

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

September 27, 2023

[REDACTED], SENSANBAUGHER  
JACK AND CHERYL EVANS SENSANBAUGHER  
[REDACTED]

RE: EVANS' PERSONAL CARE HOME  
503 CENTENNIAL AVENUE  
NEW GALILEE, PA, 16141  
LICENSE/COC#: 41737

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.

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: EVANS' PERSONAL CARE HOME License #: 41737 License Expiration: 11/03/2023  
 Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141  
 County: BEAVER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: JACK AND CHERYL EVANS SENSANBAUGHER  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 02/10/1997 Issued By: Dept L&I  
 Type: C-3 SP Date: 09/17/1984 Issued By: Dept L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

**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: 8 Residents Served: 7  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 5  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

07/25/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/06/2023

08/15/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/21/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/22/2023

Inspections / Reviews *(continued)*

## 08/28/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/21/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/30/2023

## 09/27/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/21/2023

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

According to Act 27 of 2008, The Clean Indoor Air Act(CIAA), beginning on September 11, 2008, smoking is not allowed in public places or workplaces. Additionally, CIAA requires no smoking signs or the international no smoking symbol must be prominently posted and properly maintained where smoking is not permitted; however, no signs were posted at the entrance of the home.

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

Plan of Correction

Accept ( [redacted] - 08/28/2023)

On 07/27/2023, home administrator [redacted] posted the Influenza Awareness Act poster in a public place in the facility .

8/10/23 Admin [redacted] will conduct monthly reviews to ensure all posted items remain in place for public viewing.

On 8/10/23 admin. [redacted] posted "No Smoking" sign at entrance to the Home.

and will continue to monitor that the sign will be prominently posted and maintained to be in compliance with the Clean Indoor Air Act weekly.

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented [redacted] - 09/22/2023)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

64c Annual Training (continued)

**Description of Violation**

Staff person A, [REDACTED], completed only 7.4 hours of annual training during the 2022 training year.

**Plan of Correction**

Directed [REDACTED] - 08/28/2023)

08/26/23 admin. [REDACTED] has completed all 24 hours for annual training relating to job duties for 2022.

8/10/23 Admin. [REDACTED] will continue to complete the online training for the upcoming year and enroll in zoom classes for the required 12 hours for a total of 24 hours .

Admin. [REDACTED] will complete all training for the calendar year Jan to Dec.31...

**Directed: Administrator or designated employee will review all staff training needs at the next risk management meeting and annually thereafter. J.W. 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [REDACTED] - 09/22/2023)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

Direct care staff person B, hired [REDACTED], did not receive annual training in training year 2022 in the following areas:

Medication self administration training

Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Care for residents with dementia and cognitive impairments

Personal care service needs of the resident

**Plan of Correction**

Directed [REDACTED] - 08/28/2023)

On 07/26/2023 Staff person B completed all required topics for the annual training in the following area:

Medication self admin., training, instruction on meeting the needs of the resident as described in the pre admission screening form, assessment tool, med eval. and support plan, Care for residents with dementia and cognitive impairments , and personal care service needs of the resident.

8/10/23 Staff person B will continue to complete all necessary topics for 2023 and thereafter to ensure training is completed by the end of the calendar year December 31st.

65f - Training Topics (continued)

**Directed: Administrator or designated employee will review all staff training needs at the next risk management meeting and annually thereafter. [REDACTED]. 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [REDACTED] - 09/22/2023)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person B, hired [REDACTED], did not receive annual training in training year 2022 in the following areas:

Older Adult Protective Services Act

Plan of Correction

Directed [REDACTED] - 08/28/2023)

On 07/26/2023, staff person B, completed the annual training Older Adult Protective Act training .

8/10/23 staff person B has created a log with all required topics to be completed yearly for annual training for all staff and volunteers.

**Directed: Administrator or designated employee will review all staff training topics at the next risk management meeting and annually thereafter. [REDACTED] 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [REDACTED] - 09/22/2023)

85b - Infestation

5. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

At approximately 10:00 a.m., multiple flies were observed throughout the home, including the kitchen, living room, bathroom, and multiple bedrooms.

## 85b - Infestation (continued)

## Plan of Correction

Directed ( ) - 08/28/2023

On 07/27/2023, home administrator ( ) and ( ) have installed weather stripping around doors and air conditioners to ensure that flies or other insects cannot come into the home.

8/10/23 admin. ( ) will do daily checks to see that all screens and weather stripping remains in place .

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs. Documentation will be kept. ( ) 8/28/23**

Directed Completion Date: 08/27/2023

Implemented ( ) - 09/27/2023

## 87 - Lighting

## 6. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

## Description of Violation

At approximately 10:35 a.m., 3 of the recessive lighting did not contain a light bulb and 7 of the 13 lightbulbs in the recessive light fixtures in the 2nd floor bathroom were inoperable.

## Plan of Correction

Directed ( ) - 08/28/2023

On 07/26/2023 Admin. ( ) replaced all 13 light bulbs in the 2nd floor bathroom

8/10/23 Admin. ( ) will do daily checks to ensure that bulbs will be replaced when needed to ensure all residents can safely move through the home and safely evacuate.

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs, including lighting. Documentation will be kept. ( ) 8/28/23**

Directed Completion Date: 08/27/2023

Implemented ( ) - 09/27/2023

## 88a - Surfaces

## 7. 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

At approximately 9:00 a.m., there was a 4 inch x 6 inch floor tile missing and another 4 inch x 6 inch tile loose, at the threshold of the main entrance to the home; posing a trip/fall hazard.

At approximately 9:50 a.m., a side door, installed approximately one month ago has a gap to the exterior of the home on both side. The right measuring 1 inch and the left approximately 1/2 inch.

At approximately 10:25 a.m., two water stains, measuring approximately 5 inches and 6 inches in diameter, with

88a Surfaces (continued)

flaking paint were observed on the 2nd floor bathroom ceiling.

Plan of Correction

Accept ( [redacted] - 08/15/2023)

On 07/27/2023 the gap on the exterior has been fixed with trim by home administrator, [redacted]. As of 08/10/2023, and in the future, any repairs made, a checklist will be created to ensure completion date of repairs.

On 07/27/2023 the home administrator, [redacted], has fixed the missing and loose tile at the main entrance. As of 08/10/2023 and into the future, administrators [redacted] or [redacted] will review any repairs that need done and complete in a timely manor.

On 07/27/2023 both home administrators [redacted] and [redacted] have created a repair list and the bathroom is to be repainted on 08/20/2023 to ensure the water stain is not visible. As of 08/10/2023 and into the future, monthly checks will be conducted to check for any repairs needed.

Licensee's Proposed Overall Completion Date: 08/10/2023

Implemented ( [redacted] - 09/27/2023)

92 - Windows

8. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately [redacted] there was no screen in the 2nd floor bathroom window closest to the sink and the window was open approximately 2 inches.

Plan of Correction

Directed ( [redacted] - 08/28/2023)

On 07/27/2023, home administrator Jack, securely installed the missing screen in the 2nd floor bathroom. 8/10/23 admin. [redacted] will continue to inspect all screens to ensure they are in good repair and in windows daily.

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs, including window screens. Documentation will be kept. [redacted] 8/28/23**

Directed Completion Date: 08/27/2023

Implemented ( [redacted] - 09/27/2023)

100a - Exterior - Free of Hazards

9. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The back deck is missing a section of board on the top deck near the stairs, measuring approximately 4 inches x 10 feet; posing a safety hazard.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Directed [redacted] - 08/28/2023)

As of 07/27/2023, home administrator [redacted] installed the missing trim board on the deck.

8/10/23 admin [redacted] will create a check list of any repairs needing done to be completed in a timely manner to ensure good repair and free of hazards

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs, including fall hazards. Documentation will be kept. J.W. 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [redacted] - 09/27/2023)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 10:22 a.m., the bed belonging to resident #1 does not have a source of lighting that can be turned on/off from bedside. A lamp was approximately 3 feet from the bottom of the bed.

Plan of Correction

Directed [redacted] - 08/28/2023)

7/25/23 staff person [redacted] replaced residents #1 light that was to be at [redacted] bedside.

8/10/23 all staff and admin [redacted] will do daily checks to ensure residents have operable lighting that can be turned on at bedside.

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs, including resident lighting requirements. Documentation will be kept. [redacted]. 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [redacted] - 09/27/2023)

102f - Towel/Washcloth/Soap

11. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

At approximately 10:29 a.m., the automatic hand dryer located in the 2nd floor bathroom was inoperable. There was no other means to dry hands.

Plan of Correction

Directed [redacted] - 08/28/2023)

On 07/25/2023 staff person, [redacted] checked the inoperable hand dryer on the second floor bathroom, It was unplugged and [redacted] returned the plug to the wall socket. The hand dryer began working again.

102f - Towel/Washcloth/Soap (continued)

8/10/23 Admin. [REDACTED] will do daily checks to ensure the hand dryer is in good repair and working condition and plugged into the wall socket for resident use.

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs. Documentation will be kept. [REDACTED] 8/28/23**

Directed Completion Date: 08/27/2023

Implemented ([REDACTED] - 09/27/2023)

105g - Lint Removal and Duct Cleaning

12. 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

At approximately 10:03 a.m., there was an accumulation of approximately 1/4 inch of lint in the lint trap of the dryer in the main floor laundry room.

Plan of Correction

Directed [REDACTED] - 08/28/2023)

On 07/25/2023 admin. [REDACTED] removed the lint after inspection from the dryer

8/10/23 admin [REDACTED] reviewed with staff the importance of removing lint from the dryer after each use to reduce the risk of fire hazards.

Admin [REDACTED] will do monthly checks on vent duct work on external duct

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the dryer vents. [REDACTED] 8/28/23**

Directed Completion Date: 08/27/2023

Implemented ([REDACTED] - 09/27/2023)

106 - Swimming Areas

13. Requirements

2600.

106. Swimming Areas - If a home operates a swimming area, the following requirements apply:

1. Swimming areas shall be operated in accordance with applicable laws and regulations.
2. Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

Description of Violation

The home's swimming policy indicates the pool must be kept locked (lock is gate to the pool) at all times when not in use; however, at approximately 10:00 a.m., the pool was not in use and there is currently no gate to the pool to secure.

Plan of Correction

Directed [REDACTED] - 08/28/2023)

On 07/27/2023 home administrator, Jack, replaced the gate to the swimming pool and a lock was installed.

10/8/23 Admin [REDACTED] reviewed the swimming pool policy and procedures to protect the health, safety and well-being of the residents with all staff and the pool is to be locked at all times when not in use.

106 - Swimming Areas (continued)

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any maintenance needs, including pool safety equipment. Documentation will be kept. [REDACTED]. 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [REDACTED] - 09/27/2023)

121a - Unobstructed Egress

14. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 10:40 a.m., the sliding glass door, in the main living room near the entrance, was blocked by a small decorative bench and a plastic travel file folder.

Plan of Correction

Directed ([REDACTED] - 08/28/2023)

On 07/25/2023 during inspection staff person, [REDACTED] removed the decorative bench that was in front of the sliding glass doors.

8/10/23 Admin [REDACTED] reviewed the importance of unobstructed doors for all stairs, doorways, doors and all exits from any room

**Directed: Starting 9/30/23 administrator or designated employee will conduct weekly inspections of the residence to identify any blocked egress. Documentation will be kept. [REDACTED]. 8/28/23**

Directed Completion Date: 08/27/2023

Implemented [REDACTED] - 09/27/2023)