

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

June 2, 2023

[REDACTED], ADMINISTRATOR  
CHARLES P & MARGARET E POLK FOUNDATION  
[REDACTED]

RE: POLK PERSONAL CARE CENTER  
301 NORTH STREET  
MILLERSBURG, PA, 17061  
LICENSE/COC#: 30687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/16/2023 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: POLK PERSONAL CARE CENTER License #: 30687 License Expiration: 03/26/2024  
 Address: 301 NORTH STREET, MILLERSBURG, PA 17061  
 County: DAUPHIN Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED]

**Legal Entity**

Name: CHARLES P & MARGARET E POLK FOUNDATION  
 Address: 301 NORTH STREET, MILLERSBURG, PA, 17061  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP	Date: 11/09/2000	Issued By: Labor and Industry
Type: C-2 LP	Date: 03/13/2003	Issued By: Labor and Industry
Type: C-2 LP	Date: 09/26/2003	Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 05/16/2023

**Inspection Dates and Department Representative**

05/16/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 85 Residents Served: 50  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

05/16/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/29/2023

Inspections / Reviews *(continued)*

05/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/07/2023

05/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/07/2023

06/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

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 most recent boiler certificate provided by the home had an expiration date of 4/1/2023.*

#### Plan of Correction

Accept (█) - 05/25/2023)

*5/16/23 Business Manager contacted our insurance agent to make aware of expired boiler certificates. Donegal Insurance Underwriter informed us that it was an oversight, and contacted Hartford Steam Boiler (HSB) & requested a rush on the inspections. 5/22/23 HSB provided reference # SER3137613 that boiler inspections are scheduled for 5/31/23. The annual maintenance checklist has been updated to review & to take proactive approach to contact insurance agent to confirm insurance company has scheduled the boiler inspections in a timely manner. Business manager has been assigned to be responsible for follow through of annual boiler inspections.*

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

Implemented (█) - 06/02/2023)

## 81b - Resident Personal Equipment

### 2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

#### Description of Violation

*On 5/16/23, at approximately 11:00 am, Resident #1 had an uncovered enabler bar with an opening measuring approximately 20" wide by 6" high, posing a potential entrapment hazard.*

#### Plan of Correction

Accept (█) - 05/31/2023)

*5/24/23 Administrator provided verbal education to Resident Care Manager (LPN), regarding the requirement that all enabler bars must be covered, and to remove all bed rails, and to only use covered enabler bars moving forward.*

*5/24/23 The enabler bar of Resident #1 was covered by the Administrator.*

*5/24/23 Administrator & Admissions Director went to each resident room with enabler bars & covered the enabler bars.*

*5/24/23 Monthly Med Room Inventory Report was updated to reflect enabler bars are covered*

*5/24/23 Administrator educated all staff via email & memo that enabler bars are covered, and that they must be covered at all times.*

*6/01/23 Resident care manager (LPN) or designee will be responsible to complete monthly room checks (on or before the end of each month) of each resident who uses an enabler bar that the bar(s) are covered.*

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

Implemented (█) - 06/02/2023)

## 105g - Lint Removal and Duct Cleaning

### 3. Requirements

105g - Lint Removal and Duct Cleaning (continued)

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 5/16/23 at approximately 9:30 am, there was an approximate 1/4 inch accumulation of lint in the lint trap of the right dryer in the basement. There were no clothes in the dryer and it was cold to the touch at the time.

Plan of Correction

Accept ( ) - 05/25/2023

5/16/23 Business Manager dispersed memo to all staff to remind and educate to always clean the lint trap/vent after every load. 5/25/23 Administrator placed log at dryer location for staff to date and sign that lint has been removed after each use. Housekeeping Supervisor is responsible to check the log during daily rounds for staff compliance.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented ( ) - 06/02/2023

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ( ) at approximately ( ) a variety of topical medications were found to be unlocked, unattended, and accessible in an unmarked blue caddy in the second-floor west supply room. These medications included, five 4 oz tubes of ( ), a 5 oz tube of ( ), and two 60-gram bottles of ( ).

Plan of Correction

Accept ( ) - 05/31/2023

5/16/23 Administrator immediately removed all topical medications from supply room and placed them in a secure area.

5/16/23 Administrator provided verbal education to Resident Care Manager (LPN) that all prescription medications, which includes topical medications, must be located in a locked area at all times.

5/22/23 Business Manager placed lockable cabinets in every supply room.

5/22/23 Lead Med Tech or LPN will be responsible to check supply room cabinets on every shift to ensure cabinets are locked.

5/24/23 Resident Care Manager (LPN) provided education to direct care staff regarding the lockable cabinets placed in the supply rooms on each floor, and the location of the keys to unlock & lock the cabinets.

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

Implemented ( ) - 06/02/2023

254a - Records Discharge/Active

5. Requirements

2600.

**254a Records Discharge/Active (continued)**

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

On [REDACTED] at approximately [REDACTED], a "flow sheet" binder containing records for the residents was found to be unlocked, unattended, and accessible on a shelf in both the second and third floor west supply rooms. These records included information such as shower schedules, exercise logs, and continence and bowel movement logs for numerous residents.

**Plan of Correction****Accept [REDACTED] - 05/31/2023)**

5/16/23 Administrator immediately removed all flow sheet binders from supply room and placed them in a secure area.

5/16/23 Administrator provided verbal education to Resident Care Manager (LPN) that binders must be located in a locked area at all times.

5/16/23 Resident care manager provided education to direct care staff regarding lockable cabinets to be placed in the supply rooms on each floor, and the location of the keys to unlock & lock the cabinets. All flow sheet binders will remain in a secure area until cabinets are in place.

5/22/23 Business Manager placed lockable cabinets in every supply room.

6/01/23 Lead Med Tech or LPN will check supply room cabinets every shift to ensure cabinets are locked.

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

**Implemented [REDACTED] - 06/02/2023)**