

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

January 25, 2024

[REDACTED]
KELLY S II PERSONAL CARE HOME INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2024 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/10/2024*

Inspection Dates and Department Representative

01/10/2024 - 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: *5* Have Physical Disability: *0*

Inspections / Reviews

01/10/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2024*

01/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/24/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/26/2024*

Inspections / Reviews *(continued)*

01/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At [redacted] resident [redacted]'s [redacted], [redacted] were unlocked and accessible on top of the table next to the resident's recliner.

Plan of Correction

Accepted [redacted] 01/19/2024)

On [redacted] Administrator took the [redacted] bottles out of Resident [redacted] room, and placed them in locked medications cart along with the rest of [redacted] medications. A inservice is scheduled on [redacted] for all staff members to inform and ensure staff understands proper storage of resident medication. Starting the week of 01/22/24 Manager and administrator will include making sure all medications are kept locked in the med cart, on our already existing medication weekly checklist.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented [redacted] - 01/25/2024)