

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

April 10, 2024

[REDACTED], ADMINISTRATOR
REBECCA S PERSONAL CARE HOME INC
118 MASTERS AVENUE
EVERETT, PA, 15537

RE: REBECCA'S AT EVERETT
118 MASTERS AVENUE
EVERETT, PA, 15537
LICENSE/COC#: 32407

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2024, 02/07/2024 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: *REBECCA'S AT EVERETT* License #: *32407* License Expiration: *06/03/2024*
 Address: *118 MASTERS AVENUE, EVERETT, PA 15537*
 County: *BEDFORD* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *REBECCA S PERSONAL CARE HOME INC*
 Address: *118 MASTERS AVENUE, EVERETT, PA, 15537*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/09/1996* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/07/2024*

Inspection Dates and Department Representative

02/06/2024 - On-Site: [REDACTED]
 02/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *37* Residents Served: *29*

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

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

02/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2024*

Inspections / Reviews (*continued*)

03/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/08/2024

03/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2024

04/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The certificate of boiler or pressure valve operation completed by the Department of Labor and Industry expired on 2/25/2023 and was reinspected on 4/30/23, creating approximately a 2-month lapse between certifications.

Plan of Correction

Directed (████) - 03/15/2024)

Will have this in the computer system to remind us the date it needs to be done this was put in system by 02/20/2024, also will have it in the state binder with list of others yearly due dates, the state binder will be check monthly at our meetings beginning 4/1/24.

(Directed)

- The Administrator set up a reminder in the computer system in order to prompt the scheduling of timely boiler inspections to meet the 2 year time-frame, this was completed by 2/20/24.

-This reminder will also be placed in the state binder by the Administrator along with other annual due dates.

-Beginning on 4/1/24 the Administrator will review the state binder, inclusive of all due dates/ reminders on a monthly basis. The Administrator will be responsible for scheduling any services that are coming due as a result of these meetings to ensure the correct timeframes are met.

Directed Completion Date: 04/01/2024

Implemented (████) - 04/09/2024)

20b6 - Interest Bearing Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident #3 from █████ until █████ and for resident #4 from █████ until █████. During this time the balance of resident #3 did not fall below █████ and the balance of resident #4 did not fall below █████. The home has not given resident #3 or resident #4 the opportunity to open an interest-bearing account.

Plan of Correction

Directed (████) - 03/15/2024)

Resident #4 we contacted █████ family/POA on █████ they took █████ to put back for █████. Before this █████ was ask if █████ wanted an interest bearing account █████ stated no. resident #3 Was ask if █████ wanted an interest bearing account █████ stated no, had them both sing a paper. On █████ did get out █████

20b6 Interest Bearing Account (continued)

(Directed)

The Administrator contacted Resident #4's family/POA on 2/8/24. The family took [REDACTED] out of the resident's account so that the home was holding [REDACTED] for the resident.

Both Resident #3 and #4 were asked if they wished to open an interest bearing account. Both residents refused, and signed an acknowledgement stating that they did not wish to open an interest bearing account.

Beginning 4/1/24, the Administrator will be responsible for reviewing all resident's funds on a monthly basis. If a resident has an account balance of over \$200 dollars the Administrator will contact the resident and ask if they would like to open an interest bearing account. If a resident refuses to open an account, the Administrator will obtain a signed statement from the resident refusing this service.

Directed Completion Date: 04/01/2024

Implemented ([REDACTED] - 04/09/2024)

25b - Contract Signatures

3. 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 contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 03/12/2024)

This will be added to a check list we have for when a new resident comes in.

Resident #1 sign the contract on [REDACTED].

02/10/24 Administrator went though every resident file to make sure all were signed.

Check list will start 2/20/2024

It will be reviewed month at every staff meeting. This check list will be on front of every residents folder.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented ([REDACTED] - 04/09/2024)

44g - Telephone Number

4. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

44g Telephone Number (continued)

Plan of Correction

Directed () - 03/15/2024

They were printed off and put on the information board by the main door for all to see on 02/07/2024, add to monthly check list to be done by administrator at the beginning of each month.

(Directed)

The Administrator printed the appropriate telephone numbers and placed them on the information board by the main door on 2/7/24.

The Administrator added an item on the monthly checklist to ensure that the numbers are correct and posted. Beginning 4/1/24 this checklist will be reviewed monthly and documented to ensure that the numbers remain posted by the main door of the home.

Directed Completion Date: 04/01/2024

Implemented () - 04/09/2024

51 - Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A, hired () as a cook, lacked a Pennsylvania State Police (PSP) completed at hire. No PSP clearance was observed on file.

Plan of Correction

Directed () - 03/15/2024

Have a check list for new employees to make sure nothing is missed before starting. made on 2/18/24. The background check was done and put in file on 3/7/24 the new check list for new employees will start 3/1/2024

(Directed)

A Pennsylvania State Police clearance was obtained for staff member A on 3/7/24 and placed in the employee's record.

A checklist which identifies all required documents for new employees was created on 2/18/24 by the Administrator. Beginning on 3/2/24, the Administrator will ensure all new hire records will include the checklist.

Directed Completion Date: 04/01/2024

Implemented () - 04/09/2024

63a - First Aid/CPR Training

6. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

On 1/7/24, 1/9/24 and 1/10/24 from 10:00 PM to 6:00 AM, 29 residents were present in the home. During those times, 0 staff persons were present in the home who were certified in CPR/First Aide.

Plan of Correction

Directed [redacted] - 03/15/2024)

We will have two more staff do the CPR/First aide training. This should cover any and all shifts. This is already set up for March 6 at 12pm will review schedules to make sure their is, 7 staff that are CPR/First Aid trained. That is more then half the staff that are trained. I have attached a list I will have in the my state binder to know when staff need training.

(Directed)

- On 3/6/24 training for CPR/First-aide certification was completed for two additional staff who do not have the current certification.
- Beginning 4/1/24 the schedule will be reviewed by the Administrator weekly to ensure a minimum of 1 staff person is present at all times who is certified in CPR/first aid.
- A state binder was created on 4/1/24 to monitor staff CPR/first aid certification renewal and expiration dates.
- Beginning 4/1/24, the current list of CPR/First aid certified staff will be reviewed by the Administrator biannually for training expiration dates and recertification training scheduled as needed.

Directed Completion Date: 04/01/2024

Implemented [redacted] - 04/09/2024)

126a - Furnace Inspection

7. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home lacked documentation of any previous or current furnace inspection.

Plan of Correction

Directed [redacted] - 03/15/2024)

On 2/20/24 this has been put in our computer system as a yearly reminder to have done. On November 15,02024 the furnace was cleaned. We will also have a check list of all things in the stated binder we have for Administrator and Administrator assistant. This was added to the check list 3/6/24, It will be check monthly at our meetings

(Directed)

- The annual furnace cleaning for 2023 was completed on 11/15/23.
- Documentation to identify annual furnace cleaning was created by the Administrator on 3/6/24 and will be kept on file.
- A checklist was created by the Administrator on 3/6/24 to ensure annual cleaning is completed, documented and remain on file as required.

Directed Completion Date: 04/01/2024

Implemented [redacted] - 04/09/2024)

132e - Fire Drill Sleeping Hours

8. Requirements

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on 10/6/23 at 5:00 AM and the previous sleeping hours fire drill was conducted on 3/20/23 4:45 AM.

Plan of Correction**Directed (████ - 03/15/2024)**

This was put in the computer system we use as a 5 month reminder to be done every 6 months. We will also have a check list of all things in the stated binder we have for Administrator and Administrator assistant.

The reminder was placed into computer on 2/20/24

Date the list was put in binder 2/21/2024

This will be check monthly at the staff meeting.

(Directed)

-A fire drill during sleeping hours will be completed by 4/1/24.

-Reminders were placed in our computers on 2/20/24 to remind staff every 5 months to complete a fire drill during sleeping hours as required.

-The fire drill record was placed in the state binder by the Administrator and will be reviewed monthly for continued compliance in fire safety beginning on 4/1/24.

Directed Completion Date: 04/01/2024

Implemented (████ - 04/09/2024)**141b1 - Annual Medical Evaluation****9. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on ██████. The resident's previous medical evaluation was completed on ██████.

Plan of Correction**Directed (████ - 03/15/2024)**

Yearly reminders will be put in our care suite system we use as a reminder to have these completed on time. They were put in on 2/20/24.

On 02/19/2024 all resident's file's were gone though to make sure all up to date.

(Directed)

-All resident records were reviewed by the Administrator on 2/19/24 for compliance with annual medical evaluations.

-Reminders for annual resident medical evaluations were placed into our computer system on 2/20/24.

-Beginning on 4/1/24, the dates for resident medical evaluations will be reviewed and updated on a monthly basis by the Administrator.

Directed Completion Date: 04/01/2024

Implemented (████ - 04/09/2024)

182c Medication Administration

10. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [redacted] at [redacted] the Medication Administration Record (MAR) lacked documentation that resident #1 was provided [redacted].

On [redacted] and [redacted] the MAR for resident #2 lacked documentation that resident #2 received [redacted] and [redacted].

Plan of Correction

Directed [redacted] - 03/15/2024

Administrator will go over med pass with med techs to make sure things are marked off right and if resident in not in building it will be marked off that way. Administrator will check weekly to make sure staff is not missing any med pass.

Retraining was done 2/9/24

(Directed)

-All resident Medication Administration Records (MAR) will be reviewed by the Administrator for compliance by 4/1/24.

-Training on the requirements for medication administration and proper completion of the resident MAR was completed on 2/9/24 by the Administrator.

-Beginning 4/1/24, the Administrator or administrator designee will review resident MAR's weekly for 4 months to ensure compliance with documentation on resident MAR.

Directed Completion Date: 04/01/2024

Implemented [redacted] - 04/09/2024

190c Record of Training

11. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's 2023 medication administration recertification training record for staff members B, C, D and E lacked dates showing when medication administration training was completed.

Plan of Correction

Directed [redacted] - 03/15/2024

The administrator assistant will check over paper work after done to make sure it is sign to help make sure nothing is missed by the administration.

On 02/09/2024 the medication administration recertification training records were reviewed by [redacted] the date was put they were done.

(Directed)

-All required training components for current medication technicians will be reviewed for compliance by 4/1/24 by

190c - Record of Training (continued)

the Administrator.

-The missing dates the medication administration training was completed and were placed on staff training documents on 2/9/24 by the Administrator.

-Training for all medication technicians will be reviewed for compliance biannually beginning 4/1/24 by the Administrator.

Directed Completion Date: 04/01/2024

Implemented [redacted] - 04/09/2024)

224a - Preadmission Screen Form

12. 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's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [redacted] - 03/15/2024)

Have a check list for new residents that come in to make sure everything is filled out and done.

On [redacted] the preadmission screening was reviewed and corrected.

On [redacted] the prescreening was added to the check list.

[redacted] was implemented, was reviewed on all other residents files.

Proposed Overall Completion Date: 03/08/2024

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 04/09/2024)

225c - Additional Assessment

13. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #2's current assessment was completed on [redacted]. However, the resident's previous assessment was completed on [redacted]

Plan of Correction

Directed [redacted] - 03/15/2024)

The care suite system we are using now has the resident reminders of yearly RASP that are due and when to have them done by. It is placed in the system when they come to the home for the first time, all previous residents dates were added in too. On 2/12/24 all residents files were gone though to make sure dates were in system for the RASP. The picture I'm sending shows what's in the system.

(Directed)

225c Additional Assessment (continued)

On 2/12/24 all resident assessments were reviewed for compliance with regulations regarding annual assessment by the Administrator.

Reminders were placed into our computer system on 2/12/24 to identify when annual resident assessments are due.

Beginning 4/1/24 all resident assessments will be reviewed monthly for upcoming annual assessment due dates by the Administrator.

Directed Completion Date: 04/01/2024

Implemented ([REDACTED] - 04/09/2024)