

Department of Human Services
Bureau of Human Service Licensing

August 22, 2022

[REDACTED]
ELITE CARE GROUP LLP
[REDACTED]

RE: LIZA'S HOUSE
1357 BLUE MOUNTAIN DRIVE
DANIELSVILLE, PA, 18038
LICENSE/COC#: 21477

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: LIZA'S HOUSE License #: 21477 License Expiration: 09/02/2022
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 6107601970 Email: [REDACTED]

Legal Entity

Name: ELITE CARE GROUP LLP
Address: 125 TREYMORE COURT, PENNINGTON, NJ, 8534
Phone: 6107601970 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1999 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 06/28/2022

Inspection Dates and Department Representative

06/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

06/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/24/2022

Inspections / Reviews (*continued*)

08/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/05/2022*

08/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/22/2022*

08/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident room #13 had 2 quarter length bed rails attached to the bed that were not covered.

Plan of Correction

Do Not Accept

This regulation is important to ensure the safety of the resident while they are in bed. Resident has quarter bed rails on [redacted] bed to enable [redacted] to position [redacted]. They were uncovered to ensure [redacted] ability to grab at different spots on the rail. The openings are less than 4 3/4" in one direction but not the other. Staff is working with family and hospice to come up with a solution to cover the rails in a manner which will still allow the resident to use them to transfer as [redacted] used to. If this can not be accomplished, different apparatus will be explored. Admin will continue to monitor for compliance and work to find solution.

Completion Date: 09/01/2022

Update: 08/01/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

This regulation is important to ensure the safety of the resident while they are in bed. Resident has quarter bed rails on [redacted] bed to enable [redacted] to position [redacted]. They were uncovered to ensure [redacted] ability to grab at different spots on the rail. The openings are less than 4 3/4" in one direction but not the other. At this time, rails are covered with mesh and secured with ties. Administrator and maintenance will continue to monitor for compliance and work to find solution.

Completion Date: 08/05/2022

Update: 08/16/2022

Please send picture of compliance.

Document Submission

Implemented

This regulation is important to ensure the safety of the resident while they are in bed. Resident has quarter bed rails on [redacted] bed to enable [redacted] to position herself. They were uncovered to ensure [redacted] ability to grab at different spots on the rail. The openings are less than 4 3/4" in one direction but not the other. At this time, rails are covered with mesh and secured with ties. Administrator and maintenance will continue to monitor for compliance and work to find solution.

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

The home's main kitchen GE brand refrigerator had a temperature reading of 55°F when checked at 2:00 PM and 3:00PM.

103f - Refrigerator/Freezer Temps (continued)

The refrigerator located in the medication room had a reading of 44°F.

Plan of Correction**Accept**

This regulation is important to ensure the food safety of the resident foods. When the inspector checked the temperatures and got 55 and 44 degrees, staff was in the process of putting away groceries so the doors were being opened frequently and room temperature food was being put in the refrigerators. The thermometers were on the doors at that time. Administration moved the thermometer to a more internal location and checked the temperature and noted the temperature had dropped to 40 degrees in the kitchen refrigerator indicating the temperature had dropped. In order to ensure it was not a failure of the thermometers, new ones with suction cups have been ordered in order to keep them at a more internal location for more accurate readings. Administration and Maintenance will continue to monitor for compliance.

Completion Date: 08/01/2022

Document Submission**Implemented**

This regulation is important to ensure the food safety of the resident foods. When the inspector checked the temperatures and got 55 and 44 degrees, staff was in the process of putting away groceries so the doors were being opened frequently and room temperature food was being put in the refrigerators. The thermometers were on the doors at that time. Administration moved the thermometer to a more internal location and checked the temperature and noted the temperature had dropped to 40 degrees in the kitchen refrigerator indicating the temperature had dropped. In order to ensure it was not a failure of the thermometers, new ones with suction cups have been ordered in order to keep them at a more internal location for more accurate readings. Administration and Maintenance will continue to monitor for compliance.

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

The following residents' DME's were incomplete. Resident #1's DME form dated [REDACTED] did not contain the physician's name; physician's signature; professional license number and the resident's medications were not listed or attached to the resident's DME form. Resident #2's DME dated [REDACTED] did not contain the following information: No physician's name; no physician's signature; no professional licensing number and the resident's medications were not listed or attached to the form.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

This regulation is important to ensure the proper management of resident's medical needs. While updated medical evaluations were submitted, the provider did not return them in a timely manner or attach the medication list. Administrator has been working to keep files up to date but do to staffing issues, has been pulled from doing administrative work, to assist with resident care. Administrator will continue to audit files and follow up with providers more carefully in order to ensure medical evaluations and medication lists are updated in a timely manner. Administrator will monitor for ongoing compliance. Audit form attached.

Completion Date: 09/01/2022

Document Submission

Implemented

This regulation is important to ensure the proper management of resident's medical needs. While updated medical evaluations were submitted, the provider did not return them in a timely manner or attach the medication list. Administrator has been working to keep files up to date but do to staffing issues, has been pulled from doing administrative work, to assist with resident care. Administrator will continue to audit files and follow up with providers more carefully in order to ensure medical evaluations and medication lists are updated in a timely manner. Administrator will monitor for ongoing compliance. Audit form attached.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #3's Puritan Pride brand Beta-Carotene 25,000-unit cap. supplement for eye care, to be taken by mouth, 1 cap, 1 time a day had an expiration date of 4/2022.

Resident #4's Chloraseptic brand throat lozenges had an expiration date of 11/11/21.

Plan of Correction

Accept

This regulation is important to ensure medications are properly and safely administered to residents. Resident's had expired medications in their medication supplies due to oversight. An audit was completed on the medication cart and quarterly audits will continue be completed. Administrator will continue to monitor for ongoing compliance. Audit page attached.

Completion Date: 09/01/2022

Document Submission

Implemented

This regulation is important to ensure medications are properly and safely administered to residents. Resident's had expired medications in their medication supplies due to oversight. An audit was completed on the medication cart and quarterly audits will continue be completed. Administrator will continue to monitor for ongoing compliance. Audit page attached.

221c - Post Activity Calendar

1. Requirements

2600.

221c - Post Activity Calendar (continued)

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have a monthly activities calendar posted for the month of June 2022.

Plan of Correction

Accept

This regulation is important to stimulate and promote physical and mental health of the residents. The current months activities calendar was not posted due to oversight. A calendar for July and August has since been posted and the calendars for the rest of the year are being planned. Adminsitrator will monitor for ongoing compliance

Completion Date: 08/01/2022

Update: 08/01/2022

Please send proof of compliance - (picture of activities calendar).

Document Submission

Implemented

This regulation is important to stimulate and promote physical and mental health of the residents. The current months activities calendar was not posted due to oversight. A calendar for July and August has since been posted and the calendars for the rest of the year are being planned. Adminsitrator will monitor for ongoing compliance

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Residents' #2 and #5's record did not address if the residents had any identifiable marks.

RP 07/20/21

Plan of Correction

Accept

This regulation is important to ensure the we have the most complete record possible for each resident. A complete record is important to ensure the best care possible. Identyfing marks were added to specific resident files. Both resident's were fairly new to our facility and had not had a proper review of the file as administrator is often pulled to assist with resdient care. Administrator will complete chart audits with in 30 days of admission going forward. Adminsitrator will monitor for ongoing compliance. Audit sheet attached.

Completion Date: 09/01/2022

Document Submission

Implemented

This regulation is important to ensure the we have the most complete record possible for each resident. A complete record is important to ensure the best care possible. Identyfing marks were added to specific resident files. Both resident's were fairly new to our facility and had not had a proper review of the file as administrator is often pulled to assist with resdient care. Administrator will complete chart audits with in 30 days of admission going forward. Adminsitrator will monitor for ongoing compliance. Audit sheet attached.

2481060228

PURPOSE OF APPLICATION New Facility/Agency Renewal Certificate # 214770

IDENTIFICATION

| | | | |
|---|--|--|-------------------------------------|
| 1. NAME and ADDRESS OF AGENCY/FACILITY Liza's House Personal Care Home NAME 1357 Blue Mountain Drive NUMBER and STREET Danielsville Pa 18038 CITY STATE ZIP CODE lizashouse@aol.com 610-760-1970 EMAIL ADDRESS (if available) PHONE NUMBER | | 2. NAME and ADDRESS OF LEGAL ENTITY Elite Care Group LLP NAME 125 Treymore Court P.O. BOX or NUMBER and STREET Pennington NJ 08534 CITY STATE ZIP CODE info@lizashouse.com 610-760-1970 EMAIL ADDRESS (if available) PHONE NUMBER | |
| 3. COUNTY and MUNICIPALITY/CITY/TOWNSHIP/BOROUGH Northampton County/Lehigh Township | | 4. RESPONSIBLE PERSON Aundrea Leonard owner/partner NAME TITLE | |
| 5. TYPE OF AGENCY/FACILITY SERVICE Personal Care Home | | 6. REQUESTED/LICENSED CAPACITY (Assisted Living, Personal Care Homes ONLY) 30 CK-7895 \$ 20.00 | |
| 7. <input checked="" type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER or <input type="checkbox"/> SOCIAL SECURITY NUMBER OF LEGAL ENTITY 20-4994992 | | 8. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT | |
| 9. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input checked="" type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER | | | |
| 10. PRIOR LICENSE STATUS (If YES to any of the items 10 through 12 inclusive, explain on a separate sheet of paper.) Has the agency/facility (item 1), or Legal Entity (item 2), or the Person Responsible (operator) (item 4), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state? | | YES | NO |
| 11. HAS THE LEGAL ENTITY, OWNER OR OPERATOR: Ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Services Law or the Care-Dependent Services Act (18 Pa.C.S.Ch.632713)? | | | <input checked="" type="checkbox"/> |
| 12. IS THE LEGAL ENTITY, OWNER OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? | | | <input checked="" type="checkbox"/> |

ATTACHMENTS

If this is an Initial Application for a new facility/agency or change of name of legal entity, submit copies of the following documents with this application.

- Certificate of Occupancy (Issued from Department of Health, Department of Labor and Industry or municipality.)
- Articles of Incorporation (if the facility or agency is operated by a corporation.)
- State Fictitious Name Approval (if the facility or agency is operated for profit and a fictitious name is used.)

DECLARATION

(Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the Americans with Disabilities Act of 1990.

Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true to the best of my knowledge.

Aundrea Leonard

NAME/TITLE (print or type)

(Where the legal entity is a corporation, the individual must be a corporate officer.)


SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

125 Treymore Court, Pennington, NJ 08534

ADDRESS

RECEIVED
HUMAN SERVICES LICENSING

OCT 08 2021

10/6/2021

DATE (mm/dd/yyyy)