



Emailing Date: October 4, 2022

[REDACTED]
[REDACTED]
I Saw the Light, LLC
[REDACTED]
[REDACTED]

RE: South Fork Welcome Home
316 Main Street
South Fork, Pennsylvania 15956
Certificate #: 337710

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspection on April 5, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *South Fork Welcome Home* License #: *337710* License Expiration:
Address: *316 Main Street, South Fork, PA 15956*
County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *814-495-9500* Email: [REDACTED]

Legal Entity

Name: *I Saw The Light, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/20/1999* Issued By: *DL&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *04/05/2022*

Inspection Dates and Department Representative

04/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *11*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Partial

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

04/28/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

06/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/17/2022*

07/12/2022 - Document Submission

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

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 4/5/2022 at approximately 9:20 am, there was an uncovered, unattended trash can in the shared restroom of Resident #1. This resident shares the bedroom and restroom with another resident.

Plan of Correction

Accept

Trash cans should be covered as required by 2600.85.d. so that rodent and insect penetration does not occur. The lid for the trash has been placed back on the garbage can on 4/5/22. Both residents were advised to not remove it to ensure safety and cleanliness by the Administrator on 4/24/22.

In the future, staff will check the can during daily cleaning to ensure the lid is still on.

Completion Date: 04/24/2022

Document Submission

Implemented

Trash cans should be covered as required by 2600.85.d. so that rodent and insect penetration does not occur. The lid for the trash has been placed back on the garbage can on 4/5/22. Both residents were advised to not remove it to ensure safety and cleanliness by the Administrator on 4/24/22.

In the future, staff will check the can during daily cleaning to ensure the lid is still on.

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 4/5/2022 at approximately 11:00 am, the hot water temperature in the shared restroom on the second floor measured 124.1 degrees Fahrenheit. At approximately 11:15 am, the hot water temperature in the first floor shared restroom was measured as 123.9 degrees Fahrenheit.

Plan of Correction

Directed

Hot water temperatures may not exceed 120 degrees F. to ensure that residents and staff are not accidentally burned by water that is too hot. lower the temperature from 120 F on the hot water tank to 115 F . The plumber is scheduled to come in for this maintenance May 3, 2022. In the meantime, beginning 4/5/22, staff are doing water checks and residents have been made aware that they need to be careful when using water.

The hot water temperature on the tank in the basement was lowered via the plumber to 115F on 5/3/22. The Administrator will direct staff to do weekly water temperature checks to ensure resident safety.

Directed -

89b - Hot Water Temperature (continued)

The Administrator will review the weekly water temperature checks, beginning 6/3/22 in areas accessible to the residents to ensure that it is 120°F or less. Any area that exceeds this temperature will be adjusted. GE, 6/3/22
Completion Date: 05/10/2022

Document Submission

Implemented

Hot water temperatures may not exceed 120 degrees F. to ensure that residents and staff are not accidentally burned by water that is too hot. lower the temperature from 120 F on the hot water tank to 115 F . The plumber is scheduled to come in for this maintenance May 3, 2022. In the meantime, beginning 4/5/22, staff are doing water checks and residents have been made aware that they need to be careful when using water.

The hot water temperature on the tank in the basement was lowered via the plumber to 115F on 5/3/22. The Administrator will direct staff to do weekly water temperature checks to ensure resident safety.

Directed -

The Administrator will review the weekly water temperature checks, beginning 6/3/22 in areas accessible to the residents to ensure that it is 120°F or less. Any area that exceeds this temperature will be adjusted. GE, 6/3/22

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

Residents #2, #3 and #4 do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Regulation 2600.101.j.7 is important to ensure the health and safety of residents so that they do not fall in the event they awake at night in a dark room. The Administrator will ensure that all rooms are checked weekly for lamps by the beds that are occupied.

Resident # 2 - Had a light located by the bed but we were told that the cord was stretched too far. We have since provided a flashlight next to the bed, as of 4/24/22, as advised by the inspector.

Resident # 3 - Light was located in the room, where the resident moved it to another shelf. We have since moved the lamp back and explained to the resident that the resident must keep it on the dresser next to the bed, as of 4/24/22.

Resident #4 - is no longer a resident at our facility

A light will be placed by all resident beds and the Administrator will direct staff to check to ensure they are there and in working order during weekly bedroom cleanings, beginning 4/24/22.

Completion Date: 04/24/2022

Document Submission

Implemented

Regulation 2600.101.j.7 is important to ensure the health and safety of residents so that they do not fall in the event they awake at night in a dark room. The Administrator will ensure that all rooms are checked weekly for lamps by the beds that are occupied.

Resident # 2 - Had a light located by the bed but we were told that the cord was stretched too far. We have since

101j7 - Lighting/Operable Lamp (continued)

provided a flashlight next to the bed, as of 4/24/22, as advised by the inspector.

Resident # 3 - Light was located in the room, where the resident moved it to another shelf. We have since moved the lamp back and explained to the resident that the resident must keep it on the dresser next to the bed, as of 4/24/22.

Resident #4 - is no longer a resident at our facility

A light will be placed by all resident beds and the Administrator will direct staff to check to ensure they are there and in working order during weekly bedroom cleanings, beginning 4/24/22.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar at the toilet in the restroom off the foyer, at the entrance of the home.

Plan of Correction

Directed

Regulation 2600.102.d. is important to ensure the health and safety of the resident while using the restroom. The grab bar was installed on April 6, 2022 as per the Administrator. The bar will remain in place.

Directed -

The Administrator will complete a monthly walk-through of the home, beginning June, 2022, to ensure all toilet and bath areas have grab bars, hand rails or assist bars. Any areas identified with this need will be equipped with a replacement. GE, 6/3/22

Completion Date: 04/24/2022

Document Submission

Implemented

Regulation 2600.102.d. is important to ensure the health and safety of the resident while using the restroom. The grab bar was installed on April 6, 2022 as per the Administrator. The bar will remain in place.

Directed -

The Administrator will complete a monthly walk-through of the home, beginning June, 2022, to ensure all toilet and bath areas have grab bars, hand rails or assist bars. Any areas identified with this need will be equipped with a replacement. GE, 6/3/22

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

There was an unlabeled, undated, small Ziploc bag of cubed cheese and large Ziploc bag of sliced pepperoni and hard salami in the kitchen refrigerator.

There were unlabeled, undated, large Ziploc bags of sliced cheeses and lunch meats in the black Frigidaire in the basement, next to the washer and dryer.

103e - Left Overs (continued)

Plan of Correction

Accept

Regulation 2600.103.e. is important to ensure that all food is known and the dates on them are within the allotted timeline that it is able to be consumed. The staff have all been advised by the Administrator on 4/24/22, to mark all foods and date all food.

Nightshift will check all items in the refrigerator each night to ensure they are labeled and dated. Any items that are not labeled or dated will be thrown out.

Completion Date: 04/24/2022

Document Submission

Implemented

Regulation 2600.103.e. is important to ensure that all food is known and the dates on them are within the allotted timeline that it is able to be consumed. The staff have all been advised by the Administrator on 4/24/22, to mark all foods and date all food.

Nightshift will check all items in the refrigerator each night to ensure they are labeled and dated. Any items that are not labeled or dated will be thrown out.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 4/5/2022, there was an approximate 1/8 inch accumulation of lint in the lint trap of the LG dryer in the basement. There were no clothes in the dryer at the time and the dryer was cool to the touch.

Plan of Correction

Directed

Regulation 2600.105.g. is important to ensure that a fire does not occur do to lint in the trap. Staff have been advised by the Administrator on 4/5/22 to check and clean the lint trap after every cycle to ensure no buildup occurs and to ensure that the risk of a fire is significantly lowered. Our current daily log has a section for cleaning and placing new water in the trap. Staff are now made aware that this check includes the inside trap.

Staff will check the lint trap each shift.

Directed -

The Administrator will check the staff's daily log on a weekly basis, beginning 6/3/22, to ensure that the inside trap is being checked and cleaned to avoid lint build-up. Documentation of cleaning will be kept. GE, 6/3/22

Completion Date: 04/24/2022

Document Submission

Implemented

Regulation 2600.105.g. is important to ensure that a fire does not occur do to lint in the trap. Staff have been advised by the Administrator on 4/5/22 to check and clean the lint trap after every cycle to ensure no buildup occurs and to ensure that the risk of a fire is significantly lowered. Our current daily log has a section for cleaning and placing

105g - Lint Removal and Duct Cleaning (continued)

new water in the trap. Staff are now made aware that this check includes the inside trap.

Staff will check the lint trap each shift.

Directed -

The Administrator will check the staff's daily log on a weekly basis, beginning 6/3/22, to ensure that the inside trap is being checked and cleaned to avoid lint build-up. Documentation of cleaning will be kept. GE, 6/3/22