

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

May 8, 2023

[REDACTED]  
JACK AND CHERYL EVANS SENSANBAUGHER  
[REDACTED]

RE: EVANS' PERSONAL CARE HOME  
503 CENTENNIAL AVENUE  
NEW GALILEE, PA, 16141  
LICENSE/COC#: 41737

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2022 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

**Facility Information**

Name: EVANS' PERSONAL CARE HOME License #: 41737 License Expiration: 11/03/2022  
 Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141  
 County: BEAVER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: JACK AND CHERYL EVANS SENSANBAUGHER  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 3 SP Date: 02/10/1997 Issued By: Dept. L & I  
 Type: C 3 SP Date: 09/17/1984 Issued By: Dept. L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/02/2022

**Inspection Dates and Department Representative**

07/15/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 8 Residents Served: 8

Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:

Hospice  
 Current Residents: 0

Number of Residents Who:  
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 7  
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

07/15/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/02/2022

12/03/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/11/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2022

Inspections / Reviews *(continued)*

02/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/15/2023

05/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:55 a.m., the medication administration record (MAR) for all residents, to include resident #1, resident #2, resident #3, and resident #4 were unlocked, unattended and accessible on a table in the main living room.

Plan of Correction

Directed ( [redacted] 02/08/2023)

Adm. [redacted] had taken out the MAR book for review during inspection at approx. 10:30 a.m. on 7/15/2022. When the inspector brought it to [redacted] attention that the MAR book was still out, [redacted] placed it back in the locked cabinet. It was placed back at approx. 10:55 a.m. on 7/15/2022. During violation review Adm./staff will monitor files to ensure they are not out unless asked fo

Directed:

By 2/10/23. and daily thereafter, the administrator or designee shall inspect all areas of the home to ensure resident records and documentation are kept confidential and inaccessible. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] 05/08/2023)

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident #1. On 7/1/22, resident #1's Record of Financial Transactions indicates a balance of -\$ [redacted] however, the actual balance was \$ [redacted]

Plan of Correction

Directed ( [redacted] - 02/08/2023)

On 7/15/2022 Resident #1 signed the updated financial log to indicate the balanced advanced to [redacted] was \$ [redacted] not \$ [redacted]. Administrator [redacted] had gone over this with Resident #1 and had [redacted] initial next to the change in amount. In future logs math will be double checked to ensure the correct amount is wrote down.

Directed:

By 2/22/23, and monthly thereafter, the administrator or designee shall conduct an audit of all resident records for whom the home is holding funds or providing financial management, to ensure accuracy of all financial transactions, including the dates, amounts of deposits, amounts of withdrawals and the current balance. Documentation of audits shall be kept.

20b1 - Financial Records (continued)

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

20b3 - Written Receipts

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home manages finances for resident #1. On 6/1/22 and 7/1/22, cash disbursements of \$ [redacted] were made to resident #1. However, the home did not obtain the resident signature for the receipt of these disbursements.

Plan of Correction

Directed [redacted] - 02/08/2023)

Resident #1 had received advances on money due to payee not sending it. When [redacted] (Admin.) seen there was no signature [redacted] had Resident #1 sign on 7/15/22 to indicate that [redacted] did receive advances for June 2022 and July 2022. Any future disbursements [redacted] (Admin) will make sure signature is written as soon as money is handed to residents.

Directed:

Beginning 2/10/23 the home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Directed:

By 2/22/23, and monthly thereafter, the administrator or designee shall conduct an audit of all resident records for whom the home is holding funds or providing financial management, to ensure the home obtained a written receipt from the resident for cash disbursements at the time of disbursement. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] 21, for resident #2 does not indicate the date the resident signed the contract.

Plan of Correction

Directed [redacted] - 02/08/2023)

Administrator will ensure signatures and dates are on all necessary records when residents are to sign/date upon admission.

Resident #2 initialed contract with current date of 7/16/2022. Copy mailed into inspector.

25b - Contract Signatures (continued)

Resident signed the contract on [redacted]/2021 and forgot to put the date. Admin. [redacted] had resident date the contract with the current date of 7/16/2022 and put [redacted] initials next to the date to keep record that [redacted] was the one who was putting in the missing date. [redacted] (admin.) will be sure to check on signatures and dates on any necessary forms in the future to ensure no information is missing.

**Directed:**

By 2/22/23, the administrator or designee shall review all current resident records to ensure the resident – home contract between the resident and the home is complete, signed, dated, and present in each resident record. Any resident–home contracts found to be missing this information shall be updated within 24 hours. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

25c8 - Smoking

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 8. The home’s rules related to home services, including whether the home permits smoking.

**Description of Violation**

The resident-home contract, dated [redacted] 21, for resident #2 does not indicate the designated smoking area or the home rules regarding pets.

**Plan of Correction**

Directed [redacted] - 02/08/2023)

Records have been reviewed and all policies are in records whether it applies to them or not.

Resident #2 does not have a pet or smoke so the home did not think they were necessary policies for resident #2.

[redacted] (admin.) had Resident #2 review the policies and placed them in the file on 7/15/2022 with Resident #2 signature on them and a date of 7/15/2022. In the future the check list for all forms for new resident will be followed and all proper paperwork will be signed, dated, and put in resident files.

Copy mailed into inspector.

**Directed:**

By 2/22/23, the administrator or designee shall review all current resident records to ensure the resident – home contract between the resident and the home indicates the home’s rules related to home services, including whether the home permits smoking. Any resident–home contracts found to be missing this information shall be updated within 24 hours. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

## 25c12 - Bed Hold

**6. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

**Description of Violation**

*The resident-home contract, dated [REDACTED]/21, for resident #1 does not include the charges for holding a bed during an absence.*

*The resident-home contract, dated [REDACTED] 21, for resident #2 does not include the charges for holding a bed during an absence.*

**Plan of Correction****Directed [REDACTED] - 02/08/2023)**

*All contracts will be sure to include pricing in the event of a resident being absent from in the home. [REDACTED] (admin.) had Resident #1 and Resident #2 initial and date of 7/16/2022 were written by residents and added to their records to indicate the rates for holding a bed.*

*in the future, the check list will be followed to make sure there are no missing documents in resident files. Also, a yearly check list will be created by 12/31/2022 to make sure Admin. checks files yearly to keep track of paperwork.*

**Directed:**

*By 2/22/23, the administrator or designee shall review all current resident records to ensure the resident – home contract between the resident and the home indicates the charges to the resident for holding a bed during hospitalization or other extended absence from the home. Any resident–home contracts found to be missing this information shall be updated with 24 hours. Documentation shall be kept.*

**Directed Completion Date: 12/09/2022**

**Implemented [REDACTED] - 05/08/2023)**

## 25b SOPb2 - Rent Rebate: Intended Use

**7. Requirements**

2600.

25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

**Description of Violation**

*The home collects a portion of the rent rebate benefit for eligible residents. Resident #2 is an eligible resident. The resident-home contract, dated [REDACTED]/21, for resident #2 does not include the home's intended use for rent rebate revenues collected.*

**Plan of Correction****Directed [REDACTED] - 02/08/2023)**

*The home's policy for rent rebate were added to the resident's home contract. signature from resident and dated of 7/16/2022.*

*[REDACTED] (admin.) reviewed missing information on 7/16/2022 and had Resident #2 sign and date the missing information. Intended use is crafts, outings, pizza parties, movie rentals/popcorn nights. All files have an added policy stating such use for rent rebates. Corrected as of 7/16/2022.*

25b SOPb2 - Rent Rebate: Intended Use (continued)

**Directed:**

By 2/22/23 the administrator or designee shall audit all resident records to ensure that if the home collects a resident's rent rebate under subsection (a), the resident-home contract includes the home's intended use of the revenue collected from the rent rebate. Any resident-home contracts found to be missing this information shall be updated within 24 hours. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented ( [redacted] ) - 05/08/2023)

26a - Quality Management Plan

8. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

**Description of Violation**

The home did not complete a quality management plan review from 1/1/21 to 12/31/21.

**Plan of Correction**

Directed ( [redacted] ) - 02/08/2023)

Quality management plan will be done in a timely manner and a reference sheet has been created,

[redacted] (admin.) created a quality management after inspection on 7/20/2022. A yearly check list was created to keep track of paperwork.

**Directed:**

By 2/28/23, the administrator shall ensure implementation of the home's quality management plan, by scheduling and conducting a quality management plan review meeting no later than 3/15/23. The meeting shall consist of review and evaluation of the following, in accordance with 2600.26(b):

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

Documentation of the meeting shall, at a minimum, contain the following:

- \* The date of the review
- The persons involved in the review
- How the review was conducted
- Findings of the review, if any
- Follow-up action planned based on the findings, if applicable.

**Directed:**

By 3/15/23, the administrator shall ensure implementation of the home's quality management plan by scheduling the next quality management plan review meeting, not to exceed 1 year from the previous quality management plan review meeting. Documentation shall be kept.

Directed Completion Date: 12/09/2022

26a - Quality Management Plan *(continued)*

Implemented [REDACTED] - 05/08/2023)

54a - Direct Care Staff

9. 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

*Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

Plan of Correction

Directed [REDACTED] - 02/08/2023)

*Administrator will ensure all proper documents are copied during orientation. Staff person A is no longer employed by the home as of [REDACTED] 2022.*

**Directed:**

*By 2/15/23, the administrator or designee shall audit all current staff records to ensure all direct care staff persons have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry in accordance with 2600.54.a. Any staff person without a valid high school diploma, GED or active registry status on the Pennsylvania nurse aide registry shall not be permitted to provide direct care services in the home until this educational qualification has been met. Documentation shall be kept.*

Directed Completion Date: 12/09/2022

Implemented [REDACTED] 05/08/2023)

63a - First Aid/CPR Training

10. 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

*On 7/15/22, from 9:00 a.m. to 9:17 a.m., 8 residents were present in the home. During this time no staff persons were present in the home who are trained in first aid and certified in obstructive airway techniques and CPR.*

Plan of Correction

Directed [REDACTED] - 02/08/2023)

*Upon emergency with administrator needing to leave, Staff person A was waiting on other staff and 2nd administrator to arrive. No direct care was performed by Staff person A, however, there was an untrained staff person here for the 17 minutes.*

*In the future, [REDACTED] (admin.) will be sure that even in an emergency, staff with correct credentials will be at the home for [REDACTED] to leave.*

**Directed:**

63a - First Aid/CPR Training (continued)

By 2/10/23 and daily thereafter, the administrator or designee shall review the schedule to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is scheduled and present in the home at all times and shall arrange for coverage by substitute personnel who meet direct care staff qualifications and training requirements and are trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation, when regularly scheduled direct care staff persons are absent, in accordance with §2600.61. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] 05/08/2023)

65a FS Orientation 1st Day

11. 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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired [redacted] 22, did not receive orientation in any topics as specified in 2600.65(a)(1-7).

Plan of Correction

Directed [redacted] 02/08/2023)

Staff person A was hired for housekeeping. During inspection [redacted] completed [redacted] PA background check along with direct care competency test online. Both were completed before inspection was completed on 7/15/2022.

[redacted] (admin.) had staff person A complete these forms the day of inspection and they were both shown to inspectors before leaving on 7/15/2022.

Directed:

By 2/15/23, the administrator or designee shall audit all staff records to ensure that 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 in accordance with §2600.65(a)(1-7) as follows:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Any missing orientation trainings shall be completed within 48 hours. Documentation shall be kept.

**Directed:**

Beginning 2/10/23, the administrator or designee shall audit all new employee files prior to or during the first work day to ensure compliance with this regulation. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

65b - Rights/Abuse 40 Hours

12. 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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person A, hired [redacted]/22, did not receive training in any topics as specified in 2600.65(b)(1-4).

**Plan of Correction**

Directed ([redacted] - 02/08/2023)

Staff person A had received training, but it was not documented because [redacted] was hired for housekeeping. For future employment all staff persons will be trained according to requirements by home administrator, [redacted] and training ogs will be kept.

**Directed:**

By 2/15/23, the administrator or designee shall audit all staff records to ensure that within 40 scheduled working hours, all direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes training in all training topics in accordance with regulation §2600.65(b) as follows:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Any missing orientation trainings shall be completed within 48 hours. Documentation shall be kept.

**Directed:**

Beginning 2/10/23, the administrator or designee shall audit all new employee files within 40 scheduled working hours to ensure compliance with this regulation. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

65c - Ancillary Staff Orientation

13. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Staff person A was hired [redacted] 22 and performed ancillary duties; however, did not receive orientation in any topics as specified in 2600.65(c).

Plan of Correction

Directed [redacted] - 02/08/2023)

Staff person A was trained on [redacted] 2022 during inspection by [redacted] home administrator. [redacted] PA background check and direct care staff were both completed on 7/15/2022 before inspection was over.

Directed:

By 2/15/23, the administrator or designee shall audit all staff records to ensure all ancillary staff persons have received general orientation training to their specific job functions as it relates to their position prior to working in that capacity.

Any missing orientation trainings shall be completed within 48 hours. Documentation shall be kept.

Directed:

Beginning 2/10/23, the administrator or designee shall audit all new ancillary staff employee files prior to the staff person working in his/her position, to ensure he/she received general orientation training to their specific job functions as it relates to their position prior to working in that capacity. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

65d - Initial Direct Care Training

14. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired [redacted] /22, provided unsupervised ADL services; however, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Directed [redacted] 02/08/2023)

Staff person A completed and passed both the direct care training course and the competency test during inspection on 7/15/2022. All future staff persons will be completed during orientation by home administrator, Cheryl.

Directed:

By 2/15/23, the administrator or designee shall review all training records to ensure all direct care staff persons providing unsupervised direct care have a Direct Care Staff Training Course and Competency Certificate of

65d - Initial Direct Care Training (continued)

Completion on file. Any direct care staff who do not have a Direct Care Staff Training Course and Competency Certificate of Completion on file, shall not be permitted to provide unsupervised direct care until obtaining the Certificate. Documentation shall be kept.

**Directed:**

Beginning 2/10/23, the administrator or designee shall audit all new employee files prior to the employee providing unsupervised direct care to ensure compliance with this regulation. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] 05/08/2023)

85a - Sanitary Conditions

15. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

At 10:50 a.m., there were green and white particles of what appeared to be mold floating in liquids in each tank of the Vevor 4 tank beverage dispenser.

**Plan of Correction**

Directed ( [REDACTED] - 02/08/2023)

Beverage dispensers were empty of drinkable fluids and unplugged. They were to be sanitized and refilled along with plugged back in to keep fluids cold. The sugary drinks mold overnight when left warm. Weekly check list has been created to ensure the dispensers are sanitized, cold and filled at all times by home administrator, [REDACTED]

**Directed:**

By 2/15/23, all staff shall be trained regarding proper cleaning and sanitizing procedures for the beverage dispensers. Documentation shall be kept.

**Directed:**

By 2/10/23 and daily thereafter, the administrator or designee shall monitor the beverage dispensers to ensure sanitary conditions are maintained. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] - 05/08/2023)

85d - Trash Receptacles

16. 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**

At 09:00 a.m., there was a full, uncovered, unattended large trash can in the kitchen.

**Plan of Correction**

Directed ( [REDACTED] - 02/08/2023)

Trash can lid was removed from trash; staff was instructed by [REDACTED] (admin.) to ensure lid is kept on at all times. Lid was placed back on the trash can during inspection.

## 85d - Trash Receptacles (continued)

**Directed:**

By 2/22/23, all staff shall be reeducated regarding the requirement that trash in kitchens and bathrooms shall be kept in covered trash receptacles. Documentation shall be kept.

**Directed:**

By 2/10/23 an daily thereafter, the administrator or designee shall inspect all kitchen and bathroom trash cans to ensure lids are in place. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] - 05/08/2023)

## 88a - Surfaces

## 17. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

At 11:01 a.m., there was a 4" x 6" hole in the wall ne t to the toilet in the 2nd floor common bathroom.

**Plan of Correction**

Directed [REDACTED] - 02/08/2023)

Resident had leaned into the wall and put [REDACTED] knee threw it creating a hole. This was repaired during the time of nspection by [REDACTED] (admin.) on 7/15/2022,

**Directed:**

By 2/10/23 and weekly thereafter, the administrator or designee shall inspect the home to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies found shall be reported to the administrator within 2 hours and be repaired or replaced within 48 hours. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] - 05/08/2023)

## 89c - Testing Non-Public Water

## 18. Requirements

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

**Description of Violation**

From 6/1/21 to 7/15/22, the only coliform water test performed was on 3/24/22. The home is not connected to a public water source.

89c - Testing Non-Public Water (continued)

Plan of Correction

Directed [redacted] - 02/08/2023)

[redacted] (admin.) has created a monthly checklist to ensure this is done in a timely manner.

**Directed:**

By 2/15/23, the administrator shall ensure a coliform water test is conducted, unless a test has been conducted within the last 3 months. Documentation shall be kept.

**Directed:**

By 2/9/23, the administrator's monthly checklist shall be implemented to ensure coliform water testing is conducted at least every 3 months. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

109b - Rabies Vaccination

19. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 7/15/22 a white, black and brown colored cat was present at the home. The home does not have a current certificate of rabies vaccination for this cat.

Repeat Violation: 6/2/21

Plan of Correction

Directed [redacted] - 02/08/2023)

The local humane society had rescued the stray cat that was spotted at the home and placed her and her kittens in a home approx. 7/19/2022. The home did not take in this cat. She was a stray that showed up.

**Directed:**

By 2/22/23, the administrator or designee shall review all pet files to ensure a current certificate of rabies vaccination from a licensed veterinarian is present. Documentation shall be kept.

**Directed:**

Beginning 2/10/23, if any stray cat or dog arrives at the home, the administrator shall determine within 24 hours if the home intends to keep the animal, and if so, arrangements for rabies vaccination shall be made within 48 hours of the animal's arrival at the home.

If the administrator determines the stray cat or dog will not remain at the home, then the local human society shall be contacted for assistance with relocation within 48 hours of the animal's arrival at the home. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [redacted] - 05/08/2023)

126a - Furnace Inspection

20. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The most recent furnace inspection completed by either a professional cleaning company or a trained staff person was [redacted]/21.

Plan of Correction

Directed ([redacted] - 02/08/2023)

Furnace inspection renewal is on the checklist to ensure reminders of when yearly furnace inspection needs to be completed by.

Furnace inspection/cleaning is scheduled for Friday September 16th. A copy of the receipt will be mailed into inspector.

[redacted] (admin.) has a list of yearly papers/repairs/cleanings that are to be completed. The list will be followed and completed in a timely manner.

Directed:

By 2/22/23, the administrator shall mark [redacted] calendar to ensure that by 7/1/23, the administrator schedules the annual furnace inspection, to ensure it is completed within 1 year of the prior inspection.

Directed Completion Date: 12/09/2022

Implemented ([redacted] - 05/08/2023)

132b - Safety Inspection/Fire Drill

21. 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

Due to COVID 19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.132(b) had a limited suspension. However, this suspension was lifted, and personal care homes were required to have an annual fire safety inspection and fire drill conducted by a fire expert by December 31, 2021. However, the home failed to have an annual fire safety inspection and fire drill conducted by a fire expert by December 31, 2021.

Plan of Correction

Directed ([redacted] 02/08/2023)

Safety inspection was also added to the yearly checklist to remind renewal dates. This was completed.

Copy mailed into inspector.

[redacted] (admin.) added fire drills to the checklist to remind [redacted] of when they are to be completed by. The checklist was completed by 7/30/2022. Admin. will be sure to follow the checklist monthly/yearly.

## 132b - Safety Inspection/Fire Drill (continued)

**Directed:**

By 2/10/23, the administrator shall contact a fire safety expert and schedule a fire safety inspection and fire drill to be completed by a fire safety expert. Documentation shall be kept.

By 2/22/23, the administrator shall mark [REDACTED] calendar to contact a fire safety expert in 2024, at least 2 months prior to the expiration of the annual fire safety inspection and fire drill conducted in 2023. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] - 05/08/2023)

## 141b1 Annual Medical Evaluation

## 22. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #3's most recent medical evaluation was completed on [REDACTED]/22; however, the resident's previous medical evaluation was completed on [REDACTED]/21.

Resident #4's most recent medical evaluation was completed on [REDACTED]/21; however, the resident's previous medical evaluation was completed on [REDACTED]/19.

**Plan of Correction**

Directed [REDACTED] 02/08/2023)

Resident #3 continued to have tele-visits during Covid. [REDACTED] was able to get [REDACTED] completed med eval in June when the doctor would see resident in person.

Resident #4 had the same doctor as resident #3, the doctor would not complete forms unless seen in person and wasn't taking in person appointments during 2022. Covid threw our paper work out of order with doctors wanting to see residents in person yet not scheduling in person visits.

For future papers needing signed by doctors, a letter will be created if they refuse to see residents in person to at least have our documentation all on file.

**Directed:**

By 3/8/23, resident #4 shall have an in person medical evaluation completed, unless an in person medical evaluation has been completed in the last year. Documentation shall be kept.

**Directed:**

By 2/22/23, the administrator or designee shall audit all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] - 05/08/2023)

## 171b5 - First Aid Kit

## 23. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

## Description of Violation

*The first aid kit in the Ford F150 truck used to transport residents does not include a thermometer, scissors, tweezers, breathing shield, or eye coverings.*

## Plan of Correction

Directed [REDACTED] - 02/08/2023)

*All first aid kits were restocked of any missing items on 7/17/2022 by Admin. Also added to the yearly check list to inspect all vehicle first aid kits along with any home first aid kits.*

**Directed:**

*By 2/22/23 and monthly thereafter, the administrator or designee shall audit the first aid kit in any vehicle used to transport residents, to ensure the kit contains nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers, in accordance with 2600.96(a). Documentation shall be kept.*

**Directed Completion Date:** 12/09/2022

Implemented [REDACTED] - 05/08/2023)

## 183d - Prescription Current

## 24. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

## Description of Violation

*The medication cart contained [REDACTED] for Resident #1; however, the home does not have an active order for this medication.*

*The medication cart contained [REDACTED] for resident #4; however, the home does not have an active order for the medication.*

## Plan of Correction

Directed [REDACTED] - 02/08/2023)

*Resident #1 [REDACTED] has been removed for resident by admin.*

*Resident #4 [REDACTED] came from a skilled nursing home where the resident was recently discharged back to the home from. The [REDACTED] came back with [REDACTED] and put in the medicine cabinet.*

*Weekly medication checks will be performed to check MAR along with medication by Cheryl (admin).*

**Directed:**

*By 2/15/23, the administrator shall contact resident #4's doctor to obtain the order for his/her [REDACTED].*

183d - Prescription Current (continued)

Within 8 hours of receipt of the order, resident #4's MAR shall be updated to include this order. If the [REDACTED] [REDACTED] has been discontinued, it shall be removed from the medication cart within 8 hours. Documentation shall be kept.

**Directed:**

By 2/22/23 and monthly thereafter, the administrator or designated staff person qualified to administer medication shall audit all medication in the home, resident MARs and prescriber's orders to ensure only current prescription, OTC sample and CAM for individuals living in the home are present in the home, documented on the resident MAR and administered. Any discontinued medication discovered shall not be administered, and be disposed of in accordance with §2600.183.f and the resident MAR shall be updated to indicate it has been discontinued. Documentation of audits shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] - 05/08/2023)

183e Storing Medications

25. 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 #3's [REDACTED] was not labeled with the date it was opened. The manufacture's instructions indicate the medication expires 28 days after opening.

**Plan of Correction**

Directed [REDACTED] 02/08/2023)

Upon opening new pen, Administrator will ensure date is written on opened pens and that resident and amin. are keeping track of the date.

**Directed:**

By 2/22/23 and monthly thereafter, the administrator or designated staff person qualified to administer medication shall audit all [REDACTED] pens (including those used by residents who self-administer their medications) to ensure the open date is indicated on the pen. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] 05/08/2023)

184b Labeling OTC/CAM

26. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident s name.

## 184b - Labeling OTC/CAM (continued)

**Description of Violation**

Resident #3 is prescribed [REDACTED], take 1 tablet by mouth daily; however, the over-the-counter bottle does not include the resident name.

**Plan of Correction**

**Directed** [REDACTED] - 02/08/2023)

Any OTC bottles will be dated when opened along with resident name being printed on the bottle, reminder list has been created by [REDACTED] (admin) to remind any new bottles are to be labeled. Medications were named/dated on 7/16/2022.

**Directed:**

By 2/22/23 and monthly thereafter, the administrator or designated staff person qualified to administer medication shall audit OTC medication (including those used by residents who self-administer their medications) to ensure the resident's name is listed on the medication. Documentation shall be kept.

**Directed Completion Date:** 12/09/2022

**Implemented** [REDACTED] 05/08/2023)

## 191 Resident Right to Refuse

**27. Requirements**

2600.

191. Resident Education The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, admitted [REDACTED] 21, has not been educated regarding the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted [REDACTED] 21, has not been educated regarding the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

**Directed** [REDACTED] 02/08/2023)

Medication policy has been added to Resident #2's file. They were added and completed on 7/16/2022.

However, resident #1 did have the form in their file during inspection. A copy was made.

In the future, all proper forms will be in resident files by Admin.

**Directed:**

By 2/22/23, the administrator or designee shall audit all resident records to ensure there is documentation that each resident has been educated regarding their right to question or refuse a medication if the resident believes there may be a medication error. Any missing documentation shall be obtained within 48 hours. Documentation shall be kept.

**Directed Completion Date:** 12/09/2022

**Implemented** [REDACTED] 05/08/2023)

## 225c - Additional Assessment

## 28. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

## Description of Violation

Resident #3 most recent assessment was completed [REDACTED] 21.

Resident #4 most recent assessment was completed on [REDACTED]/20.

## Plan of Correction

Directed [REDACTED] - 02/08/2023)

A checklist has been created by Admin. [REDACTED] to ensure staff of any upcoming appointments or records needing to be completed. Checklist was completed on 7/17/2022.

**Directed:**

By 2/22/23, assessments shall be completed for resident #2 and resident #3. Documentation shall be kept.

**Directed:**

By 2/22/23 and monthly thereafter, the administrator or designee shall audit all resident files to ensure a current assessment is present and complete. Any missing assessments discovered shall be completed within 48 hours. Documentation shall be kept.

Directed Completion Date: 12/09/2022

Implemented [REDACTED] 05/08/2023)

## 227a - Support Plan 30 Days

## 29. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

## Description of Violation

Resident #2 was admitted on [REDACTED]/21; however, the resident's initial support plan does not indicate the date the resident or the assessor signed the support plan.

## Plan of Correction

Directed [REDACTED] - 02/08/2023)

Resident #2 has initialed and dated the support plan with the date of 7/16/2022.

Copy mailed into inspector.

In the future, [REDACTED] (admin.) has a checklist to ensure proper paperwork is in each file along with signatures and dates where needed. Checklist completed 7/17/2022.

**Directed:**

**227a - Support Plan 30 Days (continued)**

By 2/22/23 and monthly thereafter, the administrator or designee shall audit all resident support plans to ensure they are complete, accurate, include signatures of all participants and dates of signatures. Documentation shall be kept.

**Directed Completion Date:** 12/09/2022

**Implemented** [REDACTED] 05/08/2023)

**253c - Records Log****30. Requirements**

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

**Description of Violation**

The home destroyed resident records during 1/1/21 to 12/31/21 calendar year; however, the home does not keep a log of resident records destroyed.

**Plan of Correction**

**Directed** [REDACTED] - 02/08/2023)

Home did not destroy any resident records. In the event of destroying records, the home administrator, [REDACTED] will shred them, and a log will be kept of such records.

**Directed:**

By 3/8/23 the administrator or designee shall develop a log to track and resident records that are destroyed. The log shall include the resident's name, record number, birth date, admission date and discharge date.

**Directed Completion Date:** 12/09/2022

**Implemented** [REDACTED] 05/08/2023)