

Department of Human Services
Bureau of Human Service Licensing

September 15, 2022

[REDACTED]
MRS. BUSH'S PERSONAL CARE HOME, INC.
PO BOX 327, 302 KUNKLETOWN RD
KUNKLETOWN, PA, 18058

RE: MRS. BUSH'S PERSONAL CARE
HOME I
PO BOX 327,302 KUNKLETOWN
ROAD
KUNKLETOWN, PA, 18058
LICENSE/COCC#: 22835

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/06/2022, 07/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: *MRS. BUSH'S PERSONAL CARE HOME I* License #: 22835 License Expiration: 08/03/2023
Address: *PO BOX 327,302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058*
County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MRS. BUSH'S PERSONAL CARE HOME, INC.*
Address: *PO BOX 327, 302 KUNKLETOWN RD, KUNKLETOWN, PA, 18058*
[REDACTED] [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *07/17/2018* Issued By: *Township of Eldred*
Type: *C-2 LP* Date: *10/10/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/19/2022*

Inspection Dates and Department Representative

07/06/2022 - On-Site: [REDACTED]
07/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 Residents Served: 59

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

07/06/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2022*

08/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/24/2022*

09/15/2022 - Document Submission

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

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident's belongings were cleared from the room on [REDACTED]. Resident was charged full rent from [REDACTED] in the amount of \$1080, final incidentals in the amount of \$ 41.60, and partial rent (60% per day) for December from [REDACTED] in the amount of \$1432.20. Resident should not have been charged rent [REDACTED].

Plan of Correction

Accept

Facility has reviewed its' discharge policy and recognizes that it does not specify the refund procedure in the event of a resident death. This policy will be ammended and submitted to reflect that room and board charges, specified as 60% of the base rate in the contract, continues for duration of the month that rent has already been paid. Facility is in compliance with Act 171 which pertains to elder care services only, not room and board charges. The administrator is responsible to oversee ongoing compliance.

Completion Date: 09/20/2022

Update: 08/18/2022

Please send copy of amended contract.

Document Submission

Implemented

Facility has reviewed its' discharge policy and recognizes that it does not specify the refund procedure in the event of a resident death. This policy will be ammended and submitted to reflect that room and board charges, specified as 60% of the base rate in the contract, continues for duration of the month that rent has already been paid. Facility is in compliance with Act 171 which pertains to elder care services only, not room and board charges. The administrator is responsible to oversee ongoing compliance.

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff A, date of hire was [REDACTED]. Staff A first day working unsupervised was [REDACTED]. A background check was not completed until [REDACTED].

Plan of Correction

Accept

The criminal history check for staff A was completed 9/5/21, please see attachment. Facility recognizes that the check was completed beyond the requirements of the Older Adult Protective Services Act and will ensure that future criminal history checks are completed timely or staff person will be removed from schedule until it is obtained. The administrator is responsible to oversee ongoing compliance.

Completion Date: 08/09/2022

51 - Criminal Background Check (continued)

Document Submission

Implemented

The criminal history check for staff A was completed 9/5/21, please see attachment. Facility recognizes that the check was completed beyond the requirements of the Older Adult Protective Services Act and will ensure that future criminal history checks are completed timely or staff person will be removed from schedule until it is obtained. The administrator is responsible to oversee ongoing compliance.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The home had no documentation that direct care staff member B (hired [redacted] was in possession of a high school diploma, GED, or active registry status on the PA nurse's aide registry. Staff person B provides direct care.

Plan of Correction

Accept

Staff person B was having difficulty obtaining her transcript from her high school. For future compliance facility will remove the staff person from the direct care schedule until documentation is received. Staff person B has been off the schedule on a medical leave since [redacted] and is not returning to her position. The administrator is responsible to oversee ongoing compliance.

Completion Date: 08/09/2022

Document Submission

Implemented

Staff person B was having difficulty obtaining her transcript from her high school. For future compliance facility will remove the staff person from the direct care schedule until documentation is received. Staff person B has been off the schedule on a medical leave since [redacted] is not returning to her position. The administrator is responsible to oversee ongoing compliance.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work [redacted] completed first day orientation on Evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place, smoking safety procedures/policy, location & use of fire extinguishers, smoke detectors & fire alarms, telephone use & notification of emergency services on [redacted].

Plan of Correction

Accept

Staff person A completed her general fire safety and emergency preparedness on [redacted] first working day, [redacted] See attachment.

Completion Date: 08/09/2022

Update: 08/18/2022

Please send proof of compliance.

Please verify Staff person A's first day of work.

65a - FS Orientation 1st Day (continued)

Document Submission

Implemented

Staff person A completed her general fire safety and emergency preparedness on [redacted] first working day, [redacted]. See attachment.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.

Description of Violation

Staff person B's first day of work was [redacted] Staff person B completed the first 40 hours on [redacted] Staff person B did not complete emergency medical plan training in the first 40 hours of work.

Plan of Correction

Accept

As the orientation training for Staff person B was conducted, facility inadvertently omitted documentation of the Emergency medical plan training even though it was completed. It is not our practice to avoid sections of the orientation training. For future compliance the administrator is responsible for reviewing training plans for complete documentation after being received from the hiring supervisor. Staff person B is no longer employed.

Completion Date: 08/09/2022

Update: 08/18/2022

Please send proof of staff person B's completed 40hr training.

Document Submission

Implemented

As the orientation training for Staff person B was conducted, facility inadvertently omitted documentation of the Emergency medical plan training even though it was completed. It is not our practice to avoid sections of the orientation training. For future compliance the administrator is responsible for reviewing training plans for complete documentation after being received from the hiring supervisor. Staff person B is no longer employed.

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

Resident in room [redacted] did not have a lamp within reach of each resident's bed.

Plan of Correction

Accept

The facility has added a lamp to the nightstand of resident in room [redacted] See attached photo. The family had arranged the room with their own lamp on a side table next to [redacted] and declined to have a bedside lamp. Facility has counseled family on requirements of bedside lighting and all are in acceptance. For room [redacted] see attached photo. A nightstand and lamp have always been next to the bed. This administrator moved the nightstand 2 inches to the right to be closer to the bed. The administrator is responsible to monitor for ongoing future compliance. Housekeeping dept. has also been counseled on the requirement.

Completion Date: 08/09/2022

101j7 - Lighting/Operable Lamp (continued)

Document Submission

Implemented

The facility has added a lamp to the nightstand of resident in room [REDACTED]. See attached photo. The family had arranged the room with their own lamp on a side table next to [REDACTED] chair and declined to have a bedside lamp. Facility has counseled family on requirements of bedside lighting and all are in acceptance. For room [REDACTED] attached photo. A nightstand and lamp have always been next to the bed. This administrator moved the nightstand 2 inches to the right to be closer to the bed. The administrator is responsible to monitor for ongoing future compliance. Housekeeping dept. has also been counseled on the requirement.

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 #2 was admitted to the home on [REDACTED] Resident #2's initial DME was completed on [REDACTED]

Plan of Correction

Accept

This is not a new violation since last inspection. This was cited on last year's inspection [REDACTED] and was corrected [REDACTED] by completion of a new DME. Facility initially accepted the DME in error on Resident #2 as the evaluation was not completed within the 60-day time frame prior to admission. We stated that the DON will be responsible for monitoring dates on all DME's and the administrator will be responsible to review the document post admission as a second check.

Completion Date: 08/23/2021

Update: 08/18/2022

Please send current DME for resident #2.

Document Submission

Implemented

This is not a new violation since last inspection. This was cited on last year's inspection [REDACTED] and was corrected [REDACTED] by completion of a new DME. Facility initially accepted the DME in error on Resident #2 as the evaluation was not completed within the 60-day time frame prior to admission. We stated that the DON will be responsible for monitoring dates on all DME's and the administrator will be responsible to review the document post admission as a second check.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 #2's initial DME was completed on [REDACTED] No information was listed for the resident's weight, height, and pulse.

Plan of Correction

Accept

This is not a new violation since last inspection. This was cited on last year's inspection [REDACTED] and was corrected [REDACTED] by completion of a new DME. Facility initially accepted the DME in error on Resident #2 as the evaluation did not have the weight, height and pulse results documented for the resident. We stated that the DON will be responsible to review DME's for completion by physician and the administrator will be responsible to review the document post admission as a second check.

Completion Date: 08/23/2021

Update: 08/18/2022

Please send current DME for resident #2.

Document Submission

Implemented

This is not a new violation since last inspection. This was cited on last year's inspection [REDACTED] and was corrected [REDACTED] by completion of a new DME. Facility initially accepted the DME in error on Resident #2 as the evaluation did not have the weight, height and pulse results documented for the resident. We stated that the DON will be responsible to review DME's for completion by physician and the administrator will be responsible to review the document post admission as a second check.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #3 does [REDACTED] Located in Resident #3's room, in the closet was [REDACTED]
[REDACTED]

Plan of Correction

Accept

Resident #3 receives [REDACTED] Facility was unaware that the nurse placed the [REDACTED] in the closet with other [REDACTED]. Violation was corrected at time of inspection by placing the [REDACTED]s into the locked medication cart. The facility has communicated with the nurse as well as the agency to educate on this regulation. Nursing supervisors are

183b - Meds and Syringes Locked (continued)

responsible for ongoing future compliance by ensuring that [redacted] are maintained in med cart or locked med room by doing periodic inspections.

Completion Date: 07/07/2022

Update: 08/18/2022

Document Submission

Implemented

Resident #3 receives [redacted] Facility was unaware that the nurse placed the [redacted] the closet with other [redacted]. Violation was corrected at time of inspection by placing the [redacted] into the locked medication cart. The facility has communicated with the nurse as well as the agency to educate on this regulation. Nursing supervisors are responsible for ongoing future compliance by ensuring that [redacted] are maintained in med cart or locked med room by doing periodic inspections.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the [redacted] Resident #3 [redacted]

Plan of Correction

Accept

The facility currently has a documented procedure [redacted] in place in addition to the annual [redacted] training which is done by the [redacted]. The staff persons responsible for incorrectly transcribing the [redacted] medication trainer will conduct random [redacted] to inspect for transcription errors. For any staff found to have an error, they will be required to have [redacted] and documentation verified by another med trained staff person for 7 consecutive work days without error before transcribing results without a witness. Continued errors may result in loss of med administration duties. The medication trainer is responsible for overseeing ongoing compliance.

Completion Date: 09/06/2022

Update: 08/18/2022

Please send proof of staff re-training.

Document Submission

Implemented

The facility currently has a documented procedure [redacted] in place in addition to the annual [redacted] training which is done by the [redacted]. The staff persons responsible for incorrectly transcribing the [redacted] have been counseled on proper procedure for documenting [redacted] to avoid errors. The medication trainer will conduct random [redacted] to inspect for transcription errors. For any staff found to have an error, they will be required to have [redacted] and documentation verified by another med trained staff person for 7 consecutive work days without error before transcribing results without a witness. Continued errors

185a - Implement Storage Procedures (continued)

may result in loss of med administration duties. The medication trainer is responsible for overseeing ongoing compliance.

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #3 is on a prescribed [REDACTED]. On 6/24/22 at 12:00pm, the reading on the [REDACTED]

Plan of Correction**Accept**

All medication aides receive initial and annual [REDACTED] provided by a [REDACTED] prior to taking [REDACTED]. The medication trainer has counseled staff responsible for above errors on proper procedures and will conduct [REDACTED] to inspect for transcription errors. For any staff found to have an error, they will be required to have another med trained staff person verify the [REDACTED] and [REDACTED] if any, for 7 consecutive work days without error before transcribing [REDACTED] and [REDACTED] without a witness. Continues errors may result in loss of med administration duties. The medication trainer is responsible for overseeing ongoing compliance.

Completion Date: 09/06/2022

Update: 08/18/2022

Please send proof of staff re-training.

Document Submission**Implemented**

All medication aides receive initial and annual [REDACTED] provided by a [REDACTED] prior to taking [REDACTED]. The medication trainer has counseled staff responsible for above errors on proper procedures and will conduct random [REDACTED] to inspect for transcription errors. For any staff found to have an error, they will be required to have another med trained staff person verify the [REDACTED] and [REDACTED] if any, for 7 consecutive work days without error before transcribing [REDACTED] and [REDACTED] without a witness. Continues errors may result in loss of med administration duties. The medication trainer is responsible for overseeing ongoing compliance.