

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

February 2, 2023

[REDACTED]
PERSONACORP INC
86 MAIN STREET
STOUCHSBURG, PA, 19567

RE: LIBERTY SQUARE PERSONAL CARE
86 MAIN STREET
STOUCHSBURG, PA, 19567
LICENSE/COC#: 20572

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LIBERTY SQUARE PERSONAL CARE* License #: *20572* License Expiration: *10/01/2022*
 Address: *86 MAIN STREET, STOUCHSBURG, PA 19567*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PERSONACORP INC*
 Address: *86 MAIN STREET, STOUCHSBURG, PA, 19567*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/17/1999* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/04/2022*

Inspection Dates and Department Representative

10/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *19* Residents Served: *14*

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: *10*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2022*

Inspections / Reviews (*continued*)

01/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/09/2022

01/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/17/2023

02/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Resident #1's DME dated [REDACTED]/22 did not indicate if the resident was able to safely avoid poisons materials. The home's administrator when asked about the resident's cognitive status, they were reported to have [REDACTED] and [REDACTED]. The home does not keep their household products in a locked area. Poisonous cleaning products were locate in a unlocked closet and accessible to residents.

Plan of Correction

Accept [REDACTED] 01/10/2023)

Lock was engaged immediately by administrator at time of survey. Staff was re-inserviced to ensure the lock on the laundry room/supply closet is always engaged, preventing resident access to poisonous household products and cleaning supplies was provided on 11-01-2022. On-duty staff will check status at the beginning and end of each shift. Administrator will monitor daily,

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] 02/02/2023)

88a - Surfaces

2. 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

The sink in the home's main kitchen had a leak which caused water to puddle on the kitchen floor that was approximately 5 feet long 3 feet wide in an area at the entrance of the kitchen. This was a fall risk to residents and staff who enter the kitchen area.

Plan of Correction

Accept [REDACTED] - 01/10/2023)

Ray W Moyer, Inc (Plumber) 645 Hilltop Rd, Myerstown, PA 17067, Phone 717-866-2926, replaced the drain in affected sink. The leak has been repaired. A bill for service has not been received by facility. Facility will attach the statement as soon as it arrives. Facility uses this plumber for all plumbing issues that occur at Liberty Square.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] - 02/02/2023)

89a - Water Pressure

3. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

The home's hot water was not functioning at the time of inspection. The hot water did not warm up and remained cold after running the hot water in several resident bathrooms for a period of 5 minutes or more in each room.

Plan of Correction

Accept [REDACTED] 01/10/2023)

Ray W Moyer, Inc (Plumber), 645 Hilltop Rd, Myerstown, PA, 17067, phone 717-866-2926, adjusted the mixing

89a - Water Pressure (continued)

valve which has solved the problem. A bill for service has not yet been received. Statement will be attached as soon as it arrives, Administrator will monitor for further problems with water temperature. Facility uses this plumber for all plumbing issues that occur at Liberty Square.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] - 02/02/2023)

103f - Refrigerator/Freezer Temps**4. 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 apartment size refrigerator located in the medication room had a temperature reading of 45°F at the time of inspection. Resident's medications are stored in this refrigerator.

Plan of Correction

Accept [REDACTED] - 01/10/2023)

Administrator adjusted the temperature of the medication room refrigerator to 40 degrees Fahrenheit. At no time is food ever kept in this location. The integrity of the two medications was not compromised as the recommended storage directions were followed. See attached photos of directions for both medications. Administrator will monitor appropriate medication storage temps based on pharmaceutical guidelines daily.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] - 02/02/2023)

183d - Prescription Current**5. 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

Resident #2 's [REDACTED] to be taken orally under the tongue [REDACTED] if needed, expired 10/2021. The medication was still in use at the home.

Plan of Correction

Accept [REDACTED] - 01/10/2023)

Administrator properly disposed of the out-of-date/discontinued medication. Staff was instructed to bring any outdated or expired medication to the attention of the administrator if discovered at any time. Medication maintenance procedures will ensure on-going checks of labels, dates, and active medication lists when restocking a medication for active rotation. Administrator will monitor this process on a continual basis.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] - 02/02/2023)

252 - Record Content**6. Requirements**

2600.

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

252 - Record Content (continued)

5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

Resident #3 's resident record did not address if the resident had any identifiable marks.

Plan of Correction

Accept ([REDACTED] - 01/10/2023)

Administrator updated resident #3's record to include [REDACTED] identifying marks. Going forward, administrator will refer to the admission checklist at the time of admission so as not to overlook " identifying marks" at the time of admission. Administrator will monitor the intake process.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] 02/02/2023)