



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

E-mailed on: 1/18/24

[REDACTED], ADMINISTRATOR
HELEN'S PLACE FOR PERSONAL CARE 474
STAMBAUGH AVENUE
SHARON, PA, 16146

RE: HELEN'S PLACE FOR PERSONAL CARE
474 STAMBAUGH AVENUE
SHARON, PA, 16146
LICENSE/COC#: 44687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 6/20/23, of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *HELEN'S PLACE FOR PERSONAL CARE* License #: *44687* License Expiration: *09/23/2023*
Address: *474 STAMBAUGH AVENUE, SHARON, PA 16146*
County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HELEN'S PLACE FOR PERSONAL CARE*
Address: *474 STAMBAUGH AVENUE, SHARON, PA, 16146*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *12/06/1991* Issued By: *Dept. of Labor & Industry*

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: *06/20/2023*

Inspection Dates and Department Representative

06/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* 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: *10*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/20/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2023*

Inspections / Reviews (*continued*)

07/25/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/20/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/01/2023

08/11/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/04/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/08/2023

01/18/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/08/2023
Reviewer: [REDACTED] Follow-Up Type: Exception

25b - Contract Signatures

1. 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]/23, for resident #1 was not signed by the resident.

The resident-home contract, dated [REDACTED]/22, for resident #2 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 08/11/2023)

Resident number one and resident number two contract were signed by residents on June 20th, 2023. Beginning July 25th, 2023, administrator will ensure that the contract is signed by resident and administrator by processing the contract in a timely manner. An initial audit of all residents' contracts will be conducted by August 8th by administrator to make sure all signatures are present. Beginning August 8th and quarterly the administrator will audit all residents' contract to make sure signatures are present.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented ([REDACTED] - 01/18/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpet covering the interior stairway to the upstairs area is loose on multiple steps, posing a trip/fall hazard.

The wallpaper is missing in an approximate 6" x 12" section of the 2nd floor dining room, exposing an approximate 1" x 12" crack in the drywall.

There is an approximate 66" section of wallpaper that is lifted from the wall, below the exposed 1" x 12" crack in the 2nd floor dining room drywall.

Plan of Correction

Accept [REDACTED] - 08/11/2023)

On June 21st, 2023, Administrator pulled carpet off steps and placed plastic step covers on steps.

Administrator spoke with maintenance personnel and wallpaper will be replaced by August 25th, 2023.

Administrator will ensure that dented cans are not purchased also, administrator.

88a - Surfaces (continued)

The administrator will assign staff to check building for cracks and other safety issues hazard in building effective August 1st, 2023, via a check off list to be reviewed by administrator.

Directed:

A designated staff person will check the building as indicated above, weekly, beginning 8/12/23.

Weekly, the administrator will review the checklist for completion, beginning 8/12/23.

8/11/23

Licensee's Proposed Overall Completion Date: 07/25/2023

Not Implemented - 01/18/2024

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an open, undated container of cranberry juice in the 1st floor refrigerator.

Plan of Correction

Accept - 08/11/2023

On June 20th administrator threw out the container of cranberry juice.

Administrator will assign staff to throw out spoiled food and outdated food on a daily basis beginning June 20th, 2023 via check off list.

Licensee's Proposed Overall Completion Date: 07/25/2023

Not Implemented - 01/18/2024

105g - Lint Removal and Duct Cleaning

4. Requirements

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

There was an approximate 3/4" accumulation of lint in the lint trap of the laundry room dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept - 08/11/2023

Direct care staff cleaned the dryer vent on June 20th, 2023

Each time dryer is used a form will be signed that will remind staff that the laundry process is not complete until lint tray is cleaned after each use.

Form for cleaning out lint tray will be relocated above the dryer on August 8th, 2023. Staff was verbally educated to complete the form on June 20th, 2023, regarding the cleaning process of lint tray.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented - 01/18/2024

109b - Rabies Vaccination

5. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 6/20/23 the home's cat, Tinkerbelle, was present at the home. The home does not have a current certificate of rabies vaccination for Tinkerbelle.

Plan of Correction

Accept (█) - 08/11/2023)

Administrator will make an appointment for the cat to have the required rabies vaccination by August 8th, 2023. As of July 25, 2023, there are no other animals in the building, beginning July 25th any new pets will have to have a current vaccination documentation. Administrator will monitor pet files yearly to ensure current certificate of current rabies vaccination is present.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented (█) - 01/18/2024)

132a - Monthly Fire Drill

6. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2023.

Plan of Correction

Accept (█) - 08/11/2023)

Unannounced fire drill was conducted on 07/01/23 @ 1600. Administrator started the review of announced fire drills on 07/01/23 @ 1600. Administrator will ensure that fire drills are performed unannounced each month; administrator will review the fire drill logbook twice a month to make sure the unannounced fire drills are performed and each month is accounted for a completion of drills.

Licensee's Proposed Overall Completion Date: 07/26/2023

Not Implemented (█) - 01/18/2024)

141a - Medical Evaluation

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2's initial medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Repeat Violation: 5/10/2022

141a - Medical Evaluation (continued)

Plan of Correction

Accept [redacted] - 08/11/2023)

The administrator will develop an admission's checklist to ensure all forms including the DME are completed in a timely manner at admission by August 8th, 2023.

By August 15th the administrator will review all resident's record to make sure that an initial DME in the record. Each month administrator will audit each resident's record to make sure that each resident's record had required forms.

Licensee's Proposed Overall Completion Date: 07/26/2023

Not Implemented [redacted] - 01/18/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [redacted] 22.

Plan of Correction

Accept [redacted] - 08/11/2023)

Resident #3 is scheduled for medical evaluation on August xx, 2023

Administrator will develop a policy will be responsible for reviewing the residents forms i.e. MA51 and DME forms the month before due date to ensure that the forms are on time regarding annual renewal. Each staff will be responsible for four residents' record and refer to the date planner as to when forms are due. Planner will be reviewed at the beginning of each month.

By August 15th the administrator will review all resident's record to make sure that an annual DME is in each record. Each month administrator will audit each resident's record to make sure that each resident's record had required forms.

Administrator update the planner on a monthly basis. Administrator will educate staff on August regarding the planner and the due dates for required forms.

Directed:

By August 31, 2023, resident #3 shall have an in person medical evaluation completed.

[redacted] 8/11/23

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented ([redacted] - 01/18/2024)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's policy for Documentation and Receipt of Controlled Substances indicates, "Medication must be counting every time the staff changes; you must document an exact count between shifts on a separate medication sheet (separate for the daily MAR log) every time you administer a controlled substance. The tracking sheet is a separate sheet from the MARs and must be accurate between changes of staff."

On 6/20/23, there were 5 residents in the home that were prescribed controlled medication; however, the home did not have a separate medication tracking sheet for any controlled medication.

Plan of Correction

Accept [redacted] 08/11/2023)

Administrator will provide each resident with a separate medication tracking sheets in addition to the electronic tracking sheet for easily assess of control issued medication. A separate binder has been purchased and is in the medication cart in staff room. Binder will be in place by August 31st, 2023

Staff will be trained regarding the binder for controlled substances and sign off procedures by August 31st, 2023

Licensee's Proposed Overall Completion Date: 07/26/2023

Not Implemented [redacted] 01/18/2024)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Bupropion SR 150mg tablet - Take 1 tablet by mouth every day. However, this medication was not administered to resident #2 from 6/2/23 to 6/20/23 because it was unavailable in the home.

Repeat Violation: 5/10/2022

Plan of Correction

Accept [redacted] - 08/11/2023)

The PCP has given resident dosage that is needed for resident's needs.

The home's electronic MARs systems set an alert when that is one week's supple left staff clicks on the medication to reorder and medication is delivered the next business day.

Staff will be retrained regarding the reorder system on electronic MARs. Re training will occur on August 31st, 2023.

Licensee's Proposed Overall Completion Date: 07/26/2023

Not Implemented [redacted] - 01/18/2024)

225a - Assessment 15 Days

11. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's initial assessment, dated [redacted] 23, does not include the diagnosis of [redacted], [redacted], as indicated on her initial documentation of medical evaluation, dated [redacted] /22.

An assessment was not completed for resident #2, who was admitted to the home on [redacted] 23.

Plan of Correction

Accept ([redacted] 08/11/2023)

The administrator will develop a checklist to ensure all forms including the assessment is completed in a timely manner at admission by August 8th, 2023.

Resident's #2 assessment was complete by xxxx

By August 15th the administrator will review all resident's record to make sure that an initial assessment in the record. Each month administrator will audit each resident's record to make sure that each resident's record had required forms.

Directed:

By 8/31/23, resident #2's assessment shall be completed.

[redacted] 8/11/23

Licensee's Proposed Overall Completion Date: 07/26/2023

Not Implemented ([redacted] - 01/18/2024)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #3's most recent assessment was completed on [redacted] /22.

Repeat Violation: 5/10/2022

Plan of Correction

Directed ([redacted] 08/11/2023)

Administrator will develop a policy will be responsible for reviewing the residents forms i.e. assessments forms the

225c - Additional Assessment (continued)

month before due date to ensure that the forms are on time regarding annual renewal, by August 15th 2023.

Each staff will be responsible for four residents' record and refer to the date planner as to when forms are due.

Planner will be reviewed at the beginning of each month.

By August 15th the administrator will review all resident's record to make sure that a assessment is in each record. Each month administrator will audit each resident's record to make sure that each resident's record had required forms.

Administrator update the planner on a monthly basis.

Resident #3 assessment was completed on xxxxxx

Directed:

By 8/31/23, resident #3's assessment shall be completed.

8/11/23

Directed Completion Date: 07/26/2023

Not Implemented - 01/18/2024)