

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

February 28, 2024

[REDACTED], HOUSING DIRECTOR
HUMAN SERVICES CENTER
[REDACTED]

RE: CARITAS
2882 OLD PRINCETON ROAD
NEW CASTLE, PA, 16101
LICENSE/COC#: 44133

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2024 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: *CARITAS* License #: *44133* License Expiration: *05/30/2023*
 Address: *2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101*
 County: *LAWRENCE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HUMAN SERVICES CENTER*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *07/09/2010* Issued By: *Margaret Russell, BCO*

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: *01/30/2024*

Inspection Dates and Department Representative

01/30/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *11* Residents Served: *10*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *7*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/17/2024*

02/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/28/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2024*

Inspections / Reviews (*continued*)

02/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

02/28/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65a FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [REDACTED], did not receive orientation on telephone use and notification of emergency services.

Plan of Correction

Accept [REDACTED] - 02/28/2024)

Action: The Administrator will meet with Employee A on 3/13/24 and go over the required orientation and trainings. 2600.65(a) 7. A checklist for all trainings and other items that are required was developed by the Administrator on 2/12/24. (see attached) A completed copy will be placed in each employee's folder.

Education: All staff were educated by the Administrator at a staff meeting held on 1/31/24 on the importance of completing the required trainings in a timely manner.

Monitoring: The Administrator will verify that all documents are in the folders on a monthly basis to begin 3/2024.

This review will be documented by the Administrator on the attached form. Results of this review will be addressed at the monthly staff/QA meetings, beginning 3/13/24.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [REDACTED] - 02/28/2024)

65b Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A completed his/her 40th scheduled work during the week of [REDACTED]. However, this staff person did not complete training in the following topics:

Emergency medical plan

Reporting reportable incidents and conditions

Plan of Correction

Accept [REDACTED] - 02/28/2024)

Action: The Administrator will meet with Employee A on 3/13/24 and go over the required orientation and

65b Rights/Abuse 40 Hours (continued)

trainings. 2600.65(b). A checklist for orientation, trainings and other items that are required was developed by the Administrator on 2/12/24. (see attached) A completed copy will be placed in each employee's folder.

Education: All staff were educated by the Administrator at a staff meeting held on 1/31/24 on the importance of completing the required trainings in a timely manner.

Monitoring: The Administrator will verify that all documents are in the folders on a monthly basis to begin 3/2024.

This review will be documented by the Administrator on the attached form. Results of this review will be addressed at the monthly staff/QA meetings, beginning 3/13/24.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 02/28/2024)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:56 a.m., there were multiple cigarette butts, greater than 100, on the ground in the smoking pavilion.

Plan of Correction

Accept [redacted] - 02/28/2024)

Action: The cigarette butts were immediately cleaned up by resident [redacted] on 1/30/24 as a paid chore and again by the Administrator on 2/5/24. The ash cans were weighted down to stop wind from blowing them over. (see photos)

Education: All staff were educated by the Administrator at a staff meeting held on 1/31/24 on the importance of sanitary conditions and basic neatness of the grounds. In a meeting held by the Recreational Therapist on 2/7/24 all residents were educated on the importance of keeping all grounds, including the smoking area, clean and sanitary.

Monitoring: Beginning 3/1/24, the Administrator will inspect the area monthly to see that it is kept clean. The inspection will be documented on the Administrator's facility inspection form beginning 3/2024. Results of this review will be addressed at the monthly staff/QA meetings, beginning 3/13/24.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 02/28/2024)

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the office does not include a thermometer, adhesive tape, breathing shield, and eye coverings.

Plan of Correction

Accept [redacted] - 02/28/2024)

Action: The Administrator immediately created a first aid kit on 1/30/24 with all the required items. (see photo) The kit was placed in the medication/supply closet with the "First Aid Kit" sign on the door.

Education: Employees were educated on what is to be in the first aid kit and their responsibility for replacing any

96a First Aid Kit (continued)

items used.

Monitoring: Starting 3/2024, the Administrator will review the kit contents on a monthly basis. A checklist for the items has been placed on the box. The review will also be documented on the Administrator's facility inspection form.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented () - 02/28/2024)

103g - Storing Food**5. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A 30 pound box of whole kernel corn, in the small chest freezer in the basement, was opened and unsealed.

Plan of Correction

Accept () - 02/28/2024)

Action: The bag was immediately closed with a twist tie by the RPW.

Education: Staff was instructed at the monthly staff/QA meeting held 1/31/24 that there are to be no open bags of any kind in the freezers or refrigerators. Staff was told that they are to divide bulk items into smaller units using a zipper bag. All bags must be labeled and dated.

Monitoring: As of 2/26/24, the Administrator has been inspecting all refrigerators and freezers on a weekly basis. (see inspection form). The inspection is being documented on the Administrator's facility inspection form.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented () - 02/28/2024)

123b - Emergency Procedures Posted**6. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The local municipality's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 02/28/2024)

Action: The Lawrence County Emergency procedures was placed in the Disaster Plan Manual on 1/31/24 by the Administrator. The manual is located on the table in the main hallway, next to the laundry room.

Education: Staff was instructed at the monthly staff/QA meeting held on 1/31/24 that the county emergency plan must remain in the Disaster Plan and that the binder is to be kept on the table for public access.

Monitoring: The Administrator will review the binder on a monthly basis beginning 3/2024. (see inspection form). The inspection will be documented on the Administrator's facility inspection form.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented () - 02/28/2024)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted by a fire safety expert was on 7/11/23; however, the previous inspection and drill was conducted on 5/3/22.

Plan of Correction

Accept () - 02/28/2024)

Action: There was no immediate action able to be taken.

Education: At a staff/QA meeting held on 1/31/24, employees were educated on the timeliness of the annual fire safety drill/inspection.

Monitoring: The Administrator will contact Slippery Rock Township Fire Department at least 2 months prior to due date to allow for scheduling conflicts and postponements.

Monitoring: The Administrator has placed a reminder of the due date for the annual fire inspection/drill on the facility inspection form. Beginning 3/2024, the Administrator will acknowledge and record on the form and take necessary action.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented () - 02/28/2024)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed [redacted], 1 TBSP by mouth twice a day as needed, and [redacted], take 1 tablet by mouth every 6 hours as needed; however, these medications were not available in the home.

Resident #2 is prescribed [redacted], take 1 tablet by mouth every 6 hours as needed; however, this medication was not available in the home.

Resident #3 is prescribed the following medications; however, these medications were not available in the home:

[Large redacted area]

Plan of Correction

Accept () - 02/28/2024)

Action: On 2/2/24, the Administrator reviewed residents' MARs and contacted the pharmacy requesting that any medications not being used in the last six months be discontinued. Any medications still being used are to be refilled and kept available for residents to use PRN.

Education: Program Workers were instructed that they must maintain PRN meds for residents at the staff/QA

185a - Implement Storage Procedures (continued)

meeting held 1/31/24. If any medication has not been used for 6 months, they are to notify the pharmacy who will then contact the appropriate doctor(s).

Monitoring: Beginning 3/2024, the Administrator will inspect residents' MARs for refused and/or unused medication. A record of the inspection will be kept on the facility's monthly inspection list.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (█) - 02/28/2024)

190a - Completion Medication Course**9. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person B, who has not successfully completed the Department-approved medications administration annual practicum, administered medication to Resident #1 to include the following:

On █

Plan of Correction

Accept (█) - 02/28/2024)

Action: There was no immediate action to be taken, however, as of 1-2-24 all RPWs are currently in the process of becoming certified/recertified by the Administrator, who is a certified Train the Trainer.

Education: All program workers have been reminded of the importance of maintaining their MA training. They have been advised that they will not be permitted to work without a current certification. A deadline of 3/15/24 has been given.

Monitoring: Effective 3/1/24, the Administrator will maintain appropriate paperwork required for the MA practicum in employee folders. A spread sheet showing progress and due dates has been created. A review of all employee folders will be included on the monthly facility inspection checklist. Results of this review will be discussed at the next staff/QA meeting on 3/13/24.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (█) - 02/28/2024)