

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

March 21, 2023

[REDACTED], RESIDENTIAL HOUSING DIRECTOR
HUMAN SERVICES CENTER
[REDACTED]

RE: CARITAS
2882 OLD PRINCETON ROAD
NEW CASTLE, PA, 16101
LICENSE/COC#: 44133

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2023, 03/01/2023 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: CARITAS License #: 44133 License Expiration: 05/30/2023
 Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101
 County: LAWRENCE Region: WESTERN

Administrator

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

Legal Entity

Name: HUMAN SERVICES CENTER
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 07/09/2010 Issued By: Coding Consulting inc.

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/01/2023

Inspection Dates and Department Representative

02/28/2023 - On-Site: [REDACTED]
 03/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 11 Residents Served: 11
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/28/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2023

03/15/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/17/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2023

Inspections / Reviews *(continued)*

03/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/23/2023

03/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/28/23, copies of the most recent licensing inspection summaries, dated 2/21/22, issued by the department were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████) - 03/17/2023)

The Administrator placed the LIS on the bulletin board closest to the main entrance on 2/28/23 . By 3/10/23, the Administrator notified all DSC that the LIS is to be kept where the public can access it.

The PCHA has developed a weekly facility inspection list to ensure the LIS remains accessible. The inspection list will be completed by the Administrator and went into effect on 3/13/23. See attached.

Licensee's Proposed Overall Completion Date: 03/16/2023

Implemented (████) - 03/21/2023)

18 - Compliance With Laws

2. 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 6/23/16, 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. On 2/28/23 a carbon monoxide detector was present in the home; however, the carbon monoxide alarm was positioned approximately 4 feet from the hot water tank in the basement.

Plan of Correction

Accept (████) - 03/17/2023)

Maintenance staff worked with the inspector to find a suitable location and the carbon monoxide detector was moved on 2/28/23. By 3/10/23, all DCS were instructed on the regulation by the Administrator. The inspection list will be completed by the Administrator and went into effect on 3/13/23. See attached.

Licensee's Proposed Overall Completion Date: 03/16/2023

Implemented (████) - 03/21/2023)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

On █████/23 records indicated that staff person A, hired █████/22, did not have a high school diploma, GED diploma, or

54a - Direct Care Staff (continued)

active registration status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█ - 03/17/2023)

Staff Person A was notified and has contacted █ high school and requested the documents. On 3/13/23, Staff Person A received notice stating that it may take up to 10 weeks to receive. Once received, the PCHA will place a copy in the staff person's file.

As of 3/10/23, all staff records were reviewed by the Administrator and a checklist for all necessary items to be in staff files was created. See attached. The PCHA will maintain the checklist and work with Human Resources to keep employee files current and accurate.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█ - 03/21/2023)

65e - 12 Hours Annual Training**4. Requirements**

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

On 2/28/23 records indicated that direct care staff person B, hired █/1994, completed 8 hours of the required 12 annual training hours.

Plan of Correction

Accept (█ - 03/17/2023)

The Administrator is unable to complete the trainings for 2022; however, Staff Person B (and all DCS) will receive all required training for 2023 by 10/31/23. At the end each class, Certificates of Completion will be issued to DCS that have participated and signature logs kept on file by the Administrator with hours tracked. Effective 3/10/23, the Administrator will maintain a checklist that tracks the trainings and DCS staff that attended. See attached. On 3/10/23 all DCS were reminded by the Administrator that they must complete the 12-hour annual trainings.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 03/21/2023)

65f - Training Topics**5. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

On 2/28/23 records indicated that direct care staff person C, hired [REDACTED] did not receive annual training in the training year 2022 on medications self-administration and safe management techniques.

On 2/28/23 records indicated that direct care staff person B, hired [REDACTED], did not receive annual training in training year 2016 in the following topics:

Medication self-administration training

Infection control

Personal care service needs of the resident

Safe management techniques

Plan of Correction

Accept [REDACTED] - 03/17/2023)

The Administrator is unable to complete the trainings for 2022; however, Staff Persons B & C (and all DCS) will receive all required training for 2023 by 10/31/23. At the end each class, Certificates of Completion will be issued to DCS that have participated and signature logs kept on file by the Administrator with hours tracked. Effective 3/10/23, the Administrator will maintain a checklist that tracks the trainings and DCS staff that attended. See attached. On 3/10/23 all DCS were reminded by the Administrator that they must complete the 12-hour annual trainings.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 03/21/2023)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

On 2/28/23 records indicated that direct care staff person C, hired [REDACTED]/2008, did not receive annual training in the training year 2022 on falls and accident prevention.

On 2/28/23 records indicated that direct care staff person B, hired [REDACTED] 1994, did not receive annual training in training year 2022 on resident rights, older adult protective services act, and falls and accident prevention.

65g Annual Training Content (continued)

Plan of Correction

Accept (b) - 03/17/2023)

The Administrator is unable to complete the trainings for 2022; however, Staff Persons B & C (and all DCS) will receive all required training for 2023 by 10/31/23. At the end each class, Certificates of Completion will be issued to DCS that have participated and signature logs kept on file by the Administrator with hours tracked. Effective 3/10/23, the Administrator will maintain a checklist that tracks the trainings and DCS staff that attended. See attached. On 3/10/23 all DCS were reminded by the Administrator that they must complete the 12 hour annual trainings.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (b) - 03/21/2023)

66a - Staff Training Plan

7. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

On 2/28/23 records indicated that the staff training plan, for the 2023 training year, did not include safe management techniques.

Plan of Correction

Accept (b) - 03/17/2023)

On 2/28/23, the Administrator updated the annual staff training plan for 2023 to include 'Safe Management Techniques' and that training is scheduled for 3/23, 23. See attached. The absence of the training was overlooked when developing the plan. The PCHA placed a complete list of all topics to be covered annually in the training binder on 3/10/23.

Licensee's Proposed Overall Completion Date: 03/16/2023

Implemented (b) - 03/21/2023)

95 - Furniture and Equipment

8. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 2/28/23 the base of the toilet in the big bathroom, was observed to be not secured to the floor and could shift left to right, approximately 1 1.5 inches; creating a fall hazard.

Plan of Correction

Accept (b) - 03/17/2023)

Maintenance was notified by the Administrator and the toilet in the big bathroom was re seated and secured on 2 28 23. By 3/10/23, all DCS were notified by the Administrator to watch for loose toilets and other needed repairs. The PCHA has included this on the weekly facility inspection list. The inspection list will be completed by the Administrator and went into effect on 3/13/23. See attached. (Please note that (b) checked that the toilet was secured before leaving the facility.)

Licensee's Proposed Overall Completion Date: 03/16/2023

Implemented (b) - 03/21/2023)

107c Food/Water 3 Day Supply**9. 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 2/28/23 the home served 11 residents, requiring a minimum of 33 gallons of drinking water for a 3-day emergency supply. However, there was only 28 gallons of emergency drinking water on-site.

Plan of Correction**Accept** (████ - 03/17/2023)

Additional gallons of water were purchased and Maintenance Staff placed with the others on 2/28/23. Photos attached. All DCS were informed by the Administrator that there must be 3 gallons for each resident by 3/10/23. The PCHA has included this on the weekly facility inspection list. The inspection list will be completed by the Administrator and went into effect on 3/13/23.

Licensee's Proposed Overall Completion Date: 03/16/2023**Implemented** (████) 03/21/2023