

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

March 23, 2023

[REDACTED]
ROPER & MARCIA HOUSTON
93 DAYSPRING LANE
MORRISDALE, PA, 16858

RE: DAYSPRING PERSONAL CARE HOME
93 DAYSPRING LANE
MORRISDALE, PA, 16858
LICENSE/COC#: 44865

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2023 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: *DAYSPRING PERSONAL CARE HOME* License #: *44865* License Expiration: *02/22/2024*
 Address: *93 DAYSPRING LANE, MORRISDALE, PA 16858*
 County: *CLEARFIELD* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ROPER & MARCIA HOUSTON*
 Address: *93 DAYSPRING LANE, MORRISDALE, PA, 16858*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/24/2004* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/24/2023*

Inspection Dates and Department Representative

01/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *13* Residents Served: *9*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

01/24/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2023*

03/13/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/20/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/20/2023*

Inspections / Reviews *(continued)*

03/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] the home notified the local Area Agency on Aging of an allegation of financial exploitation of resident #1 by the resident's power of attorney (POA). The local Area on Agency and the local Police Department investigated the allegation; however, the home did not report this incident to the Department.

Plan of Correction

Accept (JW - 03/13/2023)

On [REDACTED] the home failed to report an incident to the department. [REDACTED], Administrator reviewed the regulatory compliance guide, specifically 2600.16.c. Staff was also educated on regulation 2600.16.c on 02/13/2023 by [REDACTED] Administrator. Administrator or direct care staff will notify department of any future incidents effective immediately.

Licensee's Proposed Overall Completion Date: 02/27/2023

Implemented (JG - 03/23/2023)