

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

May 19, 2023

[REDACTED]  
MICHAEL M TROSIEK JR  
[REDACTED]

RE: TROSIEK'S PERSONAL CARE HOME  
214 SECOND STREET  
NEW SALEM, PA, 15468  
LICENSE/COC#: 45026

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2023, 02/01/2023 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: TROSIEK'S PERSONAL CARE HOME License #: 45026 License Expiration: 02/08/2023  
 Address: 214 SECOND STREET, NEW SALEM, PA 15468  
 County: FAYETTE Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: MICHAEL M TROSIEK JR  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 3 SP Date: 12/15/1986 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 02/01/2023

**Inspection Dates and Department Representative**

01/30/2023 On Site [REDACTED]  
 02/01/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 13 Residents Served: 12  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 11  
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

01/30/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/18/2023

02/23/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/27/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/01/2023

Inspections / Reviews *(continued)*

03/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/03/2023

05/19/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023

Reviewer: [REDACTED] Follow-Up Type: Not Required

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

Multiple residents had a stomach virus in January, 2023, which included symptoms of vomiting and diarrhea. During this outbreak, multiple residents experienced incontinent episodes, as well as episodes of vomiting. Multiple staff persons, including staff person B, the home's owner/administrator, provided cleaning chemicals, plastic garbage bags, buckets, rags and gloves to residents and instructed the residents to clean up their incontinent accidents and vomit off of toilets, the floor and change their bedding. Multiple residents and staff persons indicated residents are regularly asked to clean up their own incontinent accidents when they occur in the home.

## Plan of Correction

Directed (█) - 03/06/2023)

All staff will be educated by March 10, 2023, in regard to staff are responsible for cleaning up all accidents made by residents without any retaliation towards the residents. (DIRECTED: Documentation of the education shall be kept. █ 3/6/23). Administrator and other staff will do monthly interviews with residents to ensure that residents are not required to do any clean-up of accidents and no retaliation is being made towards the residents. (DIRECTED: Beginning on 3/13/23: The administrator shall interview at least 6 residents per month for 6 months to ensure residents are receiving assistance with ADL's and IADL's including receiving assistance from staff persons with any incidents of incontinence or vomiting, and to ensure residents are free from abuse or neglect. Documentation of the interviews shall be kept. █ 3/6/23

Directed Completion Date: 04/03/2023

Implemented (█) - 05/19/2023)

## 42u - Right to Remain in Home

## 2. Requirements

2600.

42.u. A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

## Description of Violation

Multiple residents indicated they must attend Program at an offsite location approximately 5-6 times per week. Around 1/23/23, a resident requested to not go to Program and stay at the home due to not feeling well; however, staff members told the resident they have to attend Program and the resident was unable to stay in the home.

## Plan of Correction

Directed (█) - 03/06/2023)

All residents will be educated by March 10, 2023, on the new procedure that they are not required to go to programming if they choose not to. All staff will also be educated on the new procedure by March 10, 2023, that residents do not have to attend programming if they choose not to on any given day. (DIRECTED: Documentation of the education shall be kept. █ 3/6/23) The home will be staffed 24 hours a day and 7 days a week. (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall review the home's staffing schedule daily to ensure adequate staffing is present in the home in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d and 2600.60a. █ 3/6/23).

Directed Completion Date: 03/10/2023



62 - Contact List (continued)

Implemented ( ) - 05/19/2023

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated /22, does not include a list of current medications. The medication addendum section of the form is blank. Resident #1 is prescribed numerous medications, to include and

Plan of Correction

Directed ( ) - 03/06/2023

The Administrator immediately had Resident #1's medication list added to their medical evaluation. The Administrator reviewed all residents' medical forms to ensure that each resident has a completed medical evaluation with a list of current medications. A Tracking form has been implemented for the Administrator to check each residents records every 6 months.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and mplement a new admission checklist to ensure a medical evaluation is completed for each newly-admitted resident within 60 days prior to admission, or within 30 days after admission. Copies of the completed checklists shall be kept n each resident's record. Copies of the completed medical evaluations shall be kept in each resident's record. 3/6/23

Directed Completion Date: 03/13/2023

Implemented ( ) - 05/19/2023

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on /22.

## 141b1 - Annual Medical Evaluation (continued)

REPEAT VIOLATION: 08/31/2021

**Plan of Correction**

**Directed (█ - 03/06/2023)**

Resident #2's medical evaluation with their PCP was scheduled for █ 2023, due to not being able to get a sooner appointment for them before the medical evaluation was due to be updated. Effective immediately the Administrator will make sure that all residents have appointments scheduled prior to the medical evaluation due date. All residents' records were reviewed, and all medical evaluations are up to date. A tracking form has been implemented for the Administrator to update every 6 months. Resident #2's new medical evaluation was completed on █/2023. (DIRECTED: A copy of resident #2's most recent medical evaluation shall be kept in resident #2's record. █ 3/6/23).

DIRECTED: Within 7 calendar days of receipt of the plan of correction; The administrator shall develop and implement a tracking system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the tracking system shall be kept. Beginning on 4/1/23, the administrator shall review the tracking system at least monthly to ensure timely scheduling of appointments to ensure a medial evaluation is completed for each resident at least annually. █ 3/6/23.

**Directed Completion Date: 04/01/2023**

**Implemented (█ - 05/19/2023)**