

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

October 16, 2023

[REDACTED]
KELLY S II PERSONAL CARE HOME INC
141 UNITY CEMETERY ROAD
LATROBE, PA, 15650

RE: KELLY'S II PERSONAL CARE HOME
141 UNITY CEMETERY ROAD
LATROBE, PA, 15650
LICENSE/COC#: 44840

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/06/2023 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: *KELLY'S II PERSONAL CARE HOME* License #: *44840* License Expiration: *05/04/2024*
 Address: *141 UNITY CEMETERY ROAD, LATROBE, PA 15650*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *KELLY S II PERSONAL CARE HOME INC*
 Address: *141 UNITY CEMETERY ROAD, LATROBE, PA, 15650*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *03/05/2010* Issued By: *L&I*
 Type: *C-2 LP* Date: *05/15/1992* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/06/2023*

Inspection Dates and Department Representative

09/06/2023 - 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: *3*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

09/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2023*

09/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2023*

Inspections / Reviews *(continued)*

09/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2023

10/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:12 AM, numerous resident September 2023 medication administration records (MAR), to include resident #1's September 2023 MAR, were unlocked, unattended and accessible in a binder on top of the medication cart in the home's dining room.

Plan of Correction

Accept (█) - 09/27/2023)

Binder containing MAR was placed in med cart by manager at time of inspection on September 06, 2023 at 10:12 am.

Train the trainee and house manager reviewed PCH HIPPA and privacy act with all med aides on Friday September 22, 2023 and the training record will be stored with all other staff training records for 2023.

A daily checklist was created to help remind staff to place MAR back into medicine cart and locked when not in use, checklist began 09/25/2023. Management will check daily that all resident information is kept in locked area throughout the day on 09/25/2023.

Management will add checking daily to the monthly check, which was completed on Monday September 25th list to assure all med aids are in compliance with regulation 2600.17.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (█) - 10/16/2023)

63a - First Aid/CPR Training

2. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/25/23, from approximately 3:00 PM-4:00 PM and from approximately 8:00 PM-11:00 PM, there was no staff person present in the home that was trained in first aid and certified in obstructed airway techniques and CPR. At the time, 7 residents were present in the home.

Plan of Correction

Accept (█) - 09/27/2023)

Starting September 25, 2023 two members of management will sign off on weekly schedule to verify that at least one staff member is up to date with First Aid and CPR requirements accordance with 2600.63.a

Manager scheduled a CPR class for those not updated for 10/04/2023 @ 1:00 PM. A staff training plan and record were made and will be stored properly with all others for the year 2023. CPR trainings will be added to quarterly check during staff file quarterly checklist which was completed on 09/25/2023.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented (█) - 10/16/2023)

132a - Monthly Fire Drill

3. Requirements

2600.

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

Description of Violation

No unannounced fire drills were conducted in January, 2023 or in August, 2023.

Plan of Correction

Directed (████) - 09/27/2023)

Administrator or management will assure monthly fire drills are conducted and that the fire alarm is set off during all drills. Two members of management will sign off on fire drill verifying system use and that the time to evacuate is under evacuated time documented by fire expert. Both signatures were placed on fire drill record on September 26, 2023.

Beginning 09/25/2023 the administrator shall review all fire drills monthly to ensure an announced fire drill was conducted and documentation of all fire drills is kept in accordance with 2600.132c. (DIRECTED: Beginning on 10/1/23: The administrator shall initial and date the fire drill records after each monthly review. █████ 9/27/23)

Directed Completion Date: 10/01/2023

Implemented █████ - 10/16/2023)

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

The home does not have written documentation from a fire safety expert within the past year indicating a maximum evacuation time to a public thoroughfare that exceeds 2 minutes, 30 seconds. During the following the fire drills, the evacuation time to a public thoroughfare exceeded 2 minutes, 30 seconds:

Date	Time	Evacuation Time
• 7/21/23	6:28 PM	3 minutes, 34 seconds
• 6/27/23	5:10 PM	3 minutes, 28 seconds
• 5/18/23	11:30 PM	3 minutes, 17 seconds
• 4/26/23	2:05 PM	3 minutes, 15 seconds
• 3/15/23	7:08 PM	3 minutes, 42 seconds
• 12/14/22	9:03 AM	3 minutes, 46 seconds
• 11/24/22	8:06 PM	3 minutes, 22 seconds
• 10/10/22	7:58 AM	2 minutes, 38 seconds

Plan of Correction

Directed (████) - 09/27/2023)

On Friday October 06, 2023 safety expert █████ will observe an unannounced drill and also document specific maximum time of evacuation. (DIRECTED: By 10/6/23: A fire safety inspection and supervised fire drill

132d - Evacuation (continued)

shall be completed by a fire safety expert. Documentation of the inspection and supervised fire drill shall be kept, which includes the maximum evacuation time to a public thoroughfare. [REDACTED] 9/27/23).

Monthly checklist now includes documentation to show that the monthly fire drill was completed using fire alarm system, having two signatures from management verifying that system was used, and signature also verifies that fire drill was completed within the time specified by the fire safety expert. The new documentation was used on overnight fire drill done on 09/26/2023 and will be kept with all fire safety records.

Manager and administrator will check all fire safety documentation annually as a part of annual checklist to ensure is kept in accordance with 2600.132(d) (DIRECTED: The annual checklist shall be implemented on 10/6/23 and shall be reviewed quarterly by the administrator to ensure timely completion of the fire safety inspection and supervised fire drill conducted by a fire safety expert. [REDACTED] 9/27/23)

Directed Completion Date: 10/06/2023

Implemented [REDACTED] - 10/16/2023)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill held during sleeping hours was conducted on 5/18/23 at 11:30 PM; however, the previous fire drill held during sleeping hours was conducted on 7/25/22 at 1:08 AM.

Plan of Correction

Directed [REDACTED] - 09/27/2023)

A new system of using monthly checklist that indicates date of over night fire drills was created. Administrator will then know when to perform a night drill in six month. New documentation has been implemented by administrator and manager on 9/26/2023 when an overnight fire drill was completed. The new documentation will allow for easier documentation, and tracking of fire drills being performed during sleeping hours to ensure is kept in accordance with 2600.132(e)

DIRECTED: Beginning on 10/1/23: The administrator shall review all fire drill records monthly to ensure a fire drill is held during sleeping hours at least once every 6 months. The administrator shall initial and date the fire drill records after each monthly review. [REDACTED] 9/27/23

Directed Completion Date: 10/01/2023

Implemented [REDACTED] - 10/16/2023)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (*continued*)

5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED]; however, resident #1's pharmacy label indicates [REDACTED].

Plan of Correction

Directed [REDACTED] - 09/27/2023)

Management was able to verify correct orders with Dr. signature and a directions changed SEE MAR sticker was placed on bottle at time of inspection on September 09, 2023.

Train the trainee and house manager reviewed how to assure bottle and MAR match when medication before placing in medicine cart when receiving new medication. Med aides were also reminded of the five rights and additional checks of MAR and pharmacy label during and after administering medication during inservice on Friday September 22, 2023 and the training record will be stored with all other staff training records for 2023.

A weekly check of MAR and pharmacy labels checklist was created to help assure all medications and MAR match, that all medications are available, that all OTC have full names and that no medication in cart is expired. First check was completed on 09/25/2023.

Weekly checklist will be completed by management to assure all medicines are in compliance with regulation 2600.184.a. (DIRECTED: Beginning on 10/1/23: The weekly checks shall include a check of at least 4 resident's medication administration records and pharmacy labels for all prescribed medications to ensure accuracy. [REDACTED] 9/27/23)

Directed Completion Date: 10/01/2023

Implemented [REDACTED] - 10/16/2023)