

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

January 19, 2023

[REDACTED], OWNER
LYTLES PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459

RE: LYTLE'S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG, PA, 15459
LICENSE/COC#: 44391

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2022, 11/30/2022 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: LYTLE'S PERSONAL CARE HOME LLC License #: 44391 License Expiration: 03/07/2024
 Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459
 County: FAYETTE Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: LYTLES PERSONAL CARE HOME LLC
 Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA, 15459
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/23/1994 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 27 Waking Staff: 20

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/30/2022

Inspection Dates and Department Representative

11/29/2022 - On-Site: [REDACTED]
 11/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 26

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

11/29/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2022

01/04/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/13/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/10/2023

Inspections / Reviews *(continued)*

01/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/18/2023

01/19/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

103d - Storing Food Off Floor

1. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 11/29/22 at approximately 11:00 AM, numerous food items were stored in boxes on the pantry floor, to include egg noodles, cereal, cans of potatoes, cans of pizza sauce and cans of soup.

Plan of Correction

Accept [redacted] - 01/11/2023)

All food shall be stored off of the floor. Pallets were put into place 12/01/22 and all food was removed from floor. Admin or designee will monitor this procedure to ensure food is being stored correctly monthly starting on 01/01/2023. Had staff meeting on 12/16/22 and staff were educated not to store any food on the floor. Documentation of education will be kept.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented [redacted] - 01/19/2023)

103f - Refrigerator/Freezer Temps

2. 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 11/29/22, no thermometer was present in the Whirlpool reach-in freezer, located in the snack room.

On 11/29/22, the temperature in the Frigidaire reach-in freezer was 10 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 01/11/2023)

Frozen food should be kept at or below 0 degrees F. A thermometer was placed in the whirlpool freezer located in snack room and temperature was reading below 0 degrees F 12/01/22. The frigidaire freezer has a programmable thermometer and was turned down to read -0 degrees F on 12/1/22. The thermometer inside of frigidaire freezer is reading 0 degrees F on 12/1/22. Admin or designee will monitor that all refrigerator and freezers are kept at appropriate Temperatures starting 1/1/23 daily. Staff educated on 12/16/22 about appropriate temperatures for freezer and refrigerator documentation of education will be kept.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented [redacted] - 01/19/2023)

103h - Thawing Food

3. Requirements

2600.
103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

On 11/29/22 at 10:40 AM, 2 trays of country fried steaks were thawing on the kitchen counter.

103h - Thawing Food (continued)

Plan of Correction

Accept (█ - 01/11/2023)

Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process. All staff were reeducated to thaw all food in the refrigerator, microwave, under cool water or as part of the cooking process. on 12/16/22 and documentation of education will be kept. Admin or designee will monitor that the process is being completed starting on 1/1/23 and will do so monthly. The country fried steak that was thawing on the counter were put in the refrigerator immediately, staff member stated she had just put them there.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented (█ - 01/19/2023)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

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

Description of Violation

The most recent fire drill held during sleeping hours was conducted on 11/2/22 at 1:00 AM; however, the previous fire drill held during sleeping hours was conducted 11/19/21 at 1:15 AM.

Plan of Correction

Accept (█ - 01/11/2023)

A fire drill will be held during sleeping hours once every six months. Admin or designee will check fire drill log at the beginning of each month to monitor if a night time fire drill has been completed within six months this monitor will begin 01/01/23. A Fire drill has been added to the fire drill schedule for April of 2023.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented (█ - 01/19/2023)

133.2 - Exit Signs Direction

5. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

On 11/29/22, the exit door to the home's front porch was not visible from the home's living room and dining room; however, no signs indicating the direction of travel to the exit were present.

On 11/29/22, the exits from the 2nd floor were not visible from the hallway; however, no signs indicating the direction of travel to the exits were present.

Plan of Correction

Accept (█ - 01/11/2023)

Exit signs were immediately fixed at the time of survey for the exit doors from front porch and second floor to ensure access to exits were marked with readily visible signs indicating the direction of travel to the exit. All other exits were check on 12/1/22 to ensure that signs were present indicating direction of travel if exit doors were not immediately visible. Admin or designee will monitor all exits doors monthly to ensure exit signs are still in place and are visible starting 01/01/23.

133.2 - Exit Signs Direction (continued)

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented () - 01/19/2023)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On (), an unlabeled bottle of (), belonging to resident #2, was present in the home's medication cart.

Plan of Correction

Accept () - 01/11/2023)

OTC medications and CAM belong to the resident shall be identified with the residents name. Resident #2 unlabeled bottle of () formula was labeled with Resident #2 name and resident #2's () was labeled with there name on 11/30/22. Admin will be responsible for putting all names on unlabeled medication for residents before they go into the medication cart. Staff were educated that all unlabeled medication be labeled by admin then put in the medication cart on 12/16/22 and documentation of education will be kept. All other OTC medications were inspected to ensure they were labeled with resident names on 11/30/22. The admin will audit med cart monthly starting on 1/1/23 to ensure all OTC medications are labeled with the resident name.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented () - 01/19/2023)

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

Resident #1 is prescribed blood glucose checks 4 times a day. However, resident #1's blood glucose readings were incorrectly documented on resident #1's () medication administration record (MAR) on the the following dates and times:

Date & Time	Glucometer	November 2022 MAR
()	()	()

Plan of Correction

Directed () - 01/11/2023)

Admin re-educated staff on the importance of documenting blood glucose readings correctly on () and documentation will be kept. Train the Trainer(admin) also reviewed on () the five medication administration rights with staff. Diabetic training is scheduled for (). Included is a letter for resident #1 from family physician to self administer her prescribed insulin and monitor own blood glucose levels. Staff to document glucose readings from resident into computer log.

DIRECTED: By 1/18/23: All staff persons qualified to administer medications shall be educated that medications

185a - Implement Storage Procedures (continued)

that are self-administered by residents are not to be documented by direct care staff persons as administered on resident MAR's. Documentation of the education shall be kept. LM 1/11/23

DIRECTED: Beginning on 1/18/23: The administrator shall review the blood sugar readings for at least 5 residents per month to ensure accurate blood sugar documentation. Documentation of the audits shall be kept. [REDACTED] 1/11/23

Directed Completion Date: 01/18/2023

Implemented [REDACTED] - 01/19/2023)

187a - Medication Record**8. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's [REDACTED] does not include a diagnosis or purpose for the following medications:

- [REDACTED]
- [REDACTED]

Resident #2's [REDACTED] MAR does not include a diagnosis or purpose for numerous medications, to include the following:

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

Plan of Correction

Directed [REDACTED] - 01/11/2023)

Diagnosis or purpose for the medication including PRN were added to resident #1 and resident #2 medication records on [REDACTED]. All resident MAR's were reviewed on [REDACTED] to ensure a complete MAR was present for each resident, including a DX or purpose for all medications. Staff also educated that all medication on the MAR must have a diagnosis or purpose on [REDACTED] and documentation will be kept.

DIRECTED: Beginning on [REDACTED] The administrator shall review the MAR's of at least 5 residents per month to ensure each resident has a MAR, completed in its entirety, including a diagnosis or purpose for each medication. Documentation of the audits shall be kept. [REDACTED] 1/11/23

Directed Completion Date: 01/18/2023

Implemented [REDACTED] - 01/19/2023)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident #1 is prescribed [redacted] in accordance with sliding scale: 70-140=0U; 141-180=1U; 181-220=2U; 221-260=3U; 261-300=4U; 301-340=5U; >340=6U and call MD. According to resident #1's glucometer, the resident's blood glucose was [redacted] on [redacted] at [redacted], and [redacted] of [redacted] should have been administered to resident #1; however, resident #1's [redacted] MAR indicates the resident's blood glucose was [redacted] on [redacted] at [redacted] and no units of [redacted] were administered to resident #1.

Resident #2 is prescribed [redacted] by mouth daily; however, resident #2 has been receiving [redacted].

Plan of Correction

Directed [redacted] - 01/11/2023)

Admin re-educated the staff of the importance to follow the directions of the prescriber on 12/16/22 and documentation will be kept. Immediately resident purchased correct [redacted] supplement and it was labeled with resident name by admin and put in medication cart. Lytle's PCH will schedule a diabetic training on 01/17/2023 to ensure staff are educated on the requirement to follow the directions of the prescriber. Included is a letter for Resident #1 from her Family Physician stating resident #1 can self administer her prescribed insulins and self monitor her blood glucose readings. Diabetic training is scheduled for 01/17/2023. All OTC medications will be given to admin to label and ensure that medication is correct before being put in medication cart.

DIRECTED: By 1/18/23: All staff persons qualified to administer medications shall be educated that medications that are self-administered by residents are not to be documented by direct care staff persons as administered on resident MAR's. Documentation of the education shall be kept. [redacted] 1/11/23

DIRECTED: Beginning on 1/18/23: The administrator shall review all medications for at least 5 residents per month to ensure all prescribed medications, including the proper doses, are present and available in the home for administration. Documentation of the education shall be kept. [redacted] 1/11/23

Directed Completion Date: 01/18/2023

Implemented [redacted] - 01/19/2023)

190b - Insulin Injections

10. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A has not successfully completed the Department-approved diabetes patient education program; however, staff person A administered insulin to resident #1 on numerous dates and times, to include the following:

- [redacted]
- [redacted]
- [redacted]

190b - Insulin Injections (continued)

- [REDACTED]
- [REDACTED]

Staff person B has not successfully completed the Department-approved diabetes patient education program; however, staff person B administered insulin to resident #1 on numerous dates and times, to include the following:

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

Plan of Correction

Directed [REDACTED] - 01/11/2023)

Lytle's PCH will schedule a diabetes training to ensure staff are educated on a diabetes patient education program and do so every 12 months. Diabetic training is scheduled for 01/17/2023. Included is a letter for resident #1 from [REDACTED] family physician that resident #1 can self administer [REDACTED] prescribed insulin and monitor [REDACTED] own blood glucose readings, staff to document readings in computer log. Other staff records were reviewed and dates were added to our tabular pro system that will track when staff initially pass a course and when their annual practicums are due. Tabular Pro sends a notification to admin when a staff member is due for there diabetic training. (DIRECTED: By 1/18/23: The administrator shall review the medication administration training records monthly for all staff persons qualified to administer medications to ensure each staff person is receiving all required annual practicums in accordance with the Department-approved medication administration course. [REDACTED] 1/11/23

DIRECTED: By 1/18/23: All staff persons qualified to administer medications shall be educated that medications that are self-administered by residents are not to be documented by direct care staff persons as administered on resident MAR's. Documentation of the education shall be kept. [REDACTED] 1/11/23

Directed Completion Date: 01/18/2023

Implemented [REDACTED] - 01/19/2023)