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

May 10, 2024

, ADMINISTRATOR/OWNER

1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101

RE: LA CASA PERSONAL CARE HOME
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101
LICENSE/COC#: 40211

Dear ,

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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LA CASA PERSONAL CARE HOME* **License #**: *40211* **License Expiration**: *04/02/2024*

Address: *1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101*

County: *LAWRENCE* **Region**: *WESTERN*

Administrator

Name:

Legal Entity

Name: *LAURA B SEGERS AND JOEL W SEGERS*
Address: *1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101*
Phone:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/04/1996* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *12* **Waking Staff**: *9*

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* **Residents Served**: *12*

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**: *5*
Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

02/08/2024 Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/27/2024*

02/28/2024 - POC Submission

Submitted By: **Date Submitted**: *04/24/2024*
Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/06/2024*

Inspections / Reviews *(continued)*

03/18/2024 POC Submission

Submitted By: [redacted]
Date Submitted: *04/24/2024*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *04/20/2024*

05/10/2024 Document Submission

Submitted By: [redacted]
Date Submitted: *04/24/2024*
Reviewer: [redacted]
Follow Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Resident #1's financial transaction record did not include resident #1's initials for the financial transactions occurring on multiple dates to include [redacted]. The fields were blank.

Plan of Correction ***Accept [redacted] - 03/18/2024)***

The Administrator discussed the issue with the resident on 2/08/24 and the transactions were reviewed, approved and signed by the resident.

Starting 2/08/24, each time a resident has a financial transaction, whether deposit or withdrawal, the Administrator will assure that the resident immediately signs or initials the record at the time of the transaction.

Starting 2/09/24, the financial records will be reviewed at least once weekly during the walk-thru inspection of the home by the Administrator to assure that this protocol is followed.

Licensee's Proposed Overall Completion Date: *02/28/2024*

Implemented [redacted] - 05/10/2024)

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

The doorknob's latch did not meet the strike plate of resident #2's resident room door, preventing the door from being securely closed and compromising resident #2's privacy.

REPEAT VIOLATION: 7/1/22

Plan of Correction ***Accept [redacted] - 03/18/2024)***

The Administrator examined the door on 2/09/24 and determined what was wrong and how to fix it. [redacted] then checked all other doors in the home on 2/09/24 and determined that they all closed properly.

The Administrator adjusted the strike plate on the door on 2/09/24 and it now closes and latches properly.

Starting 2/09/24, all doors will be checked during the weekly walk-thru inspections by the Administrator to determine that they are in proper working order.

Licensee's Proposed Overall Completion Date: *02/28/2024*

Implemented [redacted] - 05/10/2024)

64c - Annual Training

3. Requirements

2600.

64c Annual Training *(continued)*

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Person A the home's administrator completed 0 annual training hours in the January 1, 2023, to December 31, 2023, training year.

Staff person B the home's administrator completed 0 annual training hours in the January 1, 2023, to December 31, 2023, training year.

Plan of Correction ***Accept (- 03/18/2024)***

The Administrators met on 2/14/24 and discussed plans for completing the 24 hours of training for 2024.

No later than 3/31/24, the Administrators will schedule at least 12 hours of the required administrator annual training. No later than 8/31/24, the Administrators will schedule the remaining hours of required administrator annual training.

Administrators will review progress every 2 months beginning 3/20/24 to ensure that all 24 hours of training for each will be completed before the end of the year. The results of each 2 month review will be recorded in the Administrator's Planner.

Licensee's Proposed Overall Completion Date: *02/28/2024*

Implemented (- 05/10/2024)

65e - 12 Hours Annual Training

4. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person C date of hire , received only 1 hour of annual training in the January 1, 2023, to December 31, 2023, training year.

Direct care staff person D date of hire , received only 1 hour of annual training in the January 1, 2023, to December 31, 2023, training year.

Direct care staff person E date of hire , received only 1 hour of annual training in the January 1, 2023, to December 31, 2023, training year.

Plan of Correction ***Accept (- 03/18/2024)***

The Administrators met on 2/14/24 and discussed the plans for ensuring that staff receive 12 hours of training each year.

The Administrators created a Staff Training Plan on 2/19/24 that will ensure that all the eligible staff receive their full 12 hours of annual training by the end of 2024. The Administrator organized the materials on 2/19/24 to cover all of the needed training subjects.

The progress of the staff training will be reviewed by the Administrator every 2 months, beginning 3/20/24 to ensure that the training is being completed in a timely manner, and the results of each 2 month review will be recorded in the Administrator's Planner.

Licensee's Proposed Overall Completion Date: *02/28/2024*

65e 12 Hours Annual Training *(continued)*

Implemented ███ - 05/10/2024)

66a Staff Training Plan

5. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home did not have a training plan completed for the January 1, 2023, to December 31, 2023, training year.

REPEAT VIOLATION: 7/1/22

Plan of Correction ***Accept ███ - 03/18/2024)***

The Administrators met on 2/14/24 and discussed the importance of having a staff training plan for 2024 to cover the annual 12 hours of training requirement for the eligible staff.

The Administrator created a staff training plan on 2/19/24 for the 2024 training year.

The Administrator has entered reminders in the Planner to develop a new staff training plan for the following year no later than 10/31 of each year.

Licensee's Proposed Overall Completion Date: *02/28/2024*

Implemented (███ - 05/10/2024)

81a Accomodation

6. Requirements

2600.
81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident #3 is unable to hear the home's fire alarm. However, the home failed provide the equipment necessary to meet the hearing needs of a resident.

Plan of Correction ***Accept (███ - 03/18/2024)***

Beginning 2/09/24, the Administrator has been researching fire alarms to locate one with visual (i.e. light) warnings that is compatible with the current fire alarm system in the home.

The Administrator will assure that a new fire alarm will be purchased and installed no later than 3/31/24 in the bedroom of "Resident 3" that will provide visual warning to ensure the resident who is deaf will be immediately aware of the alarm in an emergency.

During the monthly fire drills, beginning with the fire drill that will be held in April, 2024, the staff present will check that this alarm (along with all the others) is working properly and that the "Resident 3" was able to respond immediately to the visual (i.e. light) alarm.

NOTE: "Resident 3" does have partial hearing and has always responded in the past to the very loud alarm and has exited the home quickly.

Licensee's Proposed Overall Completion Date: *03/31/2024*

Implemented (███ - 05/10/2024)

82a - Poisonous Materials

7. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There was an unlabeled clear plastic spray bottle containing a clear liquid with the words soap scum remover written in black magic marker on it.

Plan of Correction ***Accept (█ - 03/18/2024)***

This spray bottle was removed from the home by the Administrator on 3/08/24 (the day of the inspection). The home was searched thoroughly by the Administrator on 3/09/24 for any unlabeled containers of cleaning solution and no others were found.

The staff was trained by the Administrator 2/22/24 on the importance of not transferring cleaning products out of their original labeled containers.

Beginning 2/23/24 compliance will be checked by the Administrator on the weekly walk-thru inspections, noted on the inspection checklist, and any issues will be dealt with promptly.

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented (█ - 05/10/2024)

88a - Surfaces

8. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was a hole approximately 2 x 4 feet in the drop tile ceiling in the resident room located on the first-floor next to the kitchen and across from the dining room.

There was a partially detached section of plaster approximately 4 x 36 inches in size on the left side of a resident room's ceiling. The resident's room was located on the first-floor of the home and was the second resident room on the right side of the hall from the home's main entrance.

There was a section of dry-wall approximately 6 x 24 inches missing from the wall directly across from the commode in the first-floor common bathroom.

The latch of the exit door located in the resident room immediately to the left of the second-floor common bathroom was unable to meet its strike plate correctly, rendering the door unable to be securely closed.

There was a gap approximately .75 inches in size between the entire length of the exit door and the exit door's threshold located in the resident room immediately to the left of the second-floor common bathroom. The gap allowed for significant airflow to enter into the resident's room from the outside.

A section of drywall approximately 6 x 6 inches in size was missing from the bottom portion of the wall next to the front of the bathtub in the second-floor common bathroom.

There were two large bubbles of plaster, approximately the size of softballs on the second-floor common bathroom's

88a - Surfaces (continued)

ceiling directly above the common bathroom's doorway.

Plan of Correction ***Accept (█ - 03/18/2024)***

The Administrator examined all of these areas on 2/12/24 and made a list of materials needed to make the repairs.

The repairs were begun by the Administrator on 2/13/24 and will all be completed by the Administrator by 3/31/24 or sooner.

Beginning 2/23/24 the Administrator will examine the home carefully during the weekly walk-thru inspections and will make future repairs in a timely manner.

Licensee's Proposed Overall Completion Date: *03/31/2024*

Implemented (█ - 05/10/2024)

92 - Windows

9. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was no screen in the left window located in the second-floor resident to the right of the staircase.

The was a tear approximately 1 x 1 inches in size in the lower portion of the window screen in the window of the first-floor common bathroom.

There were multiple tears on the lower portion of the window screen in the window of the second-floor common bathroom.

Plan of Correction ***Accept █ - 03/18/2024)***

The Administrator removed the damaged screens and measured the window that was missing a screen on 2/19/24. The Administrator also checked the condition of the other screens in the home on 2/19/24.

The Administrator took the damaged screens to the local glass shop, as well as the measurements for the missing screen. These screens have all been replaced and were installed by the Administrator on 2/27/24.

Starting 2/23/24 the Administrator will examine the screens throughout the home on the weekly walk-thru inspection and will ensure that any torn or missing screens are noted on the checklist and are repaired or replaced in a timely manner.

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented (█ - 05/10/2024)

101j2 - Bedroom Chairs

10. Requirements

2600.

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

2. A chair for each resident that meets the resident's needs.

Description of Violation

There was only one chair in the multiple resident room occupied by residents #3 and #4.

101j2 - Bedroom Chairs *(continued)*

Plan of Correction ***Accept - 03/18/2024)***

This resident uses a padded folding chair and it was located the day of the inspection across the hall in another bedroom. The Administrator returned the chair to the proper room 2/08/24 (the day of the inspection).

The Administrator checked all of the resident bedrooms on 2/09/24 and determined that they all had at least one chair in the room for each resident.

Starting 2/23/24 the Administrator will check the rooms for all the required items, i.e. chairs, on the weekly walk-thru inspection and will ensure that any missing items are noted on the checklist and immediately addressed.

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented - 05/10/2024)

103c - Food Protected

11. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At 11:10 a.m., the refrigerator on the right had an uncovered stainless-steel bowl of chicken salad.

At 11:10 a.m., the refrigerator on the right had an uncovered ceramic bowl of butter.

Plan of Correction ***Accept - 03/18/2024)***

The Administrator examined all of the food stored in the refrigerators, freezers and pantries on 2/09/24 to determine if they were covered, labeled and dated properly. No other issues were found.

Staff was re-trained on 2/22/24 by the Administrator on the importance of always covering, labeling and dating each food item before storing. (This chicken salad had just been made by the staff and was going to be used within a few moments to make the sandwiches for lunch.)

Starting 2/23/24 the Administrator will check during the weekly walk-thru inspection, and at other random times, to be sure all food items are covered properly.

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented (- 05/10/2024)

185a - Implement Storage Procedures

13. 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

On , at ., #5's blood glucose monitor was calibrated to a date and time of

Resident #6 is prescribed units before meals plus sliding scale = . On ., the resident's blood glucose monitor had a blood glucose reading of . However, the resident's documented blood glucose reading was indicated as , for the corresponding date and time.

185a - Implement Storage Procedures (continued)

Resident #6 is prescribed insulin [redacted] before meals plus sliding [redacted] - [redacted]. On [redacted]., the residents blood glucose monitor had a blood glucose reading of [redacted] However, the resident's blood glucose reading was not documented for the corresponding date and time. The field was blank.

Plan of Correction ***Accept [redacted] - 03/18/2024)***

The blood glucose monitor was reset with the correct date and time on 2/09/24 by "Staff Member C" and then checked by the Administrator. All the other blood glucose monitors were also checked on 2/09/24 by both "Staff Member C" and the Administrator and were found to be calibrated correctly as to date and time.

The staff were trained on 2/22/24 on the importance of checking the monitor for correct calibration each time they use a monitor with a resident. Staff were also trained on the importance of documenting in the Blood Sugar Log every time blood glucose is checked.

Starting 2/23/24 the Administrator will check the monitors and the Blood Sugar Log at least once weekly during the weekly walk-thru inspection of the home and note any problems on the checklist. The Administrator will immediately correct any issues with the date and time of the glucometers and the Blood Sugar Log and will arrange for staff re-training if needed.

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented ([redacted] - 05/10/2024)

187d - Follow Prescriber's Orders

14. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 prescribed Insulin lispro Inject 3 units subcutaneously 3 times daily with medium sliding scale max [redacted] the resident had a blood glucose level of 140. However, the resident was administered 2 units of insulin.

Plan of Correction ***Accept ([redacted] - 03/18/2024)***

The Administrator examined the Blood Sugar Log and the glucometers on 2/14/24 and determined that there were no other errors or omissions.

The Administrator trained the staff on 2/22/24 on the importance of administering insulin exactly as prescribed, and of recording the precise blood glucose reading in the Blood Sugar Log, as well as the exact number of units of insulin administered.

Starting 2/23/24 the Administrator will check the Blood Sugar Log once weekly during the walk-thru inspection, as well as at random times, and will address any issues immediately.

Licensee's Proposed Overall Completion Date: *03/06/2024*

Implemented ([redacted] - 05/10/2024)