

Department of Human Services
Bureau of Human Service Licensing

October 6, 2021

[REDACTED]
PENSTATE BEST CARE INC
[REDACTED]

RE: HASKINS HOUSE
1009 RHOADS AVENUE
SECANE, PA, 19018
LICENSE/COC#: 13855

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/02/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *HASKINS HOUSE* License #: *13855* License Expiration Date: *07/05/2022*
Address: *1009 RHOADS AVENUE, SECANE, PA 19018*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6106233624* Email: [REDACTED]

Legal Entity

Name: *PENSTATE BEST CARE INC*
Address: *347 73RD STREET, BROOKLYN, NY, 11209*
Phone: *6106233624* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/28/1997* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring, Interim* Exit Conference Date: *09/02/2021*

Inspection Dates and Department Representative

09/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *20*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *0/0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>15</i>
Diagnosed with Mental Illness: <i>14</i>	Diagnosed with Intellectual Disability: <i>2</i>
Have Mobility Need: <i>2</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

09/02/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/07/2021*

10/6/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/09/2021*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident #1 passed away unexpectedly. The home did not submit an incident report to the Department.

Plan of Correction

Accept

On 9/14/21 administrator faxed incident report to DHS. [REDACTED] was not aware that facility sends an incident report if they pass away in the hospital. In the past regulations it states that do not have to send if pass in the hospital. [REDACTED] am aware of the change and will send an incident report within 24 hours of incident.

Completion Date: 09/14/2021

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

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

Accept

Staff person A is no longer employed at facility. Administrator and or owner will ensure that all new new direct care staff hired have HS Diploma or GED prior to start of employment. Administrator to review current employee files to ensure that staff have proper qualifications. Administrator will review employee files quarterly to ensure files complete.

Completion Date: 10/31/2021

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

On 8/15/21, 8/23/21, and 8/28/21, from 3:00 PM to 4:00 PM, 20 residents were present in the home. During this time no staff persons present in the home were certified in first aid, obstructed airway techniques and CPR.

63a - First Aid/CPR Training (*continued*)**Plan of Correction****Accept**

Administrator to ensure one person for every 50 residents is trained in first aid and CPR is scheduled to work. On 9/2/21 the schedule was adjusted to have the nurse remain on schedule till 4pm when their was not a certified staff member on 3-11. On 9/22/21 CPR instructor in to certify any employees who needed due to not have or expired. Employee log with dates of certification updated. Administrator and or owner will monitor record of certification in order to schedule an employee for renewal prior to expiration.

Completion Date: 09/22/2021

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:

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 B completed [REDACTED] 40th scheduled work hour on 06/12/21. However, this staff person did not complete training in the following topics: reporting of reportable incidents and conditions.

Plan of Correction**Accept**

On 9/28/21 employee completed in-service for reportable incidents. On 10/1/21 administrator updated ancillary staff training check list to reflect in-service on reportable incidents. Administrator and or owner to monitor new employees complete all training needed prior to starting employment. Administrator to monitor employee folders when hired and every 2 months to ensure all training is completed.

Completion Date: 09/28/2021

66a - Staff Training Plan

1. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2021.

Plan of Correction**Accept**

Administrator to have annual staff training plan for 2021 completed by 10/8/21. Administrator to have annual training plan completed in January for year.

Completion Date: 10/08/2021