

Department of Human Services  
Bureau of Human Service Licensing

August 23, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: HELEN'S PLACE FOR PERSONAL  
CARE  
474 STAMBAUGH AVENUE  
SHARON, PA, 16146  
LICENSE/COC#: 44687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/10/2022 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: *HELEN'S PLACE FOR PERSONAL CARE* License #: *44687* License Expiration: *09/23/2022*  
Address: *474 STAMBAUGH AVENUE, SHARON, PA 16146*  
County: *MERCER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HELEN'S PLACE FOR PERSONAL CARE*  
Address: *474 STAMBAUGH AVENUE, SHARON, PA, 16146*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *12/06/1991* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/10/2022*

**Inspection Dates and Department Representative**

05/10/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *15* Residents Served: *11*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

**Inspections / Reviews**

**05/10/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2022*

**07/05/2022 - POC Submission**

Inspections / Reviews (*continued*)

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

## 08/01/2022 - POC Submission

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

## 08/23/2022 - Document Submission

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

## 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

*At approximately 3:55 p.m., the water temperature in the front lobby's sink measured 132.7 Fahrenheit and at approximately 4:20 p.m., it was measured at 133.1 Fahrenheit.*

#### Plan of Correction

**Accept**

*Administrator will update the staff who assists administrator with checking the hot water tank to stay at 115 degrees F. When a staff terminates employed with Helen's Place PC, the administrator will immediately check hot water tank weekly in an effort to stay in compliance with regulation 89 b.*

*The violation was corrected at the time of inspection by both washer turned on hot and emptied that hot water tank. When administrator tested hot water tank the gauge on hot water tank was lower to 119 F and will be monitored weekly to ensure that temperature will not increase to an unsafe temperature. Administrator and/or assigned staff will check hot water tank weekly and document temperature readings.*

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

#### Document Submission

**Implemented**

*Administrator will update the staff who assists administrator with checking the hot water tank to stay at 115 degrees F. When a staff terminates employed with Helen's Place PC, the administrator will immediately check hot water tank weekly in an effort to stay in compliance with regulation 89 b.*

*The violation was corrected at the time of inspection by both washer turned on hot and emptied that hot water tank. When administrator tested hot water tank the gauge on hot water tank was lower to 119 F and will be monitored weekly to ensure that temperature will not increase to an unsafe temperature. Administrator and/or assigned staff will check hot water tank weekly and document temperature readings.*

## 92 - Windows

### 1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

#### Description of Violation

*At 9:35 a.m., the left window of the double windows on the right side of resident room #6, had no screens in the top and bottom window.*

*At 9:51 a.m., there was no screen in the window of resident room 1B.*

#### Plan of Correction

**Accept**

*Administrator purchased a window screen on 5/10/2022 at 0600. From this point forward administrator and staff*

**92 - Windows (continued)**

will check window screen weekly when rooms are cleaned. In room six, administrator found the correct screen in basement and inserted the screen properly. In room 1B, administrator insert properly screen in window and snapped it in place.

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

**Document Submission****Implemented**

Administrator purchased a window screen on 5/10/2022 at 0600. From this point forward administrator and staff will check window screen weekly when rooms are cleaned. In room six, administrator found the correct screen in basement and inserted the screen properly. In room 1B, administrator insert properly screen in window and snapped it in place.

**101j2 - Bedroom Chairs****1. Requirements**

2600.

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

2. A chair for each resident that meets the resident's needs.

**Description of Violation**

At 9:45 a.m., multiple resident room [REDACTED] had no chair for resident #1.

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

Administrator will ensure that chairs continue to stay in rooms. Chairs in bedrooms will be checked during room weekly room cleaning. Residents will be asked not to remove chairs in their bedrooms. Chairs can be stored underneath beds from this point forward.

Administrator and staff checked ALL room for chairs and explained to residents if they don't want their chairs displayed or used to please inform staff so we can place underneath their beds to ensure that we are following the State rules. All rooms have chairs in the proper place of bedrooms.

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

**Document Submission****Implemented**

Administrator will ensure that chairs continue to stay in rooms. Chairs in bedrooms will be checked during room weekly room cleaning. Residents will be asked not to remove chairs in their bedrooms. Chairs can be stored underneath beds from this point forward.

Administrator and staff checked ALL room for chairs and explained to residents if they don't want their chairs displayed or used to please inform staff so we can place underneath their beds to ensure that we are following the State rules. All rooms have chairs in the proper place of bedrooms.

**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**

At 9:38 a.m., resident #2's only source of bedside light was approximately 4 feet from the foot of the resident's bed.

**101j7 - Lighting/Operable Lamp (continued)**

At 9:50 a.m., resident #3 had no source of bedside light, the light bulb was burn out.

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

Administrator or designated staff will continue to check all resident's room to ensure that there operable lamp and/or other sources of lighting that can be turned on at bedside, by checking that the lamps and in working order during weekly room cleaning from this point forward.

Administrator and staff checked ALL rooms to make sure all lamps/other sources of light were in working order and explained to residents to let staff know, "if" their sources of light are not working as sources of light can be easily replaced at no cost to resident. The violation was checked and corrected on day of inspection. The measurable long term steps will have documentation (weekly as to the lights are in working condition).

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

**Document Submission****Implemented**

Administrator or designated staff will continue to check all resident's room to ensure that there operable lamp and/or other sources of lighting that can be turned on at bedside, by checking that the lamps and in working order during weekly room cleaning from this point forward.

Administrator and staff checked ALL rooms to make sure all lamps/other sources of light were in working order and explained to residents to let staff know, "if" their sources of light are not working as sources of light can be easily replaced at no cost to resident. The violation was checked and corrected on day of inspection. The measurable long term steps will have documentation (weekly as to the lights are in working condition).

**132c - Fire Drill Records****1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The home did not conduct an unannounced fire drill during the month of December 2021.

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

Administrator will check that documentation is immediately completed at the end of each fire drill, from this point forward in an effort not to forget to document time and date at the end of each fire drill.

Staff training regarding regulation 2600.132 c will be kept in individual staff files effective June 3rd, 2022 staff meeting.

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

**Document Submission****Implemented**

Administrator will check that documentation is immediately completed at the end of each fire drill, from this point forward in an effort not to forget to document time and date at the end of each fire drill.

**132c - Fire Drill Records (continued)**

Staff training regarding regulation 2600.132 c will be kept in individual staff files effective June 3rd, 2022 staff meeting.

**141a - Medical Evaluation****1. Requirements**

2600.

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.

**Description of Violation**

Resident #4's date of admission was [REDACTED], however the resident's initial medical evaluation was completed on [REDACTED]

**Plan of Correction**

Administrator will NOT schedule the medical evaluation before the due date from this point forward.

Administrator has a form that will state when MA51 forms are due and DME forms are due (these forms will be posted in staff assignment book via each month and appointments will be scheduled in a timely fashion, not before or after due date.

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

**Document Submission**

Administrator will NOT schedule the medical evaluation before the due date from this point forward.

Administrator has a form that will state when MA51 forms are due and DME forms are due (these forms will be posted in staff assignment book via each month and appointments will be scheduled in a timely fashion, not before or after due date.

**Accept****Implemented****141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

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 #5's medical evaluation dated [REDACTED] did not have a weight, pulse rate, immunization, and special health or dietary needs assessment. The fields were blank.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

From this point forward administrator will highlight (in yellow highlighter) each box that medical team will need to fill out. As staff is available a staff will accompany resident to medical appointment to ensure task is completed.

Administrator telephone resident#5's PCP and medical staff included information to include weight pulse rate, immunizations, and special health and dietary needs as specified on form.

Long range terms to comply with regulation 2600.141 a is to insure forms are high lighted to alert medical team as to what is required on form (MA51 and DME).

Completion Date: 07/07/2022

Document Submission

Implemented

From this point forward administrator will highlight (in yellow highlighter) each box that medical team will need to fill out. As staff is available a staff will accompany resident to medical appointment to ensure task is completed.

Administrator telephone resident#5's PCP and medical staff included information to include weight pulse rate, immunizations, and special health and dietary needs as specified on form.

Long range terms to comply with regulation 2600.141 a is to insure forms are high lighted to alert medical team as to what is required on form (MA51 and DME).

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 #5 is prescribed [redacted] inject 40 units SUB-Q 2 times a day. According to the manufacturer's instructions "Opened vials, whether or not refrigerated, must be used within 28 days after the first use. They must be discarded if not used within 28 days." However, the opened medication did not have an open date indicated on it.

Plan of Correction

Directed

Administrator will use the yellow date tape to place date on vials in an effort that the tape does not slide off during use from this day forward.

Documentation was found on May 11th, by afternoon staff. Documentation regarding date medications are open are now in a binder and will be exhausted or sent back to pharmacy if not exhausted. Staff was trained on this regulation on May 11th, 2022 via administrator and pharmacy.

Directed step:

By 8/10/22: A designated staff person, who is certified to administer insulin and medications, shall review all current medications, including insulin, to ensure they are being stored in accordance with the manufacturer's instructions.

Completion Date: 07/07/2022

183e - Storing Medications (continued)

Document Submission

Implemented

Administrator will use the yellow date tape to place date on vials in an effort that the tape does not slide off during use from this day forward.

Documentation was found on May 11th, by afternoon staff. Documentation regarding date medications are open are now in a binder and will be exhausted or sent back to pharmacy if not exhausted. Staff was trained on this regulation on May 11th, 2022 via administrator and pharmacy.

Directed step:

By 8/10/22: A designated staff person, who is certified to administer insulin and medications, shall review all current medications, including insulin, to ensure they are being stored in accordance with the manufacturer's instructions.

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 5# is prescribed [redacted] tablet take by mouth 1 tablet twice daily. However, the staff person who administered the medication on 5/3/22, at 5p.m., did not initial the resident's May medication administration record (MAR).

Resident #6 is prescribed [redacted] 6 Units before breakfast and after dinner. However, the staff person who administered the medication on 5/2/22 at 5:00 p.m., and 5/3/22 at 5p.m., did not initial the resident's May MAR.

Resident #6 is prescribed [redacted] t take by mouth 1 tablet twice daily. However, the staff person who administered the medication on 5/2/22 at 5:00 p.m., and 5/3/22 at 5p.m., did not initial the resident's May MAR.

Plan of Correction

Accept

Administrator will retain staff to "save" information on computer that reflects that the medication was allocated on time and day from this day forward,

Staff was retrained regarding via review of training on Train the Trainer website with administrator. Reference documents were reviewed and will be reviewed at monthly staff meeting to insure compliance of staff documentation of medication given to residents. Retraining was on May 11th, 2022

Completion Date: 07/07/2022

Document Submission

Implemented

Administrator will retain staff to "save" information on computer that reflects that the medication was allocated on time and day from this day forward,

Staff was retrained regarding via review of training on Train the Trainer website with administrator. Reference documents were reviewed and will be reviewed at monthly staff meeting to insure compliance of staff documentation of medication given to residents. Retraining was on May 11th, 2022

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #4 is prescribed [REDACTED] . tablet take by mouth 1 tablet three times a day. However, the medication was not administered on 5/1/22, at 8:00 a.m., and 8:00 p.m., 5/2/22, at 8:00 p.m., and on 5/3/22, at 8:00 a.m., 2:00 p.m., and 8:00 p.m., due to the medication not being present in the home.

Resident #6 is prescribed [REDACTED] Take one tablet by mouth before bedtime. However, the resident was not administered the medication on 5/7/22, and 5/9/22, due to the medication not being present in the home.

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

Administrator will call pharmacy and request that we are given enough pills out of the up coming's month allocation in the case of a conflict with the insurance company from this point forward. The next month perhaps we will have enough medication for the up coming month.

The step that corrected violation 2600.187 d was calling the pharmacy and asked for enough medication to be pulled from up-coming month in an effort not to run out of medication. Administrator will call PCP if medication is not lasting for an entire month due to insurance issues or any other issue.

Long term steps to comply with regulation is to complete a medication check weekly by staff or designated staff. A record will be kept as to who and when (weekly) checked reorder points for each medication.

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

**Document Submission****Implemented**

Administrator will call pharmacy and request that we are given enough pills out of the up coming's month allocation in the case of a conflict with the insurance company from this point forward. The next month perhaps we will have enough medication for the up coming month.

The step that corrected violation 2600.187 d was calling the pharmacy and asked for enough medication to be pulled from up-coming month in an effort not to run out of medication. Administrator will call PCP if medication is not lasting for an entire month due to insurance issues or any other issue.

Long term steps to comply with regulation is to complete a medication check weekly by staff or designated staff. A record will be kept as to who and when (weekly) checked reorder points for each medication.

## 225c - Additional Assessment

## 1. Requirements

2600.

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

**Description of Violation**

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

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

Administrator will secure another PCP if assigned PCP is not available, in order to keep assessments in a timely

**225c - Additional Assessment (continued)**

*fashion IF resident agrees. Administrator will once again explain the PCP that the forms cannot be late and an immediately years appointment is required for personal care residents.*

*Administrator talked to PCP regarding resident 5 in person regarding the important of compliance of forms to be completed in a timely fashion on May 27th, 2022. PCP is aware of compliance regarding this regulation. From this point forward PCP has instructed administrator to make next year's appointment during the present physical to ensure compliance regarding regulation 2600.225.c. Administrator reviewed information with staff on June 3rd, 2022 staff meeting. Directive was place on each month of calendar effective June 2022.*

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

**Document Submission****Implemented**

*Administrator will secure another PCP if assigned PCP is not available, in order to keep assessments in a timely fashion IF resident agrees. Administrator will once again explain the PCP that the forms cannot be late and an immediately years appointment is required for personal care residents.*

*Administrator talked to PCP regarding resident 5 in person regarding the important of compliance of forms to be completed in a timely fashion on May 27th, 2022. PCP is aware of compliance regarding this regulation. From this point forward PCP has instructed administrator to make next year's appointment during the present physical to ensure compliance regarding regulation 2600.225.c. Administrator reviewed information with staff on June 3rd, 2022 staff meeting. Directive was place on each month of calendar effective June 2022.*