

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

February 23, 2024

[REDACTED]
LAURA B SEGERS AND JOEL W SEGERS
[REDACTED]

RE: LA CASA PERSONAL CARE HOME
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101
LICENSE/COC#: 40211

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2023 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: LA CASA PERSONAL CARE HOME License #: 40211 License Expiration: 04/02/2024
 Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101
 County: LAWRENCE Region: WESTERN

Administrator

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

Legal Entity

Name: LAURA B SEGERS AND JOEL W SEGERS
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/20/1996 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 09/21/2023

Inspection Dates and Department Representative

09/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 13 Residents Served: 13

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

09/21/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/20/2023

10/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/20/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2023

Inspections / Reviews *(continued)*

02/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/05/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

02/23/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

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

There was a hole in middle of the home's kitchen ceiling measuring approximately, 2' by 18" with areas of plaster hanging down. Staff and residents of the home indicated that the hole leaks into the center of the kitchen when it rains.

Plan of Correction

Directed [REDACTED] - 11/07/2023)

The work to locate and repair the water leak and repair the ceiling was completed by the Administrator, [REDACTED], on 10/31/23. The Administrator or Manager will inspect the home to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Documentation will be kept. This began on 11/01/23.

Proposed Overall Completion Date: 11/05/2023

Directed:

Inspections indicated above will be conducted weekly.

[REDACTED] 11/7/23

Directed Completion Date: 11/07/2023

Implemented [REDACTED] - 02/23/2024)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], [REDACTED] by [REDACTED] daily and [REDACTED]

187a - Medication Record (continued)

█████, take 1 at bedtime. These medications were administered to resident █████, however, they are not included on resident █████ September 2023 Medication Administration Record (MAR).

Plan of Correction**Accept █████ 11/07/2023)**

The medications were added to the MAR on the day of the inspection. The Administrator then contacted the pharmacies that provide those medications and requested the Doctor's Orders for them, which were then sent to the DHS Inspector. The Administrator will review the MAR prior to the beginning of each month, and again every week, to ensure that all medications are properly listed. The first MAR review by the Administrator was completed on 9/28/23. All staff persons qualified to administer medication have been reeducated on the information required to be present on all resident MARs in accordance with 2600.187a, including the importance of immediately adding newly prescribed medications to the MAR upon receipt of the prescriber's order, and that the name and initials of the staff person administering the medication and the date and time of medication administration must always be documented.

Licensee's Proposed Overall Completion Date: 11/05/2023

Implemented █████ 02/23/2024)