

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

September 28, 2023

[REDACTED]  
AM PM PERSONAL CARE HOME, INC.  
555 ADRIAN ROAD, PO BOX 123  
DELANCEY, PA, 15733

RE: AM/PM PERSONAL CARE HOME  
P.O. BOX 123,555 ADRIAN ROAD  
DELANCEY, PA, 15733  
LICENSE/COC#: 40736

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/25/2023 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: *AM/PM PERSONAL CARE HOME* License #: *40736* License Expiration: *09/23/2023*  
 Address: *P.O. BOX 123,555 ADRIAN ROAD, DELANCEY, PA 15733*  
 County: *JEFFERSON* Region: *WESTERN*

## Administrator

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

## Legal Entity

Name: *AM PM PERSONAL CARE HOME, INC.*  
 Address: *555 ADRIAN ROAD, PO BOX 123, DELANCEY, PA, 15733*  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/01/1999* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *07/25/2023*

## Inspection Dates and Department Representative

07/25/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *32* Residents Served: *22*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *1*

## Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *22*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *0*

## Inspections / Reviews

## 06/28/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2023*

## 08/08/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/28/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/10/2023*

Inspections / Reviews *(continued)*

08/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/13/2023

09/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [redacted]/23, did not have a criminal background check completed by the Pennsylvania State Police, as in accordance with the Older Adult Protective Service Act until [redacted]/23.

Plan of Correction

Accept [redacted] - 08/08/2023)

Upon hire, staff person A submitted a background check (that verified no felonies) that was not completed by the Pennsylvania State Police but by a different agency.

On the day of the inspection, AM/PM Administrator obtained the PA State Police Background check and gave the inspector a copy.

Day to Day Manager was re-oriented to the e patch system on the day of the inspection by AM/PM administrator (see attached). Additionally, the PA e patch site was bookmarked on Day to Day Manager's computer to assure no future violations. on 2600.51.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [redacted] - 09/28/2023)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/25/23, at 11:07 am., the hot water temperature at the sink in the common bathroom #10 measured 122.3 degrees Fahrenheit.

Repeat violation on 6/9/22.

Plan of Correction

Accept [redacted] - 08/08/2023)

Violation was corrected on 7/25/23 by AM/PM plumbing and heating contractor (see attached stmt.)

AM/PM Administrator developed a new hot water temperature monitoring form to permit daily (rather than weekly) monitoring by Day to Day Manager of water temperature in a variety of rooms for a time period of 2 weeks. (see attached form).

AM/PM Administrator oriented day to day manager to the new monitoring system on 8/7/23.

If in compliance of 2600.89b after the increased frequency of monitoring hot water temperatures, Day to Day Manager will return to 2 times a week monitoring temperatures, instead of one time a week. (see attached form).

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [redacted] - 09/28/2023)

103f - Refrigerator/Freezer Temps

3. Requirements

103f - Refrigerator/Freezer Temps (continued)

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/25/23, at 10:06 am., the temperature in the white stand-up freezer in the salon/pantry/laundry room was 14 degrees Fahrenheit and at 11:09 am., it was 16 degrees Fahrenheit.

Repeat violation on 6/9/22.

Plan of Correction

Accept (redacted) - 08/08/2023)

A new freezer was purchased and delivered on 7/26/23 to correct this violation.

Changes were made to the current freezer monitoring process (which is once a week by cook on Monday's) to allow monitoring of temperature of all freezers daily for 7 days, to assure compliance with 2600.103f.

Following one week of daily monitoring of freezer temperatures, and if in compliance, AM/PM cook will return to weekly monitoring.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented (redacted) - 09/28/2023)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 9/21/22, at 1:15 pm., 24 residents were present in the home, however, only 23 residents evacuated.

Plan of Correction

Accept (redacted) 08/08/2023)

During the fire drill on 9/21/22 one resident did not evacuate due to stomach digestion.

If in the future of all residents in the facility are not evacuated during a fire drill, AM/PM Manager will repeat the fire drill the following day(or daily thereafter) to assure compliance with 2600.132d. (see attached).

AM/PM Administrator oriented Manager to this new policy effective 8/7/23.

AM/PM Manager oriented staff to this matter on 8/8/23.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented (redacted) - 09/28/2023)

141a 1-10 Medical Evaluation Information

5. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation for resident #1, dated [redacted]/23, did not include the medication regimen. This area was blank.

The medical evaluation for resident #2, dated [redacted]/23, did not include if any special diet prescribed. This area was blank.

Plan of Correction

Accept [redacted] - 08/08/2023)

This violation was corrected on the day of the inspection by AM/PM Day to Day Manager. The medication regimen was inadvertently attached to Resident #1 DME rather than the medical evaluation. (see attached)

The medical evaluation for resident #2, completed by [redacted] physician, did not include any special diet prescribed due to the fact that [redacted] physician did not require a special diet. (see attached).

To assure future compliance, Day to Day manager will monitor resident medical evaluations upon receipt for accuracy and completion.

AM/PM Administrator oriented Day to Day Manager to monitoring system on 8/7/23.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [redacted] - 09/28/2023)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

Description of Violation

Resident #3 is prescribed Basaglar Kwikpen, 100 units/ML, 24 units daily. On 7/25/23, the current medication container was open and not dated to the opening date. According to the manufacturer’s instructions, "discard medication 28 days after opening."

Resident #3 is prescribed Breo Ellipta, inhale 1 puff by mouth once daily. On 7/25/23, the current medication container was dated to be opened on 5/28/23. According to the manufacturer's instructions, "Discard inhaler 6 weeks after opening."

## 183e - Storing Medications (continued)

Repeat violation on 6/9/22.

**Plan of Correction**

Accept [REDACTED] 08/16/2023)

Please see attached letter from [REDACTED] Pharmacy stating that Resident #3 Basaglar Kwickpen, 100 units/ml, 24 units daily, stating that one pen will last only 12.5 days, so Resident #3 quickpen could not have been expired and no danger was present to Resident #3.

"Date opened" 7/5/23 was indicated on insulin pen by Day to Day Manager.

Staff was immediately re-oriented by AM/PM Staff Coordinator regarding to dating prescriptions "date opened." (see attached).

AM/PM Staff Coordinator will monitor medications weekly to assure "date opened" is clearly present and correct. (see attached).

Staff inadvertently dated Resident #3 Breo Ellipta inhaler 5/28/23 rather than 6/28/23 (see attached prescription indicating prescription date as 6/19/23).

AM/PM Manager dated Resident #3 Breo Ellipta inhaler 6/28/23 on the day of the inspection. AM/PM Staff Coordinator will monitor prescriptions weekly to assure "date opened" is clearly present and correct. (see attached) Additionally, AM/PM Day to Day Manager contacted Resident#3 physician who discontinued Resident #3 Breo Ellipta, due to the fact that Resident #3 has not used the inhaler within the last 2 years. (see attached).

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/28/2023)

## 184a - Resident's Meds Labeled

**7. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

Resident #1 is prescribed Antacid, 2 tabs three times a day as needed. The pharmacy label for resident #1's Antacid indicates, 1 tab every 4 hours as needed.

Repeat violation on 6/9/22.

**Plan of Correction**

Accept [REDACTED] - 08/08/2023)

AM/PM Day to Day Manager corrected this on the day of the inspection by placing a "directions changed" sticker on Resident #1 Antacid.

To assure future compliance with 2600.184a., Day to Day Manager or Staff Training Coordinator will continue to monitor medication cart on a weekly basis, and will record monitoring on the attached form.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [REDACTED] 09/28/2023)

## 185a - Implement Storage Procedures

**8. Requirements**

185a - Implement Storage Procedures (continued)

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

Resident #3 is prescribed blood glucose checks four times a day. However, the resident's July 2023 medication administration record (MAR) documents blood glucose level 171 on 7/22/23, at 4:00 pm., which is not indicated on the resident's glucometer.

Resident #3 is prescribed blood glucose checks four times a day. The resident's glucometer indicates 179 on 7/22/23, at 8:25 pm. However, the resident's July 2023 MAR does not indicate any reading for this date and time.

Plan of Correction

Accept [redacted] - 08/08/2023)

On the day of the inspection, Day to Day Manager, along with inspectors checked all other resident glucometer's for a 171 reading on 7/22/23, but none were found.

AM/PM Staff Training Coordinator immediately re-oriented staff to Resident #3 blood glucose checks, as well as all other diabetic residents requiring blood glucose checks. (see attached)

Additionally, AM/PM Staff Training Coordinator re-oriented staff to completing all resident MAR's accurately and completely. (see attached).

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [redacted] - 09/28/2023)

227d - Support Plan Medical/Dental

10. 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

Resident #3's support plan, dated [redacted]/23, does not document how the home will meet the resident's need of using a bedrail.

Plan of Correction

Accept [redacted] - 08/16/2023)

Day to Day Manager immediately updated Resident #3 support plan documenting the use of bed rail. (see attached).

AM/PM Administrator re-oriented Day to Day Manager to the completion of all resident support plans for accuracy and completion. (see attached), and will review all resident support plans upon admission and monthly to ensure plans include all services being provided, including assistive devices.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [redacted] - 09/28/2023)