

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

March 22, 2023

[REDACTED]  
LINDA E. BRANDON  
PO BOX 455, 11293 ROUTE 422  
ELDERTON, PA, 15736

RE: FAMILY PINES PERSONAL CARE  
HOME  
P.O.BOX 455, 11293 ROUTE 422  
ELDERTON, PA, 15736  
LICENSE/COC#: 42671

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2023 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: *FAMILY PINES PERSONAL CARE HOME* License #: *42671* License Expiration: *04/20/2023*  
 Address: *P.O.BOX 455, 11293 ROUTE 422, ELDERTON, PA 15736*  
 County: *ARMSTRONG* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *LINDA E. BRANDON*  
 Address: *PO BOX 455, 11293 ROUTE 422, ELDERTON, PA, 15736*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *11/23/1988* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/23/2023*

**Inspection Dates and Department Representative**

*01/23/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *5*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *5*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**01/23/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2023*

**02/16/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/21/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2023*

Inspections / Reviews (*continued*)

## 03/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2023

## 03/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/22/23, from 7:00 a.m. to 7:00 p.m., 5 residents were present in the home. During this time no staff persons were present in the home who were certified in obstructed airway techniques and CPR

Plan of Correction

Accept (JW - 03/01/2023)

AS of 02/23/23 All employees are certified in First aide and CPR. At no time did [redacted] have a person not certified. As of 2/23/23 administrator has verified that all staff are certified in First Aide and CPR. All certifications will be reviewed at risk management meetings starting on 03/01/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (JW - 03/22/2023)

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 1/23/23 there were no scissors, thermometer or tweezers in the home's first aid kit.

Plan of Correction

Accept (JW - 03/01/2023)

On 1/23/23 The administrator verified there was scissors, thermometer ,and tweezers. On 02/10/23 administrator ordered replacement items for first aide kit to keep as re supplies. Administrator will inspect first aide kit at regular risk management meetings starting on 03/01/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (JW - 03/22/2023)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 1/23/23 there were multiple unlabeled and undated items observed in the kitchen refrigerator to include:

- \*Plastic container of gravy
- \*Plastic container of chicken salad
- \*Plastic container of tomato soup
- \*Plastic container of chicken salad
- \*Pizza box containing 12 pieces of pizza

**103e - Left Overs (continued)****Plan of Correction****Accept (JW - 03/01/2023)**

As 01/23/23 administrator disposed of all unlabeled and undated items in the refrigerator Starting 01/24/23 administrator will inspect refrigerator to make sure all food is labeled and dated. All staff is trained on appropriate labeling and dating food requirements. Administrator trained staff on 01/24/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (JW - 03/22/2023)****103g - Storing Food****4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

on 1/23/23 there was an uncovered piece of cake observed in the kitchen refrigerator.

**Plan of Correction****Accept (JW - 03/01/2023)**

All staff has been trained in food safety on 01/24/23. On 01/23/23 Cake was disposed of by the administrator. Starting on 01/24/23 daily checks are made to insure proper labeling and dates are applied by the administrator.

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (JW - 03/22/2023)****141a - Medical Evaluation****5. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED]. However, records indicate that the resident did not have an initial medical evaluation until [REDACTED].

**Plan of Correction****Accept (JW - 03/01/2023)**

On 01/24/23 administrator reviewed all of the medical records for time review. Starting on 01/24/23 administrator will keep a log for timeliness. Administrator will review starting 03/01/23 at risk management meeting.

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (JW - 03/22/2023)****171b5 - First Aid Kit****6. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 - First Aid Kit (continued)

**Description of Violation**

On 1/23/23 there were no goggles in the first aid kit located in the administrator's car which is used to transport residents.

**Plan of Correction**

**Accept (JW - 03/01/2023)**

On 01/23/23 the administrator verified there were no goggles in the first aide kit. On 02/10/23 the administrator ordered replacement items for the first aide kit as re supplies. On 02/10 goggles were placed in first aide kit in administrators car by the administrator. Administrator will review first aide kit in car starting 03/01/23 at risk management meeting.

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (JW - 03/22/2023)**

187a - Medication Record

**7. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident #2 is prescribed [REDACTED] take 2 tablets by mouth daily. However, as of 1/23/23 this medication was not recorded on the resident's January 2023 medication administration record.

**Plan of Correction**

**Accept (JW - 03/01/2023)**

On 01/23/23 Administrator recorded [REDACTED] on MARS Administrator reviewed all admission records for completeness. 01/24/23 all MARS were reviewed by administrator. Starting on 03/01/24 audits will be reviewed by administrator.

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (JW - 03/22/2023)**

224a - Preadmission Screen Form

**8. Requirements**

2600.

**224a - Preadmission Screen Form (continued)**

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED], however, as of 1/23/23 the resident's preadmission screening form was not dated.

**Plan of Correction****Accept (JW - 03/01/2023)**

01/23/23 administrator dated prescreening form. On 01/24/23 all admission screening forms were reviewed by administrator and dated. Starting 03/01 preadmission screening will be reviewed by administrator at risk management meetings

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (JW - 03/22/2023)**