

Department of Human Services
Bureau of Human Service Licensing

June 24, 2022

[REDACTED], OWNER/ADMINISTRATOR

517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697

RE: WHITEHEAD PERSONAL CARE
HOME II
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697
LICENSE/COC#: 42814

Dear Ms. Dorothy Whitehead ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 24, 2022

[REDACTED], OWNER/ADMINISTRATOR

517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697

RE: WHITEHEAD PERSONAL CARE
HOME II
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697
LICENSE/COC#: 42814

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/11/2022 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,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *WHITEHEAD PERSONAL CARE HOME II* License #: *42814* License Expiration: *05/28/2023*
Address: *517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *DONALD WHITEHEAD*
Address: *517 SOUTH 9TH STREET, YOUNGWOOD, PA, 15697*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/11/1987* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/11/2022*

Inspection Dates and Department Representative

04/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

04/11/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

05/24/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/27/2022*

06/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

At approximately 10:55 a.m., the bolts securing the 4 elevated toilet seats to the toilet were stripped, causing the toilet seat to move from side to side, posing a fall hazard to the residents.

Plan of Correction

Accept

All 4 toilets' raised toilet seats have been replaced, along with the handrails. At least quarterly seats and handles will be checked for firmness and safety.

Completion Date: 04/27/2022

Document Submission

Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:50 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom located in the living room area on the second floor.

Plan of Correction

Accept

The upstairs bathroom had run out of paper towels, they were replaced during the inspection. Staff will check the bathrooms at the beginning and end of each shift.

Completion Date: 04/27/2022

Document Submission

Implemented

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 10:40 a.m., there were no lid covering the garbage can that was full of garbage, on the outside deck.

Plan of Correction

Accept

The garbage can was replaced during inspection. I have photos of both trash areas, that will be available during the next process. Trash areas will be checked quarterly by the administrator to be sure that all outside trash areas have lids and are cleaned up.

Completion Date: 04/27/2022

Document Submission

Implemented

100a - Exterior - Free of Hazards

1. Requirements

2600.

100a - Exterior - Free of Hazards (continued)

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The concrete walkway leading into the home, has a large crack, approximately 5 feet across, with a 3 inch gap of space, posing a trip and fall hazard.

Plan of Correction**Accept**

The walkway is repaired each summer, however, the salt does a number on the concrete. The walkway will be repaired once the threat of frost has passed. To be fixed correctly concrete should not be poured during temperatures under 32 degrees F. We did paint the area on the sidewalk to remind people that there is a crack there and we also hung a sign that states to watch their step.

Completion Date: 06/22/2022

Update: 05/17/2022

Document Submission**Implemented**

Will be updated soon

Update: 06/24/2022

Within 30 days of receipt of the plan of correction - The crack in the concrete will be repaired completely. -- JRW 6/24/22

132b - Safety Inspection/Fire Drill**1. 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 fire drill by a fire safety expert was conducted on 1/10/2019.

Plan of Correction**Accept**

The fire department has been contacted to come and do a fire inspection. During the COVID-19 pandemic, they would not come out to do fire inspections. We will continue to contact them daily on weekdays until we can complete the fire inspection.

Completion Date: 06/15/2022

Update: 05/24/2022

Fire inspection and drill scheduled for 5/26/2022 with local fire department.

Document Submission**Implemented**

Fire inspection and drill scheduled for 5/26/2022 with local fire department.

Update: 06/24/2022

Fire inspection and drill completed on 5/26/22. -- JRW 6/24/22

133.1 - Exit Signs**1. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

133.1 - Exit Signs *(continued)***Description of Violation**

There is no exit sign over the second floor emergency exit door next to bedroom #10 that leads to the outside porch and steps.

Plan of Correction**Accept**

The Exit sign was removed during cleaning. All 4 exits have "Exit" signs on them. This was corrected during the inspection. When the administrator does the quarterly walk through this will be one of the items checked off the list.

Completion Date: 04/27/2022

Document Submission**Implemented**

224c - Preadmission Screening

1. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident #1's, preadmission screening form, dated [REDACTED], does not indicate the resident's level of supervision need, the ability to self-administer medications, personal care and medical needs and the psychological and behavioral diagnoses.

Resident #2's, preadmission screening form, dated [REDACTED], does not indicate that the needs of the resident can be met in the personal care home.

Plan of Correction**Accept**

In the future, all admitting paperwork shall be reviewed within 24 to 48 hours of admission. All records have been reviewed for completeness.

Completion Date: 04/27/2022

Document Submission**Implemented**

Update: 06/24/2022

Within 7 calendar days of receipt of the plan of correction - The administrator or designee will review the preadmission screening to ensure it is complete. --JRW 6/24/22

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 's support plan is not signed by the resident, and does not indicate if the resident was unable to or refused to sign.

Plan of Correction**Accept**

All support plans have been checked for signatures. In the future, this will be reviewed within 24 to 48 hours for completeness.

Completion Date: 04/27/2022

227g -Support Plan Signatures (continued)**Document Submission*****Implemented*****Update:** 06/24/2022*The administrator or designee will review the support plans for completeness. -- JRW 6/24/22*