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

May 16, 2023

[redacted]
HAVERILLA PERSONAL CARE HOME INC
775 STONETOWN ROAD
ROSSITER, PA, 15772

RE: HAVERILLA PERSONAL CARE HOME
775 STONETOWN ROAD
ROSSITER, PA, 15772
LICENSE/COC#: 42793

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *HAVERILLA PERSONAL CARE HOME* **Licen e #**: *42793* **Licen e Expiration**: *06/09/2023*

Address: *775 STONETOWN ROAD, ROSSITER, PA 15772*

County: *INDIANA* **Region**: *WESTERN*

Administrator

Name [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HAVERILLA PERSONAL CARE HOME INC*

Address: *775 STONETOWN ROAD, ROSSITER, PA, 15772*

Phone: [redacted] **Email** [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *07/28/1977* **I ued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/01/2023*

Inspection Dates and Department Representative

02/01/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served**: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *20* **Are 60 Years of Age or Older**: *17*

Diagnosed with Mental Illness: *22* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

02/01/2023 - Full

Lead Inspector [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/17/2023*

03/30/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/16/2023*

Reviewer [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/06/2023*

Inspections / Reviews *(continued)*

04/25/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/02/2023*

05/10/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/17/2023*

05/16/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A criminal background check was not completed for staff person A, hired [redacted]/22.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

The criminal background check for staff member A was completed upon hire ensuring [redacted] did not have any prohibitive offenses and was able to work in our PCH. It was placed in [redacted] folder. During inspection we realized it was no longer there.

I got online and tried to retrieve it but could not. So A new criminal background check was submitted and printed out [redacted]/[redacted]/2023 correcting this violation. Administrator checked all current staff files ensuring each has a PA criminal background check on 04/18/2023.

To prevent this violation from happening in the future Administrator will do an annual review of all staff members folders every January.

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented ([redacted] - 05/16/2023)

63a - First Aid/CPR Training

2. 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 [redacted]/[redacted]/23, [redacted]/[redacted]/23, and [redacted]/[redacted]/23, from [redacted] p.m. to [redacted] p.m., 22 residents were present in the home. During this time no staff persons were present who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

Immediately following our inspection staff member A First Aid and CPR cards were located and placed in [redacted] folder by [redacted] correcting this violation 02/01/2023. Since then Administrator has checked all current staff files ensuring each has their First Aid and CPR certification 04/18/2023

Administrator will check staff files every January ensuring nothing has been misplaced.

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented ([redacted] - 05/16/2023)

65d - Initial Direct Care Training

3. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training *(continued)*

Description of Violation

Staff person A, hired on [redacted]/22, began providing unsupervised ADL services on [redacted]/22. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

Staff member A did complete and pass [redacted] competency test upon hire. [redacted] used [redacted] cell phone and I personally saw it. We were unable to print it out at the time. It was somehow overlooked.
Staff member A will retake the direct care training course and competency test so that there will be a record of it. [redacted] has agreed to complete it by Monday, February 20, 2023. We will send supporting documentation to verify compliance upon completion.
To ensure this doesn't happen in the future [redacted] will also include this in our annual review of staff folders every January.

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented ([redacted] - 05/10/2023)

102i Soap Dispenser

4. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 10:10 a.m. a white bar of used, unlabeled soap was on the sink in the common bathroom in building #3.

Plan of Correction ***Accept ([redacted] 04/25/2023)***

During inspection the bar of soap was removed and disposed of by [redacted] correcting this violation 02/01/2023.
After inspection on 02/01/2023 [redacted] reminded Both residents and staff that all bar soap must be kept in a labeled container to ensure that personal hygiene is maintained.
Starting on 02/02/2023 Staff will check all bathrooms daily for any unlabeled bar soap and dispose of immediately.

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented ([redacted] - 05/16/2023)

103d - Storing Food Off Floor

5. Requirements

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

Description of Violation

At 9:30am, a 1 gallon jug of vinegar and a 1 gallon jug of Italian dressing were stored on the floor of the dry food storage room, across from the main kitchen.

103d - Storing Food Off Floor *(continued)*

Plan of Correction ***Accept (SQ - 04/25/2023)***

The unopened gallon of vinegar and Italian dressing were removed off the pantry floor and placed on a shelf by [redacted] during inspection correcting this violation. 02/01/2023
Staff was reminded by [redacted] that food items may not be in direct contact with the floor. A sign was also made by [redacted] and placed in our pantry on 02/01/2023

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented ([redacted] - 05/10/2023)

131f - Fire Extinguisher Inspection

6. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

All fire extinguishers located throughout the home have not been inspected by a fire safety expert since February 2021.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

All fire extinguishers were inspected and approved by JAWCo Fire on 02/03/2023. To ensure they will work in the event of a real fire.
nstead of relying on JAWCo to come each January on their own, as they always have, an appt has be scheduled for January 3, 2024 and marked in our appt calendar by [redacted] to ensure this does not get overlooked again.

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented ([redacted] - 05/10/2023)

141a - Medical Evaluation

7. 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

No medical evaluation was not completed for resident #2, who was admitted on [redacted]/22.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

Resident 2 med eval was somehow overlooked and not completed. However resident 2 was examined monthly by [redacted] PCP.
Resident 2 med eval was completed 02/10/2023 when [redacted] PCP came for [redacted] monthly in home visit.
Administrator made a list with all the residents med eval due dates to prevent this from happening in the future. A copy was given to PCP.
Starting in May 2023 before our monthly doctor rounds [redacted] will check all resident folders making sure each resident has a medical evaluation with all required information completed. Any missing information will be given to [redacted] to complete.

Licensee's Proposed Overall Completion Date: *04/20/2023*

Implemented ([redacted] - 05/10/2023)

141a - Medical Evaluation *(continued)*

141a 1-10 Medical Evaluation Information

8. 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 initial medical evaluation, dated [redacted]/22, indicates to see the medication addendum; however the medication addendum section is blank and no addendum is attached.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

After inspection resident 1 med list was located in his folder. Administrator stapled them together correcting this iolation. 02/01/2023.
Administrator will review all initial and annual med eval for completeness before putting them in their folders.
Starting in May 2023 administrator will do ,inthky resident folder checks prior to doctor coming. Any missing info will will be given to [redacted] to be completed.

Licensee's Proposed Overall Completion Date: *04/20/2023*

Implemented ([redacted] - 05/10/2023)

141b1 - Annual Medical Evaluation

9. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's current medical evaluation, dated [redacted]/[redacted]/22, indicates to see the attached medication addendum; however, no addendum is attached.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

During inspection Resident 3s PCP was contacted and informed that there was no med list attached to the med eval. After reviewing the residents file [redacted] then faxed [redacted] copy of resident 3 med eval with med list on 02/01/2023 correcting this violation.
To prevent this from happening in the future administrator will review all med eval for completeness before filing them in their folders.
Starting May 2023 admin will do monthly resident folder checks prior to doctor rounds. Any missing information

141b1 - Annual Medical Evaluation (continued)

can then be completed by doctor.

Licensee's Proposed Overall Completion Date: *04/20/2023*

Implemented (- 05/10/2023)

183d - Prescription Current

10. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 was prescribed external ointment 2%, - Apply topically twice per day . The order was discontinued on 10/19/22; however, at 11:30 a.m., the medication was present in the medication cart.

Plan of Correction ***Accept (- 04/25/2023)***

During inspection the discontinued external ointment 2% was removed from the medication cart and disposed of by correcting this violation. 02/01/2023
then reminded Staff to immediately dispose of any discontinued medications and
Administrator will do monthly med cart checks after doctor rounds ensuring we do not keep any medications that have been discontinued starting on March 22, 2023.

Licensee's Proposed Overall Completion Date: *04/19/2023*

Implemented (- 05/10/2023)