

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

December 19, 2022

[REDACTED], ADMINISTRATOR
LASOSKYS PERSONAL CARE HOME INC
[REDACTED]

RE: LASOSKY'S PERSONAL CARE HOME,
INC.
23 MAIN STREET, PO BOX 27
CLARKSVILLE, PA, 15322
LICENSE/COC#: 41858

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2022, 11/15/2022, 11/17/2022 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: LASOSKY'S PERSONAL CARE HOME, INC. License #: 41858 License Expiration: 02/22/2023
 Address: 23 MAIN STREET, PO BOX 27, CLARKSVILLE, PA 15322
 County: WASHINGTON Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: LASOSKYS PERSONAL CARE HOME INC
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/02/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 11/17/2022

Inspection Dates and Department Representative

11/14/2022 - On-Site: [Redacted]
 11/15/2022 - On-Site: [Redacted]
 11/17/2022 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 23
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/14/2022 Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2022

Inspections / Reviews (*continued*)

12/09/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/15/2022

12/12/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2022

12/19/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. 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 for resident #1, dated [REDACTED] is not signed by the resident.

Plan of Correction

Accept [REDACTED] - 12/12/2022)

Resident #1 has since died. Manager and staff educated regarding need for resident to sign even if they have POA. Each new contract completed will be submitted for administrator review within 24 hours for next 6 months. Administrator will check for proper date, amount correct and appropriate signatures. Staff educated on 12/07, see attached. All other contracts have been reviewed for accuracy and have appropriate signatures.

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

Implemented [REDACTED] - 12/19/2022)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

A baby monitor transmitter, which captures audio, was present in resident #3's bedroom. The receiver was located in the home's kitchen.

Plan of Correction

Directed ([REDACTED] - 12/12/2022)

Monitor was placed for new resident safety. Monitor was removed on 12/07 and all staff educated regarding regulation 2600.423 on 12/07. The education included resident privacy and why a monitor cannot be used. Manager to ensure there are no monitors during resident rounds which take place daily when manager is on duty. (DIRECTED: The daily rounds shall begin with 48 hours of receipt of the plan of correction. [REDACTED] 12/12/22).

Directed Completion Date: 12/14/2022

Implemented [REDACTED] - 12/19/2022)

54a - Direct Care Staff

3. 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, hired on [REDACTED] does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept () - 12/12/2022)

Staff persons transcripts were added to to file and attached. New hire checklist developed and attached. It will be implemented on the next hire. New hire checklist will be submitted to administrator with each new hire within 24 hours. 2 files will be selected randomly and audited each quarter. all other staff files were audited for accuracy on 12/10/2022

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

Implemented () - 12/19/2022)

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

On 11/14/22, no thermometer was present in the reach-in refrigerator, located in the kitchen.

Plan of Correction

Accept () - 12/12/2022)

Thermometer placed in refrigerator immediately. All staff educated regarding regulation 2600.103.f on 12/07/2022 Manager to check for thermometer every Tuesday then grocery order is delivered. This was implemented on 12/06/2022

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

Implemented () - 12/19/2022)

132b - Safety Inspection/Fire Drill

5. 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

The most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 9/14/22; however, the previous fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 7/15/21.

Plan of Correction

Accept () - 12/09/2022)

Fire safety inspection added to computer calendar to alert every June to give time to have inspector scheduled.

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

Implemented () - 12/19/2022)

132c - Fire Drill Records

6. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drill conducted on 12/5/21 at 1:00 AM does not include the number of staff persons that participated in the fire drill.

The fire drill record for the fire drill conducted on 1/5/22 at 10:00 AM does not include the amount of time it took for evacuation, the exit routes used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Plan of Correction

Directed () - 12/12/2022

Manager educated regarding regulation 2600.132.C. All staff educated as well on 12/07/2022. Education included exit routes, proper way to complete documentation and evacuation time. Administrator reviewed fire drill on 12/08. Each fire drill conducted will be submitted to administrator within 24 hours of completion. (DIRECTED: The administrator review of all fire drill records shall begin within 48 hours of receipt of the plan of correction.) 12/12/22

Directed Completion Date: 12/14/2022

Implemented () - 12/19/2022

132d - Evacuation

7. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to documentation from the fire safety expert, dated 7/15/21, the maximum evacuation time to a public thoroughfare is 3 minutes, 45 seconds; however, the home exceeded the maximum evacuation time during the following fire drills:

Date	Time	Evacuation Time
• 3/21/22	1:00 AM	4 minutes
• 5/31/22	1:00 AM	4 minutes, 5 seconds
• 7/10/22	2:00 AM	4 minutes, 15 seconds

The evacuation time for the fire drill conducted on 8/12/22 at 11:00 AM was completed 3 minutes, 20 seconds; however, the home did not have documentation from a fire safety expert within the past year indicating a maximum evacuation time to a public thoroughfare that exceeds 2 minutes, 30 seconds.

132d - Evacuation (continued)

Plan of Correction

Accept [redacted] - 12/12/2022)

Staff person designated to complete fire drills was removed from this task and manager will assume this responsibility. Manager and all staff educated regarding 2600.132d and our evacuation time on 12/07/2022. Education included evacuation time, how to document appropriately. See attached documentation from fire safety expert regarding evacuation time. Fire drills will be submitted to administrator beginning 12/08. If time exceeds 3min 45 seconds repeated fire drill will be done in that month.

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

Implemented [redacted] - 12/19/2022)

132e - Fire Drill Sleeping Hours

8. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

According to documentation from the fire safety expert, dated 7/15/21, the maximum evacuation time to a public thoroughfare is 3 minutes, 45 seconds; however, the home exceeded the maximum evacuation time during the following sleeping hour fire drills:

Date	Time	Evacuation Time
• 3/21/22	1:00 AM	4 minutes
• 5/31/22	1:00 AM	4 minutes, 5 seconds
• 7/10/22	2:00 AM	4 minutes, 15 seconds

Plan of Correction

Directed [redacted] - 12/12/2022)

Staff person designated to complete fire Drill was removed from this task and manager will assume this responsibility. Manager and all staff educated regarding 2600. 132e on 12/07/2022. education included our evacuation times, appropriate documentation and the need for sleeping hour fire drill every 6 months. Sleeping hour fire drill will be done 12/14 and submitted for administrator review on 12/15. Administrator will review fire drills to ensure they are completed every six months. The monthly dates will be scheduled for December and June for sleeping hour drills. Dates will not be announced. Fire drill will be submitted on 12/15 for DHS review. (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall review the fire drill records monthly to ensure a successful fire drill is conducted during sleeping hours once every 6 months, and to ensure all residents are evacuated to the designated meeting area within the time specified in writing within the past year by the fire safety expert. LM 12/12/22).

Directed Completion Date: 12/15/2022

Implemented [redacted] - 12/19/2022)

144c2 - Smoking Area Distance

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c2 - Smoking Area Distance (continued)

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's employee smoking area is located on the common walkway near the dining room entrance to the home, and the resident smoking area is located on the common walkway near the door at the end of the hallway.

Plan of Correction

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

As of 12/12/2022 the smoking area will be moved to the porch facing the church. This door is not commonly used. The window on the porch that is in a resident room is secured and cannot be opened. All fire safe furniture was moved to smoking area and fire safe ashtrays provided. on 12/12. Med tech will walk through area daily to ensure cleanliness and fire safety beginning 12/12.. All staff and residents will utilize this area to smoke. Staff and residents will be educated regarding the above by Monday 12/12/.

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

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

185a - Implement Storage Procedures

10. 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 [redacted], resident #2's glucometer was not set to the current date and time.

REPEAT VIOLATION: 8/9/2021, et. al.

Plan of Correction

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

Resident 2 glucometer was set to current date and time on November 15. All other glucometers were checked for appropriate date and time on November 15.

Manager to check glucometers weekly and complete check sheet with med tech and submit to administrator weekly.

This will begin on 12/09/2022.

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

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

187d - Follow Prescriber's Orders

11. Requirements

2600.

- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed blood glucose monitoring 3 times a day; however, resident #2's blood glucose was not tested on the following dates and times, because the test strips were unavailable:

- [redacted]

187d Follow Prescriber's Orders (continued)

- [REDACTED]
- [REDACTED]
- [REDACTED]

REPEAT VIOLATION: 8/9/2021, et. al.

Plan of Correction**Directed [REDACTED] - 12/12/2022)**

Resident family supplies the home with testing strips. on [REDACTED] administrator notified [REDACTED] that if strips are not within the building the week prior to running out, they will be ordered from FHP pharmacy. Manager to check for diabetic supplies every Wednesday and notify administrator if there is less than a weeks amount. All staff educated regarding 2600.187d and the the policy for ordering test strips on 12/12/2022.

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure the diabetic supplies for all residents who require blood sugar testing, including resident #2, are present and available in the home. [REDACTED] 12/12/22.

Directed Completion Date: 12/14/2022

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