

Department of Human Services  
Bureau of Human Service Licensing

November 3, 2022

[REDACTED]

AM PM PERSONAL CARE HOME, INC.  
555 ADRIAN ROAD, PO BOX 123  
DELANCEY, PA, 15733

RE: AM/PM PERSONAL CARE HOME  
P.O. BOX 123,555 ADRIAN ROAD  
DELANCEY, PA, 15733  
LICENSE/COC#: 40736

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *AM/PM PERSONAL CARE HOME* License #: *40736* License Expiration: *09/23/2022*  
Address: *P.O. BOX 123,555 ADRIAN ROAD, DELANCEY, PA 15733*  
County: *JEFFERSON* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *AM PM PERSONAL CARE HOME, INC.*  
Address: *555 ADRIAN ROAD, PO BOX 123, DELANCEY, PA, 15733*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/01/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/09/2022*

**Inspection Dates and Department Representative**

06/09/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *32* Residents Served: *25*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *25*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**06/09/2022 - Full**

Lead Inspector: *Belinda Graziano* Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2022*

Inspections / Reviews (*continued*)

## 07/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/08/2022

## 08/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/08/2022

## 11/03/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There are 25 residents present in the home. However, there are no staff who are currently trained in first aid, and certified in obstructed airways techniques and CPR.

POC Submission

Directed

CPR/First Aid Training has been scheduled with a trainer from Punxsutawney Ambulance Service for 7/12/22 and 7/13/22 for all AM/PM staff.

Owner/Administrator monitors regulation 2600.63a annually, to assure compliance.

Please note: This was only an issue due to the pandemic. All staff did do on-line CPR/First Aid Training due to the fact that we were not able to attend in person, due to the Pandemic.

Measurable long term steps include Administrator scheduling CPR/First Aid Training annually for all employees.

Directed Step -

By 8/10/22: The Administrator or designee shall develop and implement a tracking system to monitor expiration dates of CPR/First Aid training to ensure the home continues to provide a least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR at all times.

8/1/22

Directed Completion Date: 07/28/2022

Document Submission

Implemented - 11/03/2022

CPR/First Aid Training has been scheduled with a trainer from Punxsutawney Ambulance Service for 7/12/22 and 7/13/22 for all AM/PM staff.

Owner/Administrator monitors regulation 2600.63a annually, to assure compliance.

Please note: This was only an issue due to the pandemic. All staff did do on-line CPR/First Aid Training due to the fact that we were not able to attend in person, due to the Pandemic.

Measurable long term steps include Administrator scheduling CPR/First Aid Training annually for all employees.

Directed Step -

By 8/10/22: The Administrator or designee shall develop and implement a tracking system to monitor expiration dates of CPR/First Aid training to ensure the home continues to provide a least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR at all times.

8/1/22

We hold CPR/First Aid Training annually, regardless of date of employee certifications. The tracking system I utilize is attached. PLEASE NOTE: WE HAD TO DELAY OUR CPR TRAINING WHICH WAS ORIGINALLY SCHEDULED FOR 7/12/22 AND 7/13/22 DUE TO THE INSTRUCTOR HAVING COVID. WE HAVE RESCHEDULED TRAINING FOR 8/17/22 AND 8/18/22.

Licensee's Proposed Overall Completion Date: 08/03/2022

82a - Poisonous Materials

2. Requirements

82a - Poisonous Materials (continued)

2600.

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

Description of Violation

There was a clear spray bottle, approximately 350ml full of yellow liquid, marked, "Grill Cleaner" under the sink in the kitchen in the front of the home.

POC Submission

Accept

We attached the label from the original bottle of grill cleaner to the clear spray bottle. This was completed on 6/28/22.

I (Owner/Administrator) educated both cooks on regulation 2600.82a on 6/28/22.

In the future, Day to Day Manager will monitor the above listed regulation monthly to assure compliance.

Licensee's Proposed Overall Completion Date: 06/28/2022

Document Submission

Implemented (redacted) - 11/03/2022)

We attached the label from the original bottle of grill cleaner to the clear spray bottle. This was completed on 6/28/22.

I (Owner/Administrator) educated both cooks on regulation 2600.82a on 6/28/22.

In the future, Day to Day Manager will monitor the above listed regulation monthly to assure compliance.

Licensee's Proposed Overall Completion Date: 06/08/2022

89b - Hot Water Temperature

3. Requirements

2600.

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

Description of Violation

At 10:21 a.m, the hot water temperature at the sink in common bathroom #10 measured 124.8 degrees Fahrenheit.

POC Submission

Accept

This was corrected the day of the inspection. The hot water was adjusted down and was re-tested at the conclusion of the inspection and it was 120F.

To assure compliance Day to Day Manager was re-educated on 6/9/22 on regulation 2600.89b and hot water temperature will be monitored weekly (Please see attached form) by Day to Day Manager.

Licensee's Proposed Overall Completion Date: 06/09/2022

Document Submission

Implemented (redacted) - 11/03/2022)

This was corrected the day of the inspection. The hot water was adjusted down and was re-tested at the conclusion of the inspection and it was 120F.

To assure compliance Day to Day Manager was re-educated on 6/9/22 on regulation 2600.89b and hot water temperature will be monitored weekly (Please see attached form) by Day to Day Manager.

Licensee's Proposed Overall Completion Date: 06/09/2022

92 - Windows

4. 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.

92 - Windows (continued)

Description of Violation

There were holes in the following window screens in the home:

- Resident room [redacted] had 6 holes, all measuring approximately 1 inch by 1 inch
- Resident room [redacted] had 1 hole, measuring approximately 2 inches by 3 1/2 inches
- Resident room [redacted] had 1 hole, measuring approximately 1/2 inch by 1/2 inch
- Resident room [redacted] had 1 hole, measuring approximately 1 inch by 1 inch
- Resident room [redacted] had 1 hole, measuring approximately 1 inch by 1/2 inch

POC Submission

Accept

Screens were repaired on 6/28/22 with Screen Repair Tape that was purchased on June 9, 2022. ((See attached receipt).

To assure future compliance, Owner/Administrator educated AM/PM Maintenance Man on regulation 2600.92, and he will monitor screens for holes on a monthly basis.

Licensee's Proposed Overall Completion Date: 06/28/2022

Document Submission

Implemented ([redacted] - 11/03/2022)

Screens were repaired on 6/28/22 with Screen Repair Tape that was purchased on June 9, 2022. ((See attached receipt).

To assure future compliance, Owner/Administrator educated AM/PM Maintenance Man on regulation 2600.92, and he will monitor screens for holes on a monthly basis.

Licensee's Proposed Overall Completion Date: 06/28/2022

103f - Refrigerator/Freezer Temps

5. 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

At 11:34 a.m., the temperature in the white stand up freezer was 10 degrees Fahrenheit and at 1:04 p.m., it was 4 degrees Fahrenheit.

Repeat Violation: 6/16/21

POC Submission

Accept

Following the inspection on 6/9/22 at approximately 5:30pm, Owner/Administrator re-checked the temperature of the white stand up freezer and it was 0.

CORRECTIVE STEPS TAKEN AND To assure compliance, AM/PM Manager, cook and all staff were educated on regulation 2600.103f on 6/9/22 and 6/10/22.

To assure future compliance, cooks will inspect refrigerators and freezers monthly to assure there is a thermometer that is placed further inside the freezer.

Additionally, the attached form will be placed on the door of each refrigerator and freezer to assure tracking EVERY MONDAY of temperature, and compliance with 2600.103f.

Licensee's Proposed Overall Completion Date: 07/28/2022

**103f - Refrigerator/Freezer Temps (continued)****Document Submission****Implemented (█ - 11/03/2022)**

*Following the inspection on 6/9/22 at approximately 5:30pm, Owner/Administrator re-checked the temperature of the white stand up freezer and it was 0.*

*CORRECTIVE STEPS TAKEN AND To assure compliance, AM/PM Manager, cook and all staff were educated on regulation 2600.103f on 6/9/22 and 6/10/22.*

*To assure future compliance, cooks will inspect refrigerators and freezers monthly to assure there is a thermometer that is placed further inside the freezer.*

*Additionally, the attached form will be placed on the door of each refrigerator and freezer to assure tracking EVERY MONDAY of temperature, and compliance with 2600.103f.*

**Licensee's Proposed Overall Completion Date: 06/16/2022**

**103g - Storing Food****6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*The following food items were opened and unsealed:*

*A bag of 4 hotdog buns in the cupboard of the front kitchen*

*A box of Shredded Wheat Strawberry cereal, approximately 1/2 full, was under the cabinet in the back kitchen*

*A bag of Chester's Puff Corn, approximately 1/2 full, was in the cupboard in the back kitchen*

**POC Submission****Accept**

*Items discovered were immediately discarded. Staff and Cooks were educated on 2600.103g on 6/9/22 and 6/10/22.*

*To assure future compliance, Day to Day Manager AND COOK will CHECK OPEN ITEMS EVERY MONDAY to monitor food items for compliance with 2600.103g.*

**Licensee's Proposed Overall Completion Date: 07/28/2022**

**Document Submission****Implemented (█ - 11/03/2022)**

*Items discovered were immediately discarded. Staff and Cooks were educated on 2600.103g on 6/9/22 and 6/10/22.*

*To assure future compliance, Day to Day Manager AND COOK will CHECK OPEN ITEMS EVERY MONDAY to monitor food items for compliance with 2600.103g.*

**Licensee's Proposed Overall Completion Date: 07/28/2022**

**132b - Safety Inspection/Fire Drill****7. 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 last fire safety inspection and fire drill observed by a fire safety expert was conducted on 9/26/19.*

132b - Safety Inspection/Fire Drill (continued)

**POC Submission**

**Accept**

Fire Drill with McCalmont Township Fire Company was conducted on 6/29/22, and documentation is attached. Please note: Administrator mis-understood suspended regulations due to the Pandemic and thought 2600.132b was included in suspended regulations. To assure future compliance, Owner/Administrator will schedule the fire drill with the fire company annually.

Licensee's Proposed Overall Completion Date: 06/29/2022

**Document Submission**

**Implemented (████ - 11/03/2022)**

Fire Drill with McCalmont Township Fire Company was conducted on 6/29/22, and documentation is attached. Please note: Administrator mis-understood suspended regulations due to the Pandemic and thought 2600.132b was included in suspended regulations. To assure future compliance, Owner/Administrator will schedule the fire drill with the fire company annually.

Licensee's Proposed Overall Completion Date: 06/28/2022

132d - Evacuation

**8. 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 home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- 12/9/21 at 9:30 a.m. was 3 minutes and 2 seconds
- 1/4/22 at 12:00 a.m. was 3 minutes and 40 seconds
- 2/22/22 at 9:00 a.m. was 3 minutes and 2 seconds
- 3/7/22 at 3:15 p.m. was 3 minutes and 10 seconds
- 4/19/22 at 8:30 a.m. was 3 minutes and 8 seconds

**POC Submission**

**Accept**

The fire drill with the McCalmont Township Fire Company was conducted on 6/29/22 and documentation is attached. Please note: Administrator mis-understood suspended regulations due to the Pandemic and thought 2600.132d was included in the suspended regulations. To assure future compliance, Owner/Administrator will schedule the fire drill with the fire company annually.

ADDITIONALLY, PLEASE SEE THE ATTACHED LETTER FROM MCCALMONT TOWNSHIP FIRE COMPANY LISTING A SAFE EVACUATION TIME OF 4 MINUTES, AS WELL AS DOCUMENTATION OF A FIRE DRILL WITH MCCALMONT TOWNSHIP FIRE COMPANY ON 6/29/22 WITH AN EVACUATION TIME OF 2 MIN, 17 SEC.

Licensee's Proposed Overall Completion Date: 07/28/2022

**Document Submission**

**Implemented (████ 11/03/2022)**

The fire drill with the McCalmont Township Fire Company was conducted on 6/29/22 and documentation is attached. Please note: Administrator mis-understood suspended regulations due to the Pandemic and thought 2600.132d was included in the suspended regulations.

**132d - Evacuation (continued)**

To assure future compliance, Owner/Administrator will schedule the fire drill with the fire company annually. ADDITIONALLY, PLEASE SEE THE ATTACHED LETTER FROM MCCALMONT TOWNSHIP FIRE COMPANY LISTING A SAFE EVACUATION TIME OF 4 MINUTES, AS WELL AS DOCUMENTATION OF A FIRE DRILL WITH MCCALMONT TOWNSHIP FIRE COMPANY ON 6/29/22 WITH AN EVACUATION TIME OF 2 MIN, 17 SEC.

Licensee's Proposed Overall Completion Date: 07/28/2022

**183e - Storing Medications****9. 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 #2 is prescribed [REDACTED], [REDACTED]. However, the current medication container was not dated when opened. The manufacturer's instructions indicate, "Discard inhaler 6 weeks after opening."

Resident #2's is prescribed [REDACTED], [REDACTED]. However, the medication was not dated when opened. The manufacturer's instructions indicate, "Discard after 28 days."

**POC Submission****Accept**

Items listed above that were discovered undated when opened were discarded immediately. Day to Day Manager and all staff were educated on regulation 2600183e on 6/9/22 and 6/10/22.

To assure future compliance, Day to Day Manager will continue to check ON A WEEKLY BASIS that items are marked "date opened" upon opening

Licensee's Proposed Overall Completion Date: 07/28/2022

**Document Submission****Implemented [REDACTED] - 11/03/2022)**

Items listed above that were discovered undated when opened were discarded immediately. Day to Day Manager and all staff were educated on regulation 2600183e on 6/9/22 and 6/10/22.

To assure future compliance, Day to Day Manager will continue to check ON A WEEKLY BASIS that items are marked "date opened" upon opening

Licensee's Proposed Overall Completion Date: 07/28/2022

**184a - Resident's Meds Labeled****10. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

Resident #3 is prescribed [REDACTED] take one tablet by mouth twice daily. However, the medication label indicates take one tablet by mouth in morning and one-half tablet at bedtime.

184a - Resident's Meds Labeled (continued)

POC Submission

Accept

A "directions changed" sticker was placed on Resident#3's [redacted] on the day of the inspection.

Day to Day Manager obtained verification from Resident #3's Physician(attached) indicating the [redacted] was prescribed as "take one tablet by mouth twice daily". (and this is how the medication was being administered by staff.

Day to Day Manager and Staff were educated on 2600.184a on 6/9/22 and 6/10/22. To assure future compliance, Day to Day Manager will continue to monitor ON A WEEKLY BASIS that Physicians forward new prescriptions to her when they send to Pharmacy.

Licensee's Proposed Overall Completion Date: 07/28/2022

Document Submission

Implemented ( [redacted] - 11/03/2022)

A "directions changed" sticker was placed on Resident#3's [redacted] tablet on the day of the inspection.

Day to Day Manager obtained verification from Resident #3's Physician(attached) indicating the [redacted] was prescribed as "take one tablet by mouth twice daily". (and this is how the medication was being administered by staff.

Day to Day Manager and Staff were educated on 2600.184a on 6/9/22 and 6/10/22. To assure future compliance, Day to Day Manager will continue to monitor ON A WEEKLY BASIS that Physicians forward new prescriptions to her when they send to Pharmacy.

Licensee's Proposed Overall Completion Date: 07/28/2022

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed [redacted], take 0.5ml (1mg) by mouth or under the tonque every hour as needed. However, the resident's June 2022 medication administration record (MAR) indicates [redacted] take 1 tablet by mouth every 1 hours as needed.

Repeat Violation: 6/16/21

POC Submission

Accept

A directions changed sticker was placed on the above listed medication on the day of the inspection.

Day to Day Manager obtained directions for administration (attached) of the above listed medication n 6/9/22.

Directions were faxed to the Pharmacy and the MAR was corrected. (see attached copy).

Day to Day Manager and Staff were educated on 2600.187a on 6/9/22 and 6/10/22.

To assure future compliance Day to Day Manager will continue to monitor ON A WEEKLY BASIS that directions for administration match the MAR.

To assure future compliance

Licensee's Proposed Overall Completion Date: 07/28/2022

## 187a - Medication Record (continued)

**Document Submission****Implemented ( [REDACTED] - 11/03/2022)**

*A directions changed sticker was placed on the above listed medication on the day of the inspection.*

*Day to Day Manager obtained directions for administration (attached) of the above listed medication n 6/9/22.*

*Directions were faxed to the Pharmacy and the MAR was corrected. (see attached copy).*

*Day to Day Manager and Staff were educated on 2600.187a on 6/9/22 and 6/10/22.*

*To assure future compliance Day to Day Manager will continue to monitor ON A WEEKLY BASIS that directions for administration match the MAR.*

*To assure future compliance*

**Licensee's Proposed Overall Completion Date: 07/28/2022**