

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

October 17, 2023

[REDACTED], OWNER/ADMINISTRATOR
HORIZON PERSONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436

RE: HORIZON PERSONAL CARE HOME,
INC.
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436
LICENSE/COC#: 41383

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2023 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: *HORIZON PERSONAL CARE HOME, INC.* License #: *41383* License Expiration: *05/28/2024*
 Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HORIZON PERSONAL CARE HOME INC*
 Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/01/1998* Issued By: *l&l*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/23/2023*

Inspection Dates and Department Representative

08/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *28* Residents Served: *13*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *3*
 Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

08/23/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2023*

09/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/17/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2023*

Inspections / Reviews (*continued*)

10/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/15/2023

10/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/16/2023

10/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

88a - Surfaces

1. 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

A piece of molding with approximately 11 nails was present on the floor in bedroom #15.

Plan of Correction

Accept ([redacted] - 10/02/2023)

The molding was put on door frame on 9/01/2023 by Rick Grimm. Staff will be educated on 9/28/2023.

Documentation will be kept concerning education.

Administrator or staff person will inspect floors,walls,ceilings,doors and other surfaces are clean and in good repair monthly. Documentation will be kept starting 10/15/2023.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented [redacted] - 10/17/2023)

92 - Windows

2. 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

There is an approximate 1" x 6" tear in the screen in the window of bedroom #2.

There is an approximate 1" tear in the screen in the window of bedroom #3.

Plan of Correction

Accept ([redacted] - 10/02/2023)

Screens were repaired on 8/27/2023 by [redacted]. Staff will be educated on 9/28/2023 concerning repairs and reporting repair issues. Documentation of education will be kept. Staff are to report issues immediately to [redacted].

Administrator or staff will inspect windows, including windows in doors are in good repair and securely screened monthly.

Documentation will be kept starting 10/15/2023.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented [redacted] - 10/17/2023)

93a - Handrails

3. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The metal handrails on the rear exit ramp are not securely attached to the ramp and can be lifted out of the brackets.

93a - Handrails (continued)

Plan of Correction

Accept (████ - 10/02/2023)

The handrail was reattached on 9/01/2023 by Rick Grimm. Staff to report immediately to █████ if repairs are needed to ramps or outside steps. Staff will be educated on 9/28/2023. Documentation will be kept. Administrator or staff will inspect ramps, interior stairway, and outside steps monthly for compliance. Documentation will be kept starting 10/15/2023.

Licensee's Proposed Overall Completion Date: 09/28/2023

Implemented (████ - 10/17/2023)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The cover to the bathroom light in the common bathroom/shower room is missing, exposing the light bulb and electrical wiring.

Plan of Correction

Accept (████ - 10/02/2023)

The bathroom light was replaced on 9/25/2023 by █████. Staff to immediately report to █████ if repairs are needed. Staff will be educated on 9/28/2023. Documentation will be kept. Administrator or staff will check furniture and equipment are in good repair, clean and free of hazards monthly. Documentation will be kept starting 10/15/2023.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (████ - 10/17/2023)

100a - Exterior - Free of Hazards

5. 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 external wooden stairs from the emergency exit in bedroom #15 are not secured to the ground and move left to right.

The emergency exit ramp at the front of the building is not securely attached to the building or the ground and moves approximately 2-3" from of the building.

Plan of Correction

Accept (████ - 10/02/2023)

The wooden stairs from the emergency exit in bedroom 15 and emergency exit ramp will be repaired by 10/15/2023 by █████. Staff to immediately report repairs needed. Staff will be educated on 9/38/2023. Documentation will be kept. Administrator or staff will check monthly that the exterior of the building and the building grounds or yard are in good repair and free of hazards.

100a - Exterior - Free of Hazards (continued)

Documentation will be kept starting 10/15/2023.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (████) - 10/17/2023)

101o - Walls, Floors, Ceilings

6. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

A piece of molding is missing from the right side of the doorframe inside bedroom #2.

The molding is missing from the emergency exit doorframe in bedroom #15.

Numerous cracks and peeling plaster are present on the ceiling in bedroom #15.

Plan of Correction

Directed (████) - 10/02/2023)

The molding in bedroom # 2 & 15 was replaced on 9/26/2023 by ██████████. The cracks and peeling plaster was repaired 9/25/2023 by ██████████. Staff to report immediately to ██████████ if repairs are needed. Staff will be educated on 9/28/2023. Documentation will be kept.

Administrator or staff will check bedrooms, floors and ceilings are i. good repair and free of hazards. (DIRECTED: Beginning on 10/15/23: The administrator shall inspect all bedrooms monthly to ensure all bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Documentation of the checks shall be kept. █████ 10/2/23).

Documentation will be kept starting 10/15/2023.

Directed Completion Date: 10/15/2023

Implemented (████) - 10/17/2023)

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items were in opened and unsealed in the home's kitchen:

- A bag Snyder's rippled potato chips
- A bag of tortilla chips
- A bag of hot dog buns
- A loaf of Great Value white bread

Plan of Correction

Directed (████) - 10/02/2023)

The food was sealed immediately during inspection. Staff educated on 8/24/2023. (DIRECTED: Documentation of

103g - Storing Food (continued)

the education shall be kept. [REDACTED] 10/2/23).

Administrator or staff will check weekly for food stored in closed or concealed containers. (DIRECTED: The weekly administrator checks shall begin on 10/5/23. Documentation of the checks shall be kept. [REDACTED] 10/2/23).

Documentation will be kept starting 9/26/2023.

Directed Completion Date: 10/05/2023

Implemented [REDACTED] - 10/17/2023)

227i - Support Plan Accessible

8. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Resident support plans are stored and locked in the administrator's office and are inaccessible to direct care staff persons when the administrator is not present in the home.

Plan of Correction

Accept [REDACTED] - 09/26/2023)

Support plans were made accessible immediately on 8/26/2023 to staff and are kept on the side of the medication cart.

Administrator or staff will check support plans monthly for compliance.

Documentation will be kept starting 10/15/2023.

Licensee's Proposed Overall Completion Date: 10/03/2023

Implemented [REDACTED] 10/17/2023)