

Department of Human Services  
Bureau of Human Service Licensing

May 11, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: POLK PERSONAL CARE CENTER  
301 NORTH STREET  
MILLERSBURG, PA, 17061  
LICENSE/COC#: 30687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2022, 03/15/2022 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: *POLK PERSONAL CARE CENTER* License #: *30687* License Expiration: *03/26/2023*  
 Address: *301 NORTH STREET, MILLERSBURG, PA 17061*  
 County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: <i>C-2 LP</i>	Date: <i>11/09/2000</i>	Issued By: <i>L&amp;I</i>
Type: <i>C-2 LP</i>	Date: <i>03/13/2003</i>	Issued By: <i>L&amp;I</i>
Type: <i>C-2 LP</i>	Date: <i>09/26/2003</i>	Issued By: <i>L&amp;I</i>

**Staffing Hours**

Resident Support Staff: *1* Total Daily Staff: *61* Waking Staff: *46*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/15/2022*

**Inspection Dates and Department Representative**

03/14/2022 - On-Site: [REDACTED]  
 03/15/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *85* Residents Served: *51*

**Secured Dementia Care Unit**

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>51</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>9</i>	Have Physical Disability: <i>0</i>

## Inspections / Reviews

03/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/13/2022*

05/11/2022 - Document Submission

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

## 82a - Poisonous Materials

## 1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

*A spray bottle containing a clear liquid which had a handwritten label "Peroxy Hydro Disinfectant", was on a table in the third floor sitting/dining area. Two spray bottles containing a clear liquid with handwritten labels "Peroxy Hydro Disinfectant" were located on a table in the second floor sitting/dining area.*

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

*Said spray bottles were immediately removed on 4/15/22 from the locations noted by the housekeeping supervisor. A Storage of Poisonous Materials Policy has been created, along with an every six (6) months Poisonous Materials Inspection Document. Education provided to appropriate housekeeping and DCS staff on 4/15/22.*

**Completion Date:** 04/15/2022**Document Submission****Implemented***All steps have been implemented*

## 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 3/14/22 at 9:45 AM, the emergency exit stairway near room 214 on the second floor, was snow and ice covered.*

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

*Maintenance staff was notified immediately and removed the snow and ice from the mentioned stairway exit on 4/15/22. A Snow Removal Policy and a Snow Removal Checklist have been created to ensure proper snow removal going forward from all necessary locations.*

**Completion Date:** 04/15/2022**Document Submission****Implemented***All steps have been implemented*