

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

June 15, 2023

[REDACTED], ADMINISTRATOR
GETZ PERSONAL CARE HOME INC
[REDACTED]

RE: GETZ PERSONAL CARE HOME
1026 SCENIC DRIVE
KUNKLETOWN, PA, 18058
LICENSE/COC#: 24050

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2023, 05/08/2023, 05/12/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GETZ PERSONAL CARE HOME License #: 24050 License Expiration: 03/14/2024
 Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058
 County: MONROE Region: NORTHEAST

Administrator

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

Legal Entity

Name: GETZ PERSONAL CARE HOME INC
 Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA, 18058
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 11/25/1991 Issued By: PA LI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 49 Waking Staff: 37

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 05/12/2023

Inspection Dates and Department Representative

05/04/2023 On Site [REDACTED]
 05/08/2023 Off Site [REDACTED]
 05/12/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 48
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

05/04/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/02/2023

Inspections / Reviews (*continued*)

06/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/06/2023

06/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/09/2023

06/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/2023, a bug bomb went off in the staff break room and set off the home’s fire alarm. The local fire department responded and the home evacuated residents due to the triggered alarm. No incident report was sent to BHSL to report the incident and response of emergency services.

Plan of Correction

Accept ([REDACTED] - 06/06/2023)

Administrator, [REDACTED], sent Incident report on 6/1/2023, reporting fire alarm going off in the home on [REDACTED]/23. To maintain compliance, Administrator, [REDACTED], will contact DHS if any question of whether to report an incident or not and be advised what the proper procedures are. If Incident is reportable, it will be reported to DHS within the 24hr reportable period initially and any additional reports until final report will be submitted by Administrator, [REDACTED] in a timely manor. Administrator, [REDACTED], will also report any fire alarms that are not scheduled by administrator for a drill to DHS within the 24hr reporting period.

Licensee's Proposed Overall Completion Date: 06/02/2023

Implemented ([REDACTED] - 06/15/2023)

25c10 - Advance Notice

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 10. A statement that the resident is entitled to at least 30 days’ advance notice, in writing, of the home’s request to change the contract.

Description of Violation

On 1/1/2023, charges for rent and other services were increased for the residents. The residents were notified 11/7/2022. Resident 1 moved into the home on [REDACTED]. The new rates were not listed on their contract and no notice of a rate increase was provided to the resident.

Plan of Correction

Accept ([REDACTED] - 06/06/2023)

Resident 1 was given a refund on June 1, 2023 for months charged without notice of increase. Resident 1 was notified on June 1, 2023 that July 1, 2023, rent would be increased, providing appropriate 30 day notice of increase in rent. To maintain compliance, Administrator, [REDACTED], will ensure all residents are given 30 day notice of any rate increase and if notice is sent to existing residents prior to admission of a new resident, Administrator will include notice of increase with contract so any new residents are aware of the increase and date of increase prior to or upon admission date.

Licensee's Proposed Overall Completion Date: 06/02/2023

Implemented ([REDACTED] - 06/15/2023)

42s - Privacy

3. Requirements

2600.

42s - Privacy (continued)

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has a camera recording part of the dining room area where the residents have their meals.

Plan of Correction

Accept (████ - 06/06/2023)

Administrator, █████, had camera located in the dining room disengaged on 5/16/23 and it is no longer in use. Administrator, █████ examined all cameras in facility on 5/16/23 to ensure they are not in private areas and that they are all facing hallways or entrances to ensure privacy of all residents. To maintain compliance Administrator, █████, will check camera annually to ensure they are operational and not facing or recording in private areas of the facility and any new cameras that are installed will be facing common areas at all times.

Licensee's Proposed Overall Completion Date: 06/02/2023

Implemented (████ - 06/15/2023)

227d Support Plan Medical/Dental**4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The most current RASP for Resident 1 dated █████ indicates that the resident's family will assist with finances. The resident's contract dated █████, indicates that the resident is responsible for all payments/finances and there is no POA or family member listed to oversee finances. An email sent to the home dated █████, from Resident 1 indicates that their emergency contacts should only be contacted if the resident is medically incapacitated. Also, the RASP dated █████, was not updated with Resident 1's previous mental health history. The home became aware of this information during the first week of April 2023.

Plan of Correction

Accept (████ - 06/06/2023)

Resident 1 RASP was amended by Administrator, █████, and Director of Nursing █████, on █████ due to significant change and errors in original RASP. To maintain compliance, Administrator, █████, and Director of Nursing, █████, will complete and then review all RASPs initially and upon annual review for correctness of content.

Licensee's Proposed Overall Completion Date: 06/02/2023

Implemented (████ - 06/15/2023)

252 Record Content**5. Requirements**

2600.

252. Content of Resident Records Each resident's record must include the following information:

Description of Violation

The resident file for Resident 1 incorrectly lists the sex of the resident on the RASP and file face sheet.

252 - Record Content (continued)

Plan of Correction**Accept (MM 06/06/2023)**

Administrator, [REDACTED], corrected face sheet on [REDACTED] to have correct sex. To maintain compliance, Director of Nursing, [REDACTED], and Administrative Assistant, Mary Anderson, will review all documents after admission and annually to ensure correct information is provided.

Licensee's Proposed Overall Completion Date: 06/02/2023

Implemented ([REDACTED] - 06/15/2023)