

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

July 12, 2024

[REDACTED], ADMINISTRATOR
HAVERILLA PERSONAL CARE HOME INC
775 STONETOWN ROAD
ROSSITER, PA, 15772

RE: HAVERILLA PERSONAL CARE HOME
775 STONETOWN ROAD
ROSSITER, PA, 15772
LICENSE/COC#: 42793

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2024 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: *HAVERRILLA PERSONAL CARE HOME* License #: *42793* License Expiration: *06/09/2024*
 Address: *775 STONETOWN ROAD, ROSSITER, PA 15772*
 County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HAVERRILLA PERSONAL CARE HOME INC*
 Address: *775 STONETOWN ROAD, ROSSITER, PA, 15772*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *07/28/1977* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/06/2024*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *24* Residents Served: *20*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *17*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/06/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/22/2024*

05/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/28/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/10/2024*

Inspections / Reviews *(continued)*

07/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The was a piece of porcelain missing from the top of a commode tank that was located in the second stall of the common bathroom. The piece of missing porcelain was approximately 1 x 1 inches in size and exposed sharp edges that presented a skin tear hazard.

Plan of Correction

Directed ([redacted]) - 05/06/2024

The top of the commode tank with the missing porcelain piece was replaced during inspection correcting this violation. Staff and residents were reminded to let administrators know of any hazards.

Proposed Overall Completion Date: 02/28/2024

Directed:

Within 24 hours of receipt of the accepted plan of correction the administrator or designated staff person shall ensure that the damaged commode top is replaced. [redacted] 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall begin inspecting all shared bathrooms twice weekly to identify any maintenance issues. [redacted] 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall instruct all staff on the importance of maintaining bathroom facilities and reporting all maintenance issues immediately. [redacted] 5/6/24

Directed Completion Date: 06/6/2024

Directed Completion Date: 06/06/2024

Implemented ([redacted]) - 07/12/2024

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 did not have access to a source of light that can be turned on/off at bedside.

Resident #2 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Directed ([redacted]) - 05/06/2024

Resident 1 and 2 lights were replaced during inspection correcting this violation. Staff will check all lights when

101j7 - Lighting/Operable Lamp (continued)

making beds.

Proposed Overall Completion Date: 02/28/2024

Directed:

Within 24 hours of receipt of the accepted plan of correction the administrator or designated staff person shall ensure that resident's #1 and #2 have functioning bedside light sources. [REDACTED]. 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall ensure that all residents have functioning bedside light sources. [REDACTED] 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall begin weekly resident room inspections to ensure all bedside light sources are present and functioning. [REDACTED] 5/6/24

Directed Completion Date: 06/6/2024

Directed Completion Date: 06/06/2024

Implemented [REDACTED] - 07/12/2024)

103c - Food Protected

3. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

There was a stainless-steel bowl of marinated flank steak in the stand-up Kohler refrigerator located in the kitchen.

Plan of Correction

Directed [REDACTED] - 05/06/2024)

The food was covered, labeled and dated during our inspection correcting this violation. Administrator put a reminder sign on refrigerator reminding staff to cover, label and date all food.

Proposed Overall Completion Date: 02/28/2024

Directed:

Within 24 hours of receipt of the accepted plan of correction the administrator or designated staff person shall ensure that all food is covered and labeled. [REDACTED]. 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall begin inspecting all food storage to ensure all food items are properly stored and labeled. [REDACTED] 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall instruct all staff on the importance of proper food storage. [REDACTED] 5/6/24

103c - Food Protected (continued)

Directed Completion Date: 06/6/2024

Directed Completion Date: 06/06/2024

Implemented (████) - 07/12/2024)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 1/24/24, did not include an a.m., p.m., time indicator.

Plan of Correction

Directed (████) - 05/06/2024)

The correct time was marked corrcting this violation. Administrator will double check paper work before filing.

Proposed Overall Completion Date: 02/28/2024

Directed:

Within 24 hours of receipt of the accepted plan of correction the administrator or designated staff person shall review all fire drill paperwork to ensure completeness and accuracy. █████ 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall begin audit all emergency procedure documents to ensure completeness and accuracy. █████. 5/6/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall begin reviewing all emergency procedure documents and records to ensure that they are properly recorded. █████. 5/6/24

Directed Completion Date: 06/6/2024

Directed Completion Date: 06/06/2024

Implemented (████) - 07/12/2024)