

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

May 25, 2023

[REDACTED], ADMINISTRATOR/OWNER
[REDACTED]

1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101

RE: LA CASA PERSONAL CARE HOME
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101
LICENSE/COC#: 40211

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2023 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: LA CASA PERSONAL CARE HOME **License #:** 40211 **License Expiration:** 04/02/2023

Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101

County: LAWRENCE **Region:** WESTERN

Administrator

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

Legal Entity

Name: LAURA B SEGERS AND JOEL W SEGERS

Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 12/20/1996 **Issued By:** Dept L & I

Staffing Hours

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

Inspection Information

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

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

Inspection Dates and Department Representative

02/02/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13 **Residents Served:** 13

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 **Are 60 Years of Age or Older:** 5

Diagnosed with Mental Illness: 11 **Diagnosed with Intellectual Disability:** 2

Have Mobility Need: 0 **Have Physical Disability:** 2

Inspections / Reviews

02/02/2023 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/20/2023

Inspections / Reviews (*continued*)

04/07/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/14/2023

04/21/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2023

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/24/2023

05/25/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/24/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance.

The home has the following fossil-fuel burning devices: a gas stove, gas hot water tank and a gas furnace. However, no carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.

Plan of Correction

Accept (█) - 04/21/2023)

At the time of the inspection, the home did have 2 working carbon monoxide detectors: one near the gas furnace in the basement, and one in the dining room near the gas stove in the kitchen. However, we were informed by the inspector that the law has changed and now requires a carbon monoxide detector on each floor. Therefore, the Administrator purchased and installed 2 more carbon monoxide detectors in the home - one for the second floor and one for the third floor. This was completed on 2/03/23. All four carbon monoxide detectors will be checked on the Administrator's weekly walk-thru inspection of the home. The weekly walk-thru inspections began on 2/07/23.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented (█) - 05/25/2023)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was no lid on the 3/4 full trash can in the shared bathroom in resident #1's bedroom.

Plan of Correction

Accept (█) - 04/21/2023)

The bathroom had 2 trash cans - one covered trash can that was the proper one for the bathroom, and a second (uncovered) one that had been brought in by a resident from a nearby bedroom. During the inspection on 2/02/23 the uncovered trash can was returned to the bedroom by the Administrator, who then immediately spoke with the resident and asked him to not take it back into the bathroom. The Administrator then reminded the Housekeeper on 2/02/23 to immediately remove any uncovered trash cans that are found in bathrooms in the future. This was all resolved on 2/02/23. Bathroom trash cans will be checked during the Administrator's weekly walk-thru inspection of the home. The weekly walk-thru inspections began on 2/07/23.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented (█) - 05/25/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

Description of Violation

At 10:00 a.m., a board covered the broken octagon shaped window in the main office.

At 10:15 a.m., there was a 2' x 4' bulge in the right dining room wall, with an approximate 3"- 4" opening, exposing drywall and wooden slats.

At 10:20 a.m., a 6' x 4' Z-shaped area of drywall in the kitchen ceiling, and a 2' x 2' area of drywall in the ceiling of the main floor laundry were in disrepair, resulting from a water leak in the roof.

Plan of Correction

Accept () - 04/21/2023

The Administrator began work on these areas 2/06/23. The work will be completed no later than 4/30/23. The condition of the floors, walls, ceilings, windows, doors and other surfaces will be carefully checked on the Administrator's weekly walk-thru inspections, which began on 2/07/23. Any areas that need repair will be addressed immediately by the Administrator, with specific plans made for the work to be done in a timely manner.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented () - 05/25/2023

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside. An unplugged lamp is approximately 4' from the bottom of the resident's bed.

Plan of Correction

Accept () - 04/21/2023

This resident told the Inspector and the Administrator that his roommate had moved his lamp from his bedside table and he "didn't know why." The Administrator moved the lamp back to his bedside table and plugged it in, and also installed a stick-on battery-operated light to the wall next to his bed, in case his roommate moves the lamp again. This was completed on the day of the inspection, 2/02/23. The Administrator will check all bedside lights on the weekly walk-thru inspections of the home, which began on 2/07/23.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented () - 05/25/2023

103f - Refrigerator/Freezer Temps

5. 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

At 10:30 a.m. and 11:15 a.m., the temperature in the freezer section of left upright refrigerator freezer was 3 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept [redacted] - 04/21/2023)

The Administrator provided a chart on 2/06/23 for the staff to record temperatures of the freezers. On 2/03/23, after rearranging the food in the freezers to ensure good air-flow and checking that the temperature controls are turned all the way down, the freezers have consistently been at zero degrees Fahrenheit or below (with temperatures ranging from zero to minus-ten degrees Fahrenheit.) Beginning 2/07/23, the temperatures of the freezers have been checked and recorded by the staff at least once daily, and problems reported immediately to the Administrator and dealt with promptly. These daily checks are monitored by the on-site Manager. Beginning 2/07/23, the Administrator checks the freezer temperature record at least twice weekly.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 05/25/2023)

107c - Food/Water 3 Day Supply

6. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 2/2/23, the home served 13 residents, requiring 39 gallons of emergency drinking water. However, the home had only 22 gallons. The home does not have a contract with a local bottled water supplier that indicates how much water will be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours-per-day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction

Accept [redacted] 04/21/2023)

On 2/03/23 the Administrator purchased 18 extra gallons of water, to bring the total emergency drinking water to 40 gallons. The Administrator will check and count the gallons of emergency drinking water on the weekly walk-through inspections of the home, which began on 2/07/23, to ensure there is always the required amount on hand.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 05/25/2023)

171b5 - First Aid Kit

7. 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).

Description of Violation

The first aid kit in the Ford E350 van, used to transport residents, does not include adhesive bandages.

Plan of Correction

Accept [redacted] - 04/21/2023)

Adhesive bandages were immediately added to the first aid kit, during the inspection on 2/02/23. The Administrator will check the contents of the first aid kits during the weekly walk-thru inspections of the home, which began on 2/07/23, to ensure that no items are missing.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 05/25/2023)

171c - Home's Vehicle Documents

8. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

Description of Violation

The PA state inspection expired 12/2022, for the Ford E350 van, used to transport residents.

Plan of Correction

Accepted [REDACTED] - 04/21/2023)

The Ford E350 van passed inspection on 2/17/23. The Administrator made a note on 2/17/23 in the Planner calendar as a reminder for next year's inspection, to ensure that it will be done in a timely manner.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [REDACTED] - 05/17/2023)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED]

[REDACTED] 70-140 = 0 units, 141-180 = 2 units, 181-220 = 4 units, 221-260 = 6 units, 261-300 = 8 units, 301-340 = 10 units, 341-400 = 12 units, 401-500 = 14 units. However, the sliding scale was not indicated on the resident's pharmacy label.

Resident #2 is prescribed [REDACTED] at bedtime. However, the pharmacy label was not attached to the medication.

Plan of Correction

Accepted [REDACTED] - 04/21/2023)

The pharmacy had provided labels with all the required information, including the sliding scale, but these had not been attached to the baggie containing the Lantus pen currently being used. During the inspection, on 2/02/23, these labels were attached to the baggie containing the pen currently in use. Staff was trained by the Administrator on 2/06/23 on the importance of labeling each pen when it is removed from the box. The Administrator will check at least twice weekly to ensure that this is being done. These twice-weekly checks began on 2/07/23.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [REDACTED] - 05/25/2023)

185a - Implement Storage Procedures

10. 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

The home's policy and procedure for accountability of controlled medication includes staff counting each resident's controlled medication at the change of shift. On 2/2/23 at 12:00 p.m., there were 88 tablets of [redacted] tablet for resident #3. However, the controlled medication count sheet indicates 24 tablets were available.

Plan of Correction

Accept [redacted] - 04/21/2023)

The staff was only counting the tablets left on the current medication card being used, but not including the tablets on the other 3 cards that were stored in the locked box until needed. Administrator instructed the staff on 2/03/23 to include all of the tablets on all of the cards when recording the count of remaining controlled medications. (Please note: No medications were missing. They were all present in the locked box.) At least twice weekly, beginning on 2/07/23, the Administrator will monitor the records for the controlled medications to ensure that all tablets are included in the written count record.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented ([redacted] - 05/25/2023)

187a - Medication Record

11. 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 #1 is prescribed [redacted] 3 times daily, [redacted] along with sliding scale: 70-140= 0 units, 141-180 = 2 units, 181-220 = 4 units, 221-260 = 6 units, 261-300 = 8 units, 301-340 = 10 units, 341-400 = 12 units, 401-500 = 14 units. However, the sliding scale was not indicated on resident #1's February 2023 medication administration record.

Plan of Correction

Accept [redacted] - 04/21/2023)

Pharmacy labels with the sliding scale were attached to the MAR page with the listing of the [redacted] during the inspection on 2/02/23. However, the separate "Blood Sugar Log," where the staff records blood sugars and units of

187a - Medication Record (continued)

insulin given, did already contain the sliding scale. The Administrator will check the MAR pages at the beginning of each new month and ensure that the pharmacy labels with the sliding scale are attached to the appropriate pages. This will be re-checked by the Administrator in the weekly walk-thru inspections, which began 2/07/23.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [REDACTED] - 05/25/2023)