

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

May 2, 2023

[REDACTED]  
JUST LIKE HOME PERSONAL CARE, LLC  
506 GALLITZIN ROAD  
CRESSON, PA, 16630

RE: JUST LIKE HOME PERSONAL CARE  
506 GALLITZIN ROAD  
CRESSON, PA, 16630  
LICENSE/COC#: 32496

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023 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: *JUST LIKE HOME PERSONAL CARE* License #: *32496* License Expiration: *03/28/2024*  
 Address: *506 GALLITZIN ROAD, CRESSON, PA 16630*  
 County: *CAMBRIA* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *JUST LIKE HOME PERSONAL CARE, LLC*  
 Address: *506 GALLITZIN ROAD, CRESSON, PA, 16630*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R 4* Date: *10/30/2007* Issued By: *Cambria County*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Renewal, Complaint* Exit Conference Date: *03/22/2023*

**Inspection Dates and Department Representative**

*03/22/2023 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *14* Residents Served: *14*

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

**Hospice**  
 Current Residents: *2*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *13*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

**03/22/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2023*

**04/17/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/28/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2023*

Inspections / Reviews *(continued)*

04/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

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

05/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

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

In accordance with 34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, if a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate. The home's last certificate expired on 2/19/2023.

Plan of Correction

Accept [redacted] - 04/17/2023)

Upon inspection the boiler and unfired pressure vessel certificate was expired 02/19/2023. The administrator contacted [redacted] from the PA Department of Labor and Industry on 03/23/2023 and discussed the boiler certificate being out of compliance and would need inspected. The inspector from PA department of Labor and industries came to the facility on 03/29/2023 and inspected the boiler. [redacted] signed the current certificate and dated it and a new certificate was issued. Please see attached. Administrator got a 2 year Calander and placed a reminder in it so that [redacted] doesn't forget to get the boiler inspected in the future.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented [redacted] - 05/02/2023)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated [redacted] 22, for Resident #1 was not signed by the resident nor was a notation made that the resident was unable to sign.

Plan of Correction

Accept [redacted] - 04/18/2023)

Upon inspection Resident #1 contract was not signed by the resident and there was no addendum made by the administrator. The rep Payee signed the contract, but the resident was unable due to [redacted] medical condition. The administrator immediately made a notation to the contract that the resident was unable to sign upon admission. Please see addendum to contract attached. In the future the administrator will either have the resident sign if able or make a notation if unable to assure all contracts are completed correctly to prevent any future issues. Addendum was made to resident #1 contract [redacted] 23. Administrator will check record periodically and monitor on admission. Administrator will review contracts for all residents for correct signatures. Administrator reviewed all contracts for all residents on [redacted] /2023 and all contracts were signed by residents. The administrator checked all records on [redacted] /2023 and will continue to check all records every 6 months from this date.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [redacted] 05/02/2023)

183d - Prescription Current

3. 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

On [redacted] 23, Resident #1's [redacted] order was changed from one 20mg tablet once a day as needed [redacted], to two 20mg tablets a day as needed [redacted]. On [redacted] /23, Resident #1's previously ordered [redacted] blister pack of one 20mg tablet had not been removed from Resident #1's medications in the home's medication cart.

Plan of Correction

Accept [redacted] 04/18/2023)

Upon inspection Resident # 1 was ordered [redacted] 20 mg to be given two tables daily [redacted] on [redacted] /2023. [redacted] was previously taking [redacted] 20 mg one time a day. The blister card was still in med cart for the 20 mg dose for one time a day. The administrator immediately removed the 20 mg of furosemide on 03/22/2023 and returned to the pharmacy. Administrator verbally discussed with medication trained staff on 03/22/2023 and 03/24/2023 the importance of removing all prescription medications that have a different does or to get new labels from the pharmacy so that the resident gets [redacted] proper dose. Administrator will begin monitor med cart on 04/15/2023 monthly along with pharmacy to ensure all medications have the proper labels and doses. Staff education will be ongoing to ensure there are no future mistakes with medications. Administrator will continue to do quarterly reviews with all staff and it will begin 04/02/2023 when medication reviews are due. Any medication that has a changed order will be removed immediately when changed dose is ordered by physician.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [redacted] - 05/02/2023)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [redacted], three times a day topically [redacted] [redacted] twice a day [redacted]; and [redacted], three times a day [redacted]. However, Resident #1's medication administration record (MAR) at 2:00 pm on 3/3/23 and 3/4/23 does not indicate if these medications were given as these dates/times did not include the initials of a staff person.

Plan of Correction

Accept [redacted] - 04/18/2023)

Upon inspection there were no initials to resident #1 mars for [redacted], [redacted] and for [redacted] for dated [redacted] /23 and [redacted] /2023 for the 2:00 pm medications. The administrator discussed on 03/22/2023 with [redacted] (staff) if the items were given and staff stated that [redacted] did give the medications but did not mark them. The administrator educated staff on 03/23/2023 the importance of signing off on all the medication because if it isn't signed it is questionable if it is given. The administrator had a hands-on training with all the medication trained staff on 03/24/2023. The administrator will continue to review (MARS) monthly beginning 04/01/2023 to make sure all

**187a - Medication Record (continued)**

medications are signed out properly with initials and on proper dates. This will be a ongoing continued education for all medication trained staff.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [REDACTED] - 05/02/2023)

**224a - Preadmission Screen Form****5. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #1 was admitted to the home on [REDACTED]/22, however the preadmission screening form was completed on [REDACTED]/22, which is greater than 30 days prior to admission.

**Plan of Correction**

Accept ( [REDACTED] - 04/18/2023)

Upon inspection resident #1 prescreen was completed on [REDACTED] 22 and [REDACTED] was not admitted till [REDACTED]/22 which was greater than 30 days prior to admission. The resident came to us late due to illness. A new screen should have been done or an addendum should have been added to previous screen. Administration reviewed all screens for all residents following inspection on 03/24/2023 , and they are all within the 30-day window. Administration will check all screen dates on admissions and review every 6 months starting 04/01/2023 to ensure they are all within the 30 day window. Administrator has reeducated herself on proper screening process.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [REDACTED] - 05/02/2023)