



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ADVANCED PERSONAL CARE HOME INC

LEGAL ENTITY

To operate ADVANCED PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 39

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

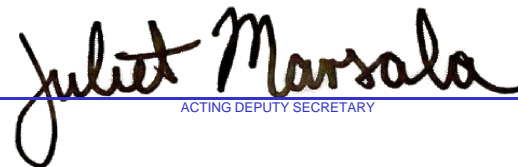
55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 15, 2023 until December 15, 2024,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **440480**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: December 15, 2023

[REDACTED]
Advanced Personal Care Home
245 Center Street
P.O. Box 5
Clarksville, Pennsylvania 15322

RE: License #: 440480

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 1, 2023, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *ADVANCED PERSONAL CARE HOME* License #: *44048* License Expiration: *02/02/2024*
Address: *245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322*
County: *GREENE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ADVANCED PERSONAL CARE HOME INC*
Address: *PO BOX 5, 245 CENTER STREET, CLARKSVILLE, PA, 15322*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/16/1992* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Provisional* Exit Conference Date: *11/01/2023*

Inspection Dates and Department Representative

11/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* Residents Served: *32*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *28* Are 60 Years of Age or Older: *21*
Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *3* Have Physical Disability: *2*

Inspections / Reviews

11/01/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/17/2023*

Inspections / Reviews (*continued*)

11/20/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/04/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2023

11/27/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/04/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/04/2023

12/12/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/04/2023
Reviewer: [REDACTED] Follow-Up Type: Exception

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home agreement dated [REDACTED] 23 was not signed by resident #1.

Plan of Correction

Accept [REDACTED] - 11/20/2023)

Resident 1 signed [REDACTED] entire chart on 11/2/23. A review of all resident contracts will be done by 11/24/23 to assure all contracts are in compliance. Contract signature checks will be added to our check list for chart review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/24/2023

Implemented [REDACTED] - 12/05/2023)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 11/20/2023)

All documents in Residents 1 chart was signed by Resident 1 on 11/2/23. A review of all resident charts will be completed by 11/24/23 to assure all documents are in compliance. Resident rights and complaint procedures receipt of document will be added to our chart checklist. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/24/2023

Implemented [REDACTED] - 12/05/2023)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 11:35 a.m. the water temperature at the first of two sinks on the left-hand side of bathroom #3 measured 129.2 degrees Fahrenheit.

At approximately 11:45 a.m. the water temperature at the sink in the home's half bathroom #5 measured 131.5 degrees Fahrenheit.

At approximately 11:50 a.m. the water temperature at the sink in the home's combination laundry room and bathroom #4 measured 125.1 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

REPEAT VIOLATION 2/22/23 et. al., 2/17/22 et. al.

Plan of Correction

Accept [REDACTED] 11/27/2023)

The water temperature was immediately turned down. A daily check of water temperature will be done on multiple water sources throughout the facility by [REDACTED] and or midnight supervisor to assure the temperature is always within regulation. Documentation of daily checks will be kept. Administrator [REDACTED] will train all staff persons on regulation for hot water temperature on 11/29/23 and how to properly check water temperature. Documentation of training will be kept.

Licensee's Proposed Overall Completion Date: 11/29/2023

Implemented [REDACTED] - 12/05/2023)

109b - Rabies Vaccination

4. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 11/1/23, a stray female cat named "Kitty" was present at the home. The current certificate of rabies vaccination for "Kitty" indicated the next vaccination was due on 3/18/23.

Plan of Correction

Accept [REDACTED] 11/27/2023)

An appointment was made immediately for the "stray kitty". The earliest appointment we could get is scheduled for 11/22/23. A copy of the cat's rabies shot from a licensed veterinarian will be kept on file. A file for the cat's record will be developed to keep all of her information to remain in compliance. The cats record will be added to our compliance checklist. A monthly check of the house cat documents will be done on the fifth day of every month by either [REDACTED]. Documentation of checklist will be kept.

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [REDACTED] - 12/05/2023)

130g - Smoke Detector Repair

5. Requirements

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On 11/1/23 approximately 10:45 a.m., the home's fire alarm system was found to be inoperable. The home was unable to determine how long the system had been inoperable.

Plan of Correction

Directed [REDACTED] - 11/27/2023)

Immediately SSA was called to schedule a maintenance check as well as the 15-30 minute fire checks begun being performed by DCS. SSA Maintenance was done on 11/6/23 where it was determined a piece of our fire box panel had damage. A quote for repairs was received on 11/15/2023. Parts were ordered and service should be completed by 12/1/23. Documentation will be kept. A daily check of the firebox will be done daily by Administrator [REDACTED] and/or Administrative Assistant [REDACTED] to assure the fire box is in good working order. Documentation of

130g - Smoke Detector Repair (continued)

daily check will be kept.

Proposed Overall Completion Date: 11/27/2023

DIRECTED

With 1 calendar day of receipt of the accepted plan of correction: The administrator or a designated staff person shall audit the fire alarm system daily to ensure the system is working order. Documentation of audits shall be kept.

11/27/23

Directed Completion Date: 11/28/2023

Implemented () - 12/12/2023)

132e - Fire Drill Sleeping Hours**6. Requirements**

2600.

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

Description of Violation

On 8/17/23 at 2:23 a.m. the home conducted a sleeping hours fire drill. However, the previous sleeping hours fire drill was held on 1/16/23 at 3:15 a.m.

Plan of Correction

Accept () - 11/20/2023)

A sleeping fire drill was performed on Oct. 2, 2023. Starting in the 2024 year Advanced PCH are implementing the MAD (Midnight, Afternoon, Day) fire drill schedule. A monthly review will be done by the administrator and/or designee to assure proper fire drills are being performed. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented () - 12/05/2023)

191 - Resident Right to Refuse**7. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There was no documentation that resident #1 had been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction

Accept () - 11/20/2023)

Resident #1 was advised of right to refuse medication and document was signed by Resident #1 on 11/2/23. A review of all resident charts will be completed by 11/24/23 to assure all documents are signed by resident. Documentation of review will be kept.

Licensee's Proposed Overall Completion Date: 11/24/2023

Implemented () - 12/05/2023)

224a - Preadmission Screen Form

8. 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

Resident #1 was admitted on [redacted] 23; however, resident #1's preadmission screening form was dated [redacted] 22.

REPEAT VIOLATION 5/22/23; 2/21/23 et. al.

Plan of Correction

Accept [redacted] - 11/27/2023)

Resident #1 had been a frequent respite care resident. and then became a full-time resident. Upon admission [redacted] pre-screen was reviewed and none of [redacted] information had changed so the pre-screen was kept from [redacted] respite stays. Moving forward if any resident changes from respite to full care a new pre-screen will be completed. Resident pre-screen will be added to resident file checklist in each resident chart. A review of all resident charts will be completed by 11/24/23, documentation of review will be kept. A new pre-admission screening of Resident 1 was done on 11/20/23. A resident file checklist has been developed to assure all pertinent documents are included in each resident file. A review of resident file checklist will be done on every resident by Administrator [redacted] and Administrative Assistant [redacted] by 12/1/23. Documentation of resident file checklist review will be kept.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [redacted] - 12/05/2023)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted on [redacted] 23; however, resident #2's initial assessment was dated [redacted] 23.

Plan of Correction

Accept [redacted] 11/20/2023)

A review of all resident assessments will be completed by 11/24/23 to assure they are done within the 15 days of admission by 11/24/23. Documentation of review will be kept. A checklist of resident required documents will be placed in every resident's chart to assure all charts have pertinent documents and they are done within regulation timeframe. All new admissions will be checked within 14 days of admission. Documentation of chart review will be kept.

Licensee's Proposed Overall Completion Date: 11/24/2023

Implemented [redacted] 12/05/2023)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

The annual assessment for resident #3, dated [redacted] 23, did not address the use of the bedside assistive device that

225c - Additional Assessment (continued)

was observed on resident #3's bedframe in resident room # [REDACTED]

Plan of Correction**Accept [REDACTED] 11/27/2023)**

Resident #3 assessment was updated to include the use of a bedside assistive device. All resident assessments will be reviewed by 11/24/23 to assure they include all pertinent information. Documentation of review of resident assessments will be kept. A review of Resident Assessments will be reviewed weekly for any necessary updates for 6 months, then a review of assessments for any necessary updates will be done monthly for 6 months. These reviews will be completed by Administrator [REDACTED] and Administrative Assistant [REDACTED]. Documentation of Assessment monitoring will be kept.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ([REDACTED] - 12/05/2023)