

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

March 20, 2024

[REDACTED], ADMINISTRATOR
PENSTATE BEST CARE INC
[REDACTED]

RE: HASKINS HOUSE
1009 RHOADS AVENUE
SECANE, PA, 19018
LICENSE/COC#: 13855

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2024 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: HASKINS HOUSE License #: 13855 License Expiration: 07/05/2024
 Address: 1009 RHOADS AVENUE, SECANE, PA 19018
 County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: PENSTATE BEST CARE INC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/28/1997 Issued By: Commonwealth of PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/08/2024

Inspection Dates and Department Representative

02/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 22 Residents Served: 21
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

02/08/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/24/2024

02/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/19/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/01/2024

Inspections / Reviews (*continued*)

03/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/22/2024

03/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2024

03/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

The resident-home contract, dated [REDACTED], for Resident 2 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 02/26/2024)

Resident #1 and #2 both refused to sign contract on admission. Contract was signed by their legal guardians. Attempt to have sign contract on [REDACTED] and resident #1 and #2 refused again. Copy of contract with refusal noted for both is attached. Administrator will review contract with resident upon admission and obtain appropriate signatures and or document refusal. Administrator to audit resident charts to ensure home contracts are complete by 3/1/24. Administrator to audit charts monthly to ensure all documents are on file.

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

Implemented [REDACTED] - 03/18/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED] at [REDACTED], Staff person A administered medication to Resident 3. Staff person A went to the dining table, lifted Resident 3's shirt, and injected [REDACTED] into their abdomen in front of five other residents who were sitting at the same table and having lunch.

Plan of Correction

Accept [REDACTED] - 03/01/2024)

Administrator will ensure residents are provided privacy of self and possessions. Administrator to in-service nursing staff of resident right to privacy of self and possessions and have completed by 3/14/24. Administrator will include in the in-service that medication administration is not allowed to be administered in common area and privacy shall be respected. Administrator to follow up to ensure no continued issues at Quality Management Staff Training meeting on 6/10/24.

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented [REDACTED] - 03/20/2024)

82b - Poisonous Material Storage

3. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 2/8/24, there were multiple laundry detergents and all-purpose cleaners with a manufacturer's label indicating

82b - Poisonous Material Storage (continued)

Caution", stored in the dry food storage area next to the food items.

Plan of Correction

Accept () - 02/26/2024)

Poisonous materials were removed immediately after violation noted on 2/8/24. Owner and kitchen staff to be in-serviced on policy that poisonous materials are stored separately from food, food preparation surfaces and dining surfaces by 3/14/24. Owner and or kitchen staff to monitor dry food storage daily to ensure no poisonous materials are stored next to food items.

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented () - 03/18/2024)

103d - Storing Food Off Floor

4. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 2/8/24 at 10:35am, there were two 16-gallon plastic containers of cereals and cookies stored on the floor in the dry food storage.

Plan of Correction

Accept () - 02/26/2024)

Food was removed off floor immediately after violation noted on 2/8/24. Administrator to in-service owner and kitchen staff on food storage policy by 3/14/24. Owner and or kitchen staff to monitor food storage area daily to ensure food is kept off the floor.

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented () - 03/18/2024)

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/8/24, there was an unlabeled, undated left-over smoothie in the main kitchen freezer, a half-eaten cucumber, and a bowl of cooked meat in the lower-level fridge.

Plan of Correction

Accept () - 02/26/2024)

Food was thrown out immediately after violation noted on 2/8/24. Administrator to in-service all staff on policy of leftover food being labeled and dated by 3/14/24. Kitchen staff to monitor refrigerators and freezers daily to ensure all food is labeled and dated.

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented () - 03/18/2024)

103g Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A half-eaten cucumber and a bowl of cooked meat were opened and unsealed in the lower-level fridge.

Plan of Correction

Accept (█) - 02/26/2024)

Food was thrown out immediately after noted violation on 2/8/24. Administrator to in-service all staff on policy of food storage in closed and sealed containers by 3/14/24. Kitchen staff to monitor refrigerator's daily to ensure food in stored in closed or sealed containers.

Licensee's Proposed Overall Completion Date: 03/14/2024

Implemented (█) - 03/18/2024)

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 observed by a fire safety expert was conducted on 9/13/22.

Plan of Correction

Accept (█) - 02/26/2024)

Administrator spoke to Fire and Life Solutions on 2/23/24. Informed by them that inspection will be completed by 3/8/24. Inspection summary to be sent to DOHS upon completion and report kept on file at the facility. Administrator will audit home inspection book by first week of the new year(January). A letter of request for fire safety/drill will be written and sent to Fire and Life Solutions in January. The administrator will follow up with Fire and Life Solutions with written or verbal correspondence one month before inspection due.

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

Implemented (█) - 03/18/2024)

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 4/3/23 at 5:30am. The sleeping hours fire drill was not conducted from 5/1/23 to 12/31/23.

Plan of Correction

Accept (█) - 02/26/2024)

Respectfully request this violation be removed. Fire drill was conducted on 10/17/23 at 10:50 pm. Most of residents (more than half) go to sleep at 9pm and wake at 6am. Administrator to conduct fire drill during sleeping hours every six months. When fire inspection is completed by 3/8/24, will have inspector verify that a fire drill was

132e - Fire Drill Sleeping Hours (continued)

conducted during sleeping hours on 10/17/23. Will have inspector verify home-specific sleeping hours are accurate based on staffing records, staff interviews and resident interviews and forward report to DOHS.

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

Implemented ([REDACTED] - 03/18/2024)