:08 AM	Little Bathroom	139.1

Plan of Correction

Accept

The hot water temperature was immediately adjusted to a temperature in compliance with the department of health guidelines. A weekly water temperature check will be conducted at all resident points of water contact and recorded by midnight shift supervisor, Michael Speelman. Now and in the future all water temperatures shall not exceed 120 degrees Fahrenheit.

Completion Date: 02/17/2022

101j1 - Mattress Fire Retardant

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 2/17/22, resident #1's mattress was in disrepair. The resident's mattress was worn and bowing on the sides.

Plan of Correction

Accept

Resident #1's mattress was replaced. A weekly check will be conducted by Administrator, [REDACTED] or designated person, [REDACTED] to assure all residents mattresses are clean, supports the resident and in good repair.

Completion Date: 02/18/2022

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 2/17/22 at 10:48 AM, no sheets were present on resident #1's bed.

Plan of Correction

Accept

Bed linens were placed on resident #1's bed. All attempts will be made to get resident #1 to leave bed linens on his bed. As well as DCS were instructed to leave a spare set of sheets in his closet as well. A weekly check will be conducted by administrator, [REDACTED] or designated person, [REDACTED] to ensure that all residents have pillows, bed linens and blankets that are present, clean and in good repair.

Completion Date: 02/18/2022

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 2/17/22, no operable lamp or other source of lighting that can be turned on/off from bedside were present at the following resident beds:

- Between the 2 beds in bedroom #3
- Resident #1's bed

Plan of Correction

Directed

A light source was placed between the 2 beds in room #3. A weekly check will be conducted by administrator, [REDACTED] or designated person, [REDACTED] to ensure all residents have an operable light source that can be turned on/off from bedside (DIRECTED: The weekly checks shall begin within 48 hours of receipt of the plan of correction. LM 4/6/22).

We will hold a training for our staff on 03/31/22 to educate them on all of the required light sources that should be available to our residents to ensure that each of them have a bedside light/lamp. (DIRECTED: Documentation of the education shall be kept. LM 4/6/22).

DIRECTED: Within 48 hours of receipt of the plan of correction: An operable lamp or other source of lighting shall be placed at resident #1's bedside. LM 4/6/22.

Completion Date: 03/31/2022

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 2/17/22 at 9:55 AM, staff person A allowed a stray cat to enter the home. Staff person A indicated the cat regularly interacts with residents on the front porch of the home; however, there is no current certificate of rabies vaccination for this cat.

Plan of Correction

Accept

The stray cat was caught, taken to the vet, vaccinated and released. A current rabies vaccination certificate from a licensed veterinarian will be kept in the PCH office on file. Now and in the future any cat/dog present at the personal care home shall have a current rabies vaccination certificate. See attached document.

Completion Date: 03/18/2022

123b - Emergency Procedures Posted

1. Requirements

2600.

123b - Emergency Procedures Posted (*continued*)

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 2/17/22, the home's emergency preparedness plan was not posted in a conspicuous and public place.

Plan of Correction**Accept**

A copy of the Emergency Preparedness procedures was immediately placed in a public place, on our bulletin board. A monthly check will be conducted by administrator, [REDACTED] or designated person [REDACTED] to assure the Emergency Preparedness Plan is posted in a conspicuous place in the personal care home.

Completion Date: 02/17/2022

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 home's most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 12/8/20.

Plan of Correction**Accept**

A fire inspection and supervised fire drill was conducted by fire expert, [REDACTED]. An annual check list has been implemented along with our annual staff training plan scheduled to reflect the previous years plan to assure all trainings are done in compliance of annual requirements

We have attached the documents from Tom Bonura.

A fire safety inspection and fire drill conducted by a fire safety expert was completed on 3/10/22. LM 4/6/22

Completion Date: 03/10/2022

132d - Evacuation**1. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill records for the following fire drills indicate safe evacuation times that exceeded 2 minutes, 30 seconds; however, there is no documentation from a fire safety expert within the past year indicating a maximum safe evacuation time that exceeds 2 minutes, 30 seconds.

Date of fire drill	Time of fire drill	Evacuation Time
• 12/8/21	5:50 PM	4 minutes, 9 seconds
• 1/19/22	9:00 AM	3 minutes

Plan of Correction**Directed**

A timed fire drill was conducted by Tom Bonura on 3/10/2022. The time to safely evacuate was five minutes.

132d - Evacuation (continued)

Please see attached document. An annual checklist has been implemented to assure a annual fire drill is done by a licensed fire expert.

We have uploaded all of the documents that we received from Tom Bonura to show that we will have monthly monitoring to ensure our residents and staff are safely evacuated in case of an emergency.

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review the fire drill records monthly to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert during each fire drill. LM 4/6/22

Completion Date: 03/10/2022

144c2 - Smoking Area Distance**1. Requirements**

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

On 2/17/22 at 8:50 AM, staff person B was observed smoking a cigarette on the front porch of the home; however, the designated smoking area is on the back porch of the home.

Plan of Correction**Directed**

All staff persons were trained on our Smoking Area and Smoking Safety Regulations. Please see attached document. The training was completed on 3-10-22, we have attached our training sheet. The home's measurable monitoring step is that the administrator, [REDACTED], and designated person, [REDACTED], will continue monitoring that all residents and staff persons are smoking in the designated areas. If anyone is found smoking in a non-smoking area of the pch the appropriate actions will be taken. First offense they will be given a verbal warning, second offense they will be written up, third offense they will be fired. (DIRECTED: The checks by the administrator and/or designee shall occur daily to ensure all residents, staff persons and visitors are only smoking in the designated smoking areas. LM 4/6/22).

Completion Date: 03/10/2022

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

The bottle and label of resident #2's [REDACTED], which was stored in the home's refrigerator, was wet with an unknown substance.

183e - Storing Medications (*continued*)**Plan of Correction****Directed**

The bottle of lorazepam was discarded immediately and replaced with a new bottle with a proper label. All staff will be trained on proper medication storage by 4/8/22. (DIRECTED: Documentation of the education shall be kept. LM 4/6/22).

Supervisors will ensure that all medication will be checked and compared to MARs weekly for the first two months, then bi-weekly for two months. We will continue with this step monthly to ensure medication labels and MARs match. (DIRECTED: The weekly checks shall begin within 72 hours of receipt of the plan of correction. The checks shall also ensure resident prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. LM 4/6/22

Completion Date: 03/31/2022

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

No pharmacy label is present on resident #2's [REDACTED] was stored in the home's refrigerator.

Plan of Correction**Directed**

The [REDACTED] belonging to Resident 2 was discarded immediately and replaced with a new bottle that had a proper pharmacy label on it. All staff will be trained on regulation 2600. 184 an in regard to proper medication labels by 4/8/2022 (DIRECTED: Documentation of the education shall be kept. LM 4/6/22).

All medication has been checked and compared to the residents MARs. We have ensured that all labels match both on the medication and the MAR.

We will continue checking the medication against the MAR weekly for two months, then bi-weekly for two months, and continuing with monthly checks.

Completion Date: 04/06/2022

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3's glucometer was not set to the current date and time.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

Resident #3's glucometer was immediately calibrated to reflect proper time and date. All glucometers were checked and calibrated. Administrator [REDACTED] and/or designated person [REDACTED] will check glucometers monthly to assure they are properly set. All staff will be trained on diabetic education including glucometer calibration by 4/15/22.

Completion Date: 04/15/2022

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A has not successfully completed the Department-approved diabetes patient education program within the past 12 months; however, staff person A administered insulin to resident #3 on numerous dates and times, including at breakfast from 2/4/22 through 2/6/22, and at dinner from 2/1/22 through 2/8/22, and 2/10/22 through 2/15/22.

Staff person B has not successfully completed the Department-approved diabetes patient education program within the past 12 months; however, staff person B administered insulin to resident #3 on numerous dates and times, including at breakfast from 2/1/22 through 2/3/22, 2/7/22 through 2/10/22, and 2/12/22 through 2/17/22.

Staff person C has not successfully completed the Department-approved diabetes patient education program within the past 12 months; however, staff person C administered insulin to resident #3 on numerous dates and times, including at breakfast on 2/11/22 and 2/18/22, and at dinner on 2/16/22.

Plan of Correction**Directed**

All staff will be trained on diabetic education by 4/15/22 by a Certified Diabetic Educator (DIRECTED: Documentation of the staff training conducted by a Certified Diabetic Educator shall be kept. LM 4/6/22).

After completing the diabetic education training, [REDACTED] and [REDACTED] will audit all employee charts to ensure that they reflect that the training has been completed by all staff whom will be administering insulin. Every three months, Georgie and Dawn will continue checking employee charts and trainings.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system which includes the names of all current staff persons administering insulin to residents and the most recent date each staff person completed the Department-approved diabetes patient education program. The tracking system shall be reviewed at least semi-annually to ensure no staff person administers insulin to any resident that has not successfully completed the Department-approved diabetes patient education program within the past 12 months. LM 4/6/22

Completion Date: 04/06/2022

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4's assessment, dated [REDACTED], does not include the diagnoses of [REDACTED] as indicated on the resident's medical evaluation, dated [REDACTED]

Plan of Correction**Accept**

Resident #4's assessment was updated on [REDACTED] to reflect all of [REDACTED] diagnosis. please see document. An audit was done on all resident charts to assure all rasp include all pertinent information. Administrator [REDACTED] and designated person [REDACTED] will check and re-check each other's work to assure all pertinent information is included.

Completion Date: 02/21/2022

225c - Additional Assessment**1. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #5's most recent assessment was completed on [REDACTED]

Plan of Correction**Accept**

Resident #5's assessment was completed on [REDACTED]. A complete audit of all charts was done and a yearly calendar was developed by Administrator [REDACTED] and designated person [REDACTED] assure all resident assesments are completed in a timely manner.

We will continue to audit the charts and follow the yearly calendar that has been implemented. We also set up reminders on our resident database, Tabulapro, so that we don't overlook an assessment.

Completion Date: 03/29/2022

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 2/17/22 at 10:03 AM, the temperature of the kitchen reach-in refrigerator was 44 degrees Fahrenheit.

On 2/17/22 at 10:28 AM, there were no thermometers present in the basement meat freezer or the reach-in freezer next to it.

REPEAT VIOLATION: 4/13/2021, et. al.

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction*****Directed***

A thermometer was immediately placed in the basement meat freezer and the reach in freezer next to it. A weekly check list was developed to assure all freezers and refrigerators have thermometers in them and that they are reading at or below the required temperature. Please see document.

The temperature control dial was adjusted in the kitchen refrigerator, and it is now consistently reading 34 degrees Fahrenheit: this refrigerator is also included in the weekly check list. DIRECTED: Documentation of the weekly checks of all refrigerators and freezers shall be kept. LM 4/6/22

We educated staff by teaching them what the proper temperature is and placing a sheet on every freezer and refrigerator for temperature checks to be completed. See attached. DIRECTED: Documentation of the education shall be kept. LM 4/6/22

Completion Date: 03/29/2022