



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: DECEMBER 19, 2022

[REDACTED]
Family Cares LLC
[REDACTED]

RE: Family Cares Personal Care Home
101 S. Broad Street
New Freedom, Pennsylvania 17349
Certificate #: 337940

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on September 21, 2022 and November 8, 2022 and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summaries

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

Facility Information

Name: *FAMILY CARES PERSONAL CARE HOME* License #: *33794* License Expiration: *11/01/2022*
Address: *101 SOUTH BROAD STREET, NEW FREEDOM, PA 17349*
County: *YORK* Region: *CENTRAL*

Administrator

██████████ Phone: ██████████ Email: ██████████

Legal Entity

Name: *FAMILY CARES LLC*
Address: ██████████
Phone: ██████████ Email: ██████████

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/01/2004* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Interim* Exit Conference Date: *11/08/2022*

Inspection Dates and Department Representative

11/08/2022 - On-Site: ██████████

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/08/2022 - Partial

Lead Inspector: ██████████ Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2022*

Inspections / Reviews (*continued*)

12/05/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2022

12/12/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/09/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/16/2022

12/16/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2022
Reviewer: [REDACTED] Follow-Up Type: Exception

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 11/08/22, an uncovered enabler bar with an opening greater than 4 3/4 inches was being utilized in Resident 1's bedroom. This poses a potential limb or head entrapment risk.

Plan of Correction

Accept (█ - 12/09/2022)

A fabric cover has been placed over top of the enabling bar. The resident has been informed of the importance of keeping the bar covered at all times. The administrator and staff will complete daily checks to ensure the bar is covered.

The fabric cover was attached to the enabling bar on 11/08/2022

The cover was attached to the enabling bar by the administrator on 11/08/2022. The resident was asked by the administrator to put the fabric cover back on the enabling bar on 11/08/2022

The administrator educated the resident as well as staff on the importance of covering the enabling bar at all times on 11/08/2022

Daily checks of the enabling bar began on 11/09/2022. A checklist has been created and will be included in the residents log book. As staff document on the resident's daily activities, staff will be responsible for checking to ensure the enabling bar is covered. Each staff on each shift is responsible for completing the checks and documenting on the form.

The administrator will complete weekly checks, on Sundays, to ensure all apparatus is clean, in good repair and free of hazards. Any apparatus found in need of cleaning, repair or replacement, will be addressed (cleaned, repaired or replaced) by the administrator within 5 days.

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented (█ - 12/16/2022)

101o - Walls, Floors, Ceilings

2. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The ceiling in Bedroom #3 has a hole in which electrical wires are exposed.

Plan of Correction

Accept (█ - 12/09/2022)

The administrator has purchased a cover from Home Depot and covered the exposed wires. The administrator will complete weekly checks to ensure all wires are covered.

The ceiling cover was purchased and installed on 11/09/2022

The administrator began weekly checks on Sunday 11/13/2022

The administrator will conduct weekly checks of all bedroom walls, floors, and ceilings beginning 11/13/2022 to ensure that all are finished, clean and in good repair. Any surfaces found to be in need of cleaning or repair will be cleaned or repaired within 5 days. If repairs can not be completed within 5 days due to the repair being outside of administrator's expertise or if maintenance's availability exceeds 5 days, the administrator will provide documentation in the quality management chart.

101o - Walls, Floors, Ceilings (continued)

Licensee's Proposed Overall Completion Date: 12/08/2022

Implemented [REDACTED] - 12/16/2022

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed Acetaminophen 650 twice a day, Amlodipine 5mg once a day and Gabapentin 100mg twice a day. Resident 1's medication administration record (MAR) does not include the initials of the staff person who administered these medications on 11/07/22 at 7 pm.

Resident 2 is prescribed Lamotrigine 100mg twice a day, Loratadine 10 mg once a day. Resident 2's MAR does not include the initials of the staff person who administered these medications on 11/07/22 at 7 pm.

Plan of Correction

Accept [REDACTED] - 12/09/2022

The administrator will complete daily checks of the MAR book to ensure that all staff are completing the document daily. The administrator will complete an audit of the book and place colorful sticky pointers in the book wherever an entry has not been Initialed. The administrator will then notify the staff that the entry needs to be entered as soon as possible (by his or her next scheduled day). The administrator has also retrained all staff on the importance of completing the MAR the correct way as approved by the state.

The MARs for resident 1 and 2 were amended by the administrator on 11/08/2022. The administrator was responsible for completing the MARs on 11/07/2022 but failed to do so.

Daily checks of the MAR began on 11/09/2022

All staff were retrained on the correct way to administer medication on 11/09/2002 and 12/08/2022. Documentation will be filed in all staffs' charts.

The administrator will complete checks on the MAR book Sunday through Thursday. This includes the administrator observing for any missing entries, revising any resident's medication changes and ensuring all medication is up to date and stored in the medication carts. A monthly audit will be conducted each time the monthly MAR sheets are changed

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented [REDACTED] - 12/16/2022