



pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: NOVEMBER 29, 2023

Via email: [REDACTED]

[REDACTED]
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care
License/COC#: 43121

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on and April 12, 2023 of the above facility, we have determined that your submitted plan of correction is not implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

Facility Information

Name: *NEW LIFE PERSONAL CARE* License #: *43121* License Expiration: *09/23/2023*
 Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

[REDACTED]

Name: *NEW LIFE PERSONAL CARE HOME, INC.*
 Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA, 15132*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/02/2000* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Fine* Exit Conference Date: *04/12/2023*

Inspection Dates and Department Representative

04/12/2023 - On: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *10*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/12/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/19/2023*

11/20/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/10/2023*
 Reviewer: [REDACTED] Follow-Up Type:

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

The following resident's annual medical evaluations indicated that the resident's medication list was attached; however, the list was not attached:

- * Resident #1, medical evaluation dated 10/3/2022.
- * Resident #2, medical evaluation dated 1/26/2023.

Resident #3's last medical evaluation was completed on 1/18/2022.

REPEAT VIOLATION 9/7/2022 et al

Plan of Correction

Directed [REDACTED] **07/14/2023)**

DIRECTED PLAN OF CORRECTION:

Within 48 hours of receipt of the plan of correction - The administrator will add medication lists to the medical evaluations of residents #1 and #2. - [REDACTED] 7/14/23

Within 7 days of receipt of the plan of correction - The administrator will ensure a new medical evaluation is completed for resident #3 [REDACTED] 7/14/23

Within 15 days of receipt of the plan of correction - The administrator will review the medical evaluations of all current residents to ensure a current, complete medical evaluation, including the medication list, is present in each residents' record. - [REDACTED] 7/14/23

Within 15 days of receipt of the plan of correction - The administrator will create and implement a tracking system to ensure all medical evaluations are completed timely, at least annually, and are completed in full. - [REDACTED] 7/14/23

Directed Completion Date: 07/29/2023

Not Implemented [REDACTED] **- 11/20/2023)**