

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

December 21, 2023

[REDACTED], ADMINISTRATOR
MRS. BUSH'S PERSONAL CARE HOME, INC.
PO BOX 327, 302 KUNKLETOWN RD
KUNKLETOWN, PA, 18058

RE: MRS. BUSH'S PERSONAL CARE
HOME I
PO BOX 327,302 KUNKLETOWN
ROAD
KUNKLETOWN, PA, 18058
LICENSE/COC#: 22835

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MRS. BUSH'S PERSONAL CARE HOME I* License #: *22835* License Expiration: *08/03/2024*
 Address: *PO BOX 327,302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058*
 County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MRS. BUSH'S PERSONAL CARE HOME, INC.*
 Address: *PO BOX 327, 302 KUNKLETOWN RD, KUNKLETOWN, PA, 18058*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *07/17/2018* Issued By: *Twp of Eldred*
 Type: *C-2 LP* Date: *10/10/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/31/2023*

Inspection Dates and Department Representative

10/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *70* Residents Served: *52*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

10/31/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2023*

12/05/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/18/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2023*

Inspections / Reviews *(continued)*

12/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/19/2023

12/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c10 - Advance Notice

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

The contract for resident Resident #1 was updated on [REDACTED] but does not include the signature of the resident or the signature of the resident's POA to verify that the resident/POA received the update.

The contract for Resident #2 was updated on [REDACTED] but does not include the signature of the resident or the signature of the resident's POA to verify that the resident/POA received the update.

Plan of Correction

Accept [REDACTED] - 12/15/2023)

The contract for resident #1 was issued because the resident requested to change rooms which changed the monthly rate. A change in rate for this reason does not necessitate a 30-day notice. As a practice, the facility sends notification of a rate change to the resident or POA. Sometimes they do not get returned. The facility includes in its' contract a clause stating "Payment of charges accrued under a new rate schedule will serve as a written acknowledgement of receipt of that rate schedule".

For resident #2, on [REDACTED] a notice was issued for a rate increase effective [REDACTED]. The resident did not return the notice. The resident began paying the new rate on [REDACTED] which serves as acknowledgement of receipt of the notice.

The administrator corrected the violation by having both Resident #1 and Resident #2 sign the rate change documents on 12/13/23. See attached. Effective immediately the administrator is responsible for ongoing compliance by ensuring all rate change forms are signed by the resident or responsible party.

Licensee's Proposed Overall Completion Date: 12/13/2023

25c10 Advance Notice (*continued*)

Implemented (█ - 12/21/2023)

131f Fire Extinguisher Inspection

2. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the outside smoking area did not include a date of inspection.

Plan of Correction

Accept (█ - 12/15/2023)

For immediate correction, the fire extinguisher in the outside smoking area was removed by the Maintenance Supervisor 11/22/23 as smoking areas are not required to have extinguishers by the regulations.

If extinguishers are placed in the outdoor smoking areas in the future, the Maintenance Supervisor will be responsible to have them provided and inspected by the annual fire extinguisher inspection service.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█ - 12/21/2023)

132e Fire Drill Sleeping Hours

3. Requirements

2600.

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

Description of Violation

The home's overnight fire drills were conducted on 9/25/23 at 5:50am and 2/23/23 at 12:10am, which exceeds 6 months apart.

Plan of Correction

Accept (█ - 12/15/2023)

The overnight drills for 2023 were done 7 months apart instead of the required 6 months apart. This administrator will be responsible for future compliance to ensure that the overnight drills are done at least 6 months apart. The next overnight drill is scheduled for March of 2024 which will be 6 months from the last overnight drill. The administrator is responsible for conducting and/or designating a supervisor to conduct the monthly drills including 1 overnight drill at least every 6 months.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (█ - 12/21/2023)

144c2 Smoking Area Distance

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

144c2 Smoking Area Distance (continued)

Description of Violation

Chairs placed in the outside smoking area were made of metal with a fabric material for the seat and back. The seats did not include a tag to verify that they were constructed of fire resistant material.

Plan of Correction

Accept () - 12/15/2023)

For immediate correction, the metal chairs with vinyl mesh seating were removed from the smoking areas by the Maintenance Supervisor 11/22/23. For ongoing future compliance the Maintenance Supervisor will be responsible for monitoring and ensuring that only the resin or hard plastic outdoor chairs are kept in those areas.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented () - 12/21/2023)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The following medications for Resident #4 were discontinued but still available in the medication cart: , discontinued on ; and PRN, discontinued on

Plan of Correction

Accept () - 12/15/2023)

For immediate correction, the items were removed from the cart by the Nursing Supervisor and returned to the pharmacy per facility protocol on 11/22/23.

For future compliance the Nursing Supervisor will be responsible to conduct quarterly med cart audits and also to remove items at the time at which orders are received indicating that it is a discontinued item.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented () - 12/21/2023)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Preadmission Screening form for Resident #3 dated does not include the date the form was completed.

Plan of Correction

Accept () - 12/15/2023)

For immediate correction, the screening date was entered on Resident #3's preadmission screening On .

This was a documentation oversight. The screening was originally completed on . See attachment.

For future compliance the administrator is responsible to review the document prior to placement in the file.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented () - 12/21/2023)