

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

December 20, 2022

[REDACTED], ADMINISTRATOR
222 SALISBURY STREET
MEYERSDALE, PA, 15552

RE: JOHNSON'S PERSONAL CARE
HOME
222 SALISBURY STREET
MEYERSDALE, PA, 15552
LICENSE/COC#: 32137

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2022 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: JOHNSON'S PERSONAL CARE HOME **License #:** 32137 **License Expiration:** 06/16/2023
Address: 222 SALISBURY STREET, MEYERSDALE, PA 15552
County: SOMERSET **Region:** CENTRAL

Administrator

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

Legal Entity

Name: NANETTE JOHNSON
Address: 222 SALISBURY STREET, MEYERSDALE, PA, 15552
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/30/2011 **Issued By:** Somerset County

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 16 **Waking Staff:** 12

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/02/2022

Inspection Dates and Department Representative

11/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 **Residents Served:** 15

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11 **Are 60 Years of Age or Older:** 12
Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

11/02/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/19/2022

11/29/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/19/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/06/2022

Inspections / Reviews *(continued)*

12/06/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2022

12/20/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 11/2/22, at the time of the inspection, there was no Carbon Monoxide (CO) detector in the basement, in close proximity to the furnace.

On 11/2/22, two plug-in CO detectors with battery back-ups did not have a label or other record showing that the batteries are changed annually. Further, the interviews indicated that the home only changes the batteries when the unit signals a drained or failing battery.

Plan of Correction

Accept ([redacted] - 12/05/2022)

- 1. The CO Detector was installed in the basement on 11/17/22 by the administrator.
- 2. The batteries were changed and dated in the plug-in detectors on 11/17/22 by the administrator.
- 3. The administrator has made a spread sheet, and put it in the Maintenance Log Book, where she keeps all her logs on things that need done. The administrator will be responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([redacted] - 12/19/2022)

25b - Contract Signatures

2. 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], for Resident # 1 was not signed by the payor.

Plan of Correction

Accept ([redacted] - 12/06/2022)

- 1. On 11/2/2022 the rep-payee came and signed the contract for Resident #1. (The reason it was not signed the day of admission is due to the payee being sick with Breast Cancer and having chemo treatments.) The administrator will make sure every resident and payer signs the contract at the time of admission. It was completed on [redacted], while inspectors on site.
- 2. The administrator is the only one that does the contracts.
- 3. The administrator reviewed the requirements and went thru all the residents folders and made sure all contracts are signed by the resident and rep-payee on 11/21/2022.
- 4. When admitting a new resident in the future the administrator will make sure both the resident and rep-payee sign the contract the day of admission.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([redacted] - 12/19/2022)

52 - Hiring Staff

3. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

Staff Person A has a date of hire of [REDACTED] however, the criminal background check was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/06/2022)

- 1. The administrator is the only one that does the background check for new hires.
- 2. The administrator reviewed the regulation, and went back thru workers files and made sure all workers had a background check. This was done on 11/23/2022.
- 3. The administrator will make sure in the future all background checks are done prior to start date. Prior to hiring the administrator will review the 2600.52 regulations to make sure no steps are missed.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented [REDACTED] 12/20/2022)

65d - Initial Direct Care Training

4. 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 on [REDACTED], has been providing unsupervised ADL services since her start date. However, the staff person has no record of completing and passing the Department-approved direct care training course and the competency test.

Plan of Correction

Accept ([REDACTED] - 12/06/2022)

- 1. The Direct Care Staff person will be completing the Department - approved direct care training course and the competency test by 12/5/22. [REDACTED] has already taken it at her previous job where [REDACTED] was a direct care staff and med tech.
- 2. Administrator will educate direct care staff on the regulation regarding the need to document passing of the test and other required documentation by 12/31/22.
- 3. The Administrator will review the regulation 2600.65 prior to hiring a direct care staff worker to make sure this is completed prior to or during the first work day.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented [REDACTED] - 12/20/2022)

126a - Furnace Inspection

5. 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.

126a - Furnace Inspection (continued)

Description of Violation

The home has no documentation of a furnace inspection, and the home does not have a trained maintenance person on staff.

Plan of Correction

Accept (█) 11/29/2022)

On November 8, 2022 the furnace was cleaned and inspected by a trained HVAC Tech, there were no issues found. They have put the Personal Care Home in their system to be checked yearly in November unless a problem arises prior to that. The administrator has kept a copy of the invoice and will make sure it is done yearly.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented (█) - 12/20/2022)

183d - Prescription Current

6. 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 home's medication cart contained a bottle of █ face wash belonging to Resident # 2 which expired in █.

Plan of Correction

Accept (█) - 12/06/2022)

1. The administrator removed the expired medication on █ and replaced it with the new bottle of █ the same day.
2. On 12/1/2022 the administrator had a staff meeting with all staff, educating them on the importance of making sure there are no expired meds in the med cart. Reviewed 2600.183 with all staff.
3. Every Monday (started on 11/28/2022) the med cart is checked for any expired meds. The administrator does this or █ a direct care staff worker, every Monday.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (█) - 12/20/2022)

185a - Implement Storage Procedures

7. 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

On █ at █ the █ glucometer belonging to Resident # 3 showed the time of 3:16 am.

On █ the █ glucometer belonging to Resident # 4 showed an incorrect date of 10/30/22.

185a Implement Storage Procedures (continued)**Plan of Correction**

Accept () - 12/06/2022)

1. The glucometers for Resident #3 and 4 were re calibrated to the correct date and time on 11/2/2022 by direct care staff worker ().
2. On 12/2/2022 the administrator had a staff meeting with all workers, reviewing the glucometers and reviewing 2600.185, and making sure all workers are aware of the importance of the date and time being correct on the glucometers. The administrator will discuss this topic at our monthly meetings with all workers, and if there is a problem with the date and time on the glucometer it is to be logged right away and corrected by the direct care staff immediately.
3. Starting 12/1/22, The glucometers are checked daily by the direct care staff on day shift and signed off on that they are correct.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented () - 12/20/2022)

190a - Completion Medication Course**8. Requirements**

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has no record of successfully completing the Department approved medications administration course, and has been routinely administering medications since his/her start date on ().

Plan of Correction

Accept () - 12/06/2022)

The administrator / Med Trainer reviewed regulation 2600.190 on 12/1/2022 and then reviewed all staff workers folders making sure all have the proper med training, and documentation to support the med training they have received is in their file.

The administrator will review all staffing and training regulations prior to hiring to make sure all training and documentation is complete. After hiring the administrator will review regulations again and make sure everything is complete.

Beginning on 11/2/22, Staff Person A will not pass medications until they have passed the Department approved medication administration course.

Staff Person A will have all testing completed by 12/7/2022. All other staff had their training when they were hired.

Licensee's Proposed Overall Completion Date: 12/07/2022

Implemented () - 12/20/2022)