



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JULY 26, 2024

[REDACTED]
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care
License/COC #: 431212

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on February 21, 2024, February 29, 2024, and May 14, 2024, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REFUSES to RENEW your certificate of compliance (license number 431212) to operate the above facility. The Department's decision to not renew your license is based on the violations attached to this notice and your failure to comply with the Department's regulations, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, and is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa. Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
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Section:

65(g)	III	13	\$3	\$39	15 calendar days from mailing date of this letter
85(a)	III	13	\$3	\$39	15 calendar days from mailing date of this letter
101(j)(3)	III	13	\$3	\$39	15 calendar days from mailing date of this letter
141(b)(1)	II	13	\$5	\$65	5 calendar days from mailing date of this letter
144(c)(1)	II	13	\$5	\$65	5 calendar days from mailing date of this letter
184(a)	III	13	\$3	\$39	15 calendar days from mailing date of this letter
187(a)	III	13	\$3	\$39	15 calendar days from mailing date of this letter
103(f)	II	13	\$5	\$65	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to REFUSE TO RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you

decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Lestia Fetzer, Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. New Life Personal Care is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes)

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: Gene Cuccarese, Office of General Counsel
Theresa Hartman, Bureau Director
Sheila Page, Director of Operations
Brent Sutherland, Regional Director

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

Facility Information

Name: *NEW LIFE PERSONAL CARE* License #: *43121* License Expiration: *05/28/2024*
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NEW LIFE PERSONAL CARE HOME, INC.*
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA, 15132*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/24/1990* Issued By: *Dept. of Labor and Industry*
Type: *Other* Date: *11/20/1996* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *02/29/2024*

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]
02/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *14*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/21/2024 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/12/2024*

04/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/11/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/26/2024*

06/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/30/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] 2023, upon resident #1's admission to the home, resident #1 took a butter knife from the kitchen, threatened resident #2 and put resident #2 in a headlock. This incident was observed by staff person A, the home's [REDACTED]; however, this report of resident-to-resident abuse was not reported to the area agency on aging.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

All abuse will be reported immediately by admin. Within 24 hours the admin will ensure all incidents and allegations of abuse are reported to all parties in accordance with the Older Adult Protective Services Act. Within 5 calendar days the administrator will develop and implement an abuse reporting system to ensure all incidents and allegations of abuse are reported to all parties in accordance with the Older Adult Protective Services Act. Ombudsman was contacted to educate the facility on abuse and reporting abuse. Ombudsman gave training on 4/14/2024.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [REDACTED] 06/10/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] 2023, upon resident #1's admission to the home, resident #1 took a butter knife from the kitchen, threatened resident #2 and put resident #2 in a headlock. This incident was observed by staff person A, the home's [REDACTED] however, this incident was not reported to the Department.

Plan of Correction

Directed [REDACTED] - 05/06/2024)

Admin reported incident to the area agency on aging on 2/22/24. Act 30 form will be provided to DHS by admin. Ombudsman was contacted to educate the facility on abuse and reporting abuse. The dates and length of class to be provided.

Resident #1 is no longer residing at the facility. On 4/5/24 admin made rounds 50% were interviewed to see if anyone feels threatened. 50 % verbalized being safe. On 4/6/24 admin made rounds on the remaining residents to see if they also feel threatened, remaining 50% verbalized being safe. Admin will conduct interview to ask residents if they are or feel safe from 4/7/24 daily for 7 days, 2 times a week for 4 weeks and then weekly for 4 weeks.

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The administrator will develop and implement an abuse reporting system to ensure all incidents and allegations of abuse are reported to the Department within 24 hours.

16c - Written Incident Report (continued)

- JD 5/6/24

Within 5 calendar days of receipt of the plan of correction - The administrator will review all incidents at the home daily for 30 days and at least weekly thereafter, to ensure all reportable incidents and conditions are reported to the Department by the required reporting method and within the required time frame. - [REDACTED] 5/6/24

Within 5 calendar days and at least quarterly thereafter - The administrator will review all reportable incidents and conditions as part of a quality management review to ensure all reportable incidents and conditions as listed under Chapter 2600.16a and 16c are reported to the Department within the required time frame and by the required reporting method. - [REDACTED] 5/6/24

Directed Completion Date: 05/10/2024

Not Implemented - [REDACTED] - 06/10/2024)

25a - Written Contract and Review

3. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [REDACTED] 2023, did not have a resident-home contract completed until 10/7/2023.

Plan of Correction

Accept [REDACTED] - 05/03/2024)

Immediately admin completed the contract for resident #1 on 4/2/24. Admin edited 50% of the charts to ensure all contracts were completed on 4/3/24. Admin edited 50% on 4/4/24 to ensure all resident contracts were completed on 4/4/24. Admin will audit charts on 4/5/24 daily for 7 days, then weekly for 4 weeks, then biweekly for 4 weeks.

When new residents apply their contract will be reviewed by other office staff the same day for completion starting 4/2/24. Within 5 calendar days the administrator will develop and implement a document tracking system for new residents to ensure all contracts are completed entirely prior to or within 24 hours of admission.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [REDACTED] - 06/10/2024)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 2/21/2024 at 11:35 am, agents of the Department notified staff person A, the administrator, that a resident had a bowel movement in their underwear and left the soiled underwear in the bathtub in the second floor bathroom. Staff person A went to resident #3's room and chastised the resident saying "You shit in the tub and the state inspectors are here!"

42c - Treatment of Residents (continued)

Plan of Correction

Accept [REDACTED] - 05/06/2024)

On 4/3/24 admin held a quality assurance meeting. Re-assured all residents that they will be treated with dignity and respect. Admin also had a meeting on 4/2/24 acknowledgment was made to the resident that admin did not treat resident #3 with dignity or respect. Admin re-assured him the home will change and treat him with dignity and respect. Admin updated resident #3's RASP to reflect residents incontinence of bowels.

DCS to toilet resident every 2 hours and as needed to assist with maintaining dignity and to prevent incontinence. Admin made rounds on 4/4/24 to ask 50% of residents if they were being treated with respect and dignity. Admin made rounds on 4/5/24 to ask remaining 50% of residents if they were being treated with dignity and respect. Admin will conduct interviews daily starting 4/5/24 for a week, weekly for 4 weeks, then biweekly for 4 weeks.

On 4/3/24 admin held a training on de-escalation and treating residents with dignity and respect from Landmark Home Health Agency. All residents were reassured that they will be treated with dignity and respect.

Licensee's Proposed Overall Completion Date: 04/29/2024

Not Implemented - [REDACTED] - 06/10/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

Description of Violation

Direct care staff person B did not receive training in safe management techniques during the 2023 training year.

Repeat Violation: 8/28/2023

Plan of Correction

Accept [REDACTED] - 05/06/2024)

Admin contacted Landmark Home Health on 4/5/24. They will provide annual training that will include: Self administration of meds, meeting residents needs on preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia, and cognitive impairments. Admin on 4/6/24 audited all DCS charts to ensure all annual trainings were completed. Admin will audit all DCS charts beginning on 4/7/24 to ensure all annual trainings are completed. Monitoring will be done daily for 7 days, weekly for 4 weeks and biweekly for 4 weeks

Landmark training took place for safe management techniques on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented - [REDACTED] - 06/10/2024)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person B did not receive training in the Older Adult Protective Services Act or fire safety completed by a fire safety expert during the 2023 training year.

Repeat Violation: 8/28/2023 et al and 6/15/0223 et al

Plan of Correction

Accept [REDACTED] - 05/03/2024)

Admin contacted Landmark Home Health on 4/5/24. They will provide annual training that will include: Self administration of meds, meeting residents needs on preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia, and cognitive impairments. Admin on 4/6/24 audited all DCS charts to ensure all annual trainings were completed. Admin will audit all DCS charts beginning on 4/7/24 to ensure all annual trainings are completed. Monitoring will be done daily for 7 days, weekly for 4 weeks and biweekly for 4 weeks.

Older adult protective services act training took place on 4/29/24 with Landmark.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [REDACTED] - 06/10/2024)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/21/2024, at approximately 9:50 am, there was feces smeared on the floor in front of the bathtub in the second floor bathroom. There was a pair of men's underwear soiled with feces in the bathtub. There was also dried urine around the bottom of the toilet in that bathroom.

On 2/21/2024, at approximately 10:15 am, there were approximately 40 cigarette butts on the ground outside by the smoking area on the side of the house.

On 2/29/2024 at 10:20 am, there were 2 soiled dirty crumpled paper towels, an empty ash tray and a cigarette butt in the 1st floor bathroom tub.

Repeat violation: 8/28/2023; 6/15/2023

Plan of Correction

Accept [REDACTED] - 04/22/2024)

On 2/21/24 at 10:30a the admin cleaned the feces off of the floor and bath tub and sanitized the area. On 2/20/24 at 5p the admin made rounds through the facility and ensured the facility is clean. On 2/22/24 admin educated

85a - Sanitary Conditions (continued)

DCS on maintaining the facilities sanitary conditions. Admin will make rounds on the facility daily from 2/22/24 for 7 days, then weekly for 4 weeks, then biweekly for 4 weeks to ensure all sanitary standards are met.

Licensee's Proposed Overall Completion Date: 04/11/2024

Not Implemented - [redacted] - 06/10/2024)

85b - Infestation

8. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 2/21/2024 at approximately 9:40 am, there were 2 live bed bugs crawling on the ceiling above the bed to the right in the bedroom off of the sitting room on the second floor. In addition, there were multiple areas of bed bug castings and debris along the moldings at the top of the ceiling in this bedroom.

On 2/21/2024, at 10:00 am, there were bed bug castings and debris along cracks in the plaster on the walls in the bedroom to the left of the bathroom on the second floor.

Plan of Correction

Accept [redacted] - 05/06/2024)

On 2/21/2024 at approximately 9:40 am, there were 2 live bed bugs crawling on the ceiling above the bed to the right in the bedroom off of the sitting room on the second floor. In addition, there were multiple areas of bed bug castings and debris along the moldings at the top of the ceiling in this bedroom.

On 2/21/2024, at 10:00 am, there were bed bug castings and debris along cracks in the plaster on the walls in the bedroom to the left of the bathroom on the second floor.

On 2/21/24 Admin called an exterminator company to asses and treat bed bugs. Home shall follow the companies treatment recommendations to eliminate bed bugs. Post treatment admin will make rounds daily to ensure facility is free from bed bugs or other infestations.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [redacted] - 06/10/2024)

88a - Surfaces

9. 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

On 2/21/2024 at approximately 10:05 am, the edges of carpeting on 5 of the steps on the interior staircase were torn, posing a trip/fall hazard.

Plan of Correction

Accept [redacted] - 05/06/2024)

On 2/21/24 Admin repaired the torn steps. On 2/22/24 admin made rounds on facility to ensure all areas in the facility are clean and in good condition and free of hazards. Admin will make rounds on 2/23/24 daily to ensure facility infrastructure is in good condition and free of hazards.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [REDACTED] - 06/10/2024)

89a - Water Pressure

10. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 2/29/2024, the sink handle in the first floor bathroom was broken. It was not possible to turn on the water at that sink.

Plan of Correction

Accept [REDACTED] 05/06/2024)

on 2/29/24 admin repaired the sink handle in the first floor bathroom. On 3/1/24 admin made rounds to make sure all sink handles are intact and working. Admin will make rounds daily.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented - [REDACTED] - 06/10/2024)

95 - Furniture and Equipment

11. Requirements

2600.

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

Description of Violation

On 2/21/2024, the following furniture was in disrepair:

- A dresser drawer handle missing on the second drawer from the bottom on the left side of the bedroom off of the 2nd floor sitting room.
- The plastic lamp shade on the wall lamp in the bedroom to the left of the 2nd floor bathroom was cracked and a piece of the plastic was missing.
- A dresser drawer was missing drawer in the small dresser, and there were no knobs on the first 3 drawers of the tall dresser in the bedroom to the left of the second floor bathroom.
- There was no handle on the top drawer of resident #4's dresser.
- The wood on the top of resident #5's dresser was splitting, lifted and warped.
- There was a hole measuring approximately 4" x 2" in the arm of the black leather couch near the dining room side of the living room.

Plan of Correction

Accept [REDACTED] /06/2024)

On 2/25/24 the admin replaced the missing handle on the second drawer on the 2nd floor sitting room, the plastic

95 - Furniture and Equipment (continued)

lamp shade on the wall lamp in the bedroom to the left of the 2nd floor bathroom, missing drawer in the small dresser and nobs on the first 3 drawers of the tall dresser in the bedroom to the left of the second floor bathroom, handle on the top drawer of resident #4's dresser, the wood on the top of resident #5's dresser, and the arm of the black leather couch near the dining room side of the living room.

Repairs and or replacements were made. On 2/25/24 admin made rounds on 1st floor to ensure all furniture and equipment were intact and not damaged. On 2/26/24 admin made rounds on 2nd floor to ensure all furniture and equipment were intact and not damaged. On 2/27/24 admin will make rounds at facility to ensure all equipment are intact with no damage daily.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [REDACTED] - 06/10/2024)

101j3 - Bed/Linens/Pillows/Blankets

12. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 2/21/2024, at approximately 9:30 am, the pillow case on the bed to the right in the bedroom off of the sitting area on the second floor was covered with brown stains and had bed bug debris on the corners of the pillow case.

On 2/21/2024, at approximately 10:00 am, there were multiple brown stains on the pillow case on the bed on the back wall in the bedroom to the left of the 2nd floor bathroom.

Repeat Violation 6/15/2023

Plan of Correction

Accepted [REDACTED] 05/06/2024)

Admin and DCS will do rounds and changes daily to make sure that all linen is clean and in good shape on residents beds. A log will also be made to keep track of these changes with date and time and the admin or DCS that last changed linen.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented - [REDACTED] 06/10/2024)

103g - Storing Food

13. Requirements

2600.

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

Description of Violation

On 2/21/2024, at 10:30 am, there was an uncovered paper plate with 3 pieces of cooked sausage, 3 french toast sticks and 2 fried eggs on the stove griddle in the kitchen.

Repeat Violation 6/15/2023

Plan of Correction

Directed [REDACTED] - 05/06/2024)

2/21/24 admin tossed the poorly stored food. 2/21/24 admin educated DCS on proper way of storing food. On

103g - Storing Food (continued)

2/22/24 admin will make rounds every shift to ensure all foods are stored properly in closed and sealed containers daily for 7 days. A log will be kept.

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The administrator or a designee will monitor food storage areas at least weekly to ensure all food is stored safely. [REDACTED] 5/6/24

Directed Completion Date: 05/11/2024

Not Implemented [REDACTED] 06/10/2024)

141b1 - Annual Medical Evaluation

14. 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 [REDACTED] 2022.

Repeat Violation: 8/28/2023 and 6/15/2023

Plan of Correction

Directed [REDACTED] - 05/06/2024)

[REDACTED]

DIRECTED:

Within 5 days of receipt of the plan of correction – The administrator will discuss the requirement for a medical evaluation with the resident to determine why the resident is refusing a medical evaluation. Documentation will be kept. – [REDACTED] 5/6/24

Within 5 calendar days of receipt of the plan of correction – The administrator will request assistance from community agencies, such as county mental health and the area agency on aging, in encouraging the resident to accept care in accordance with regulation 2600.222, Documentation will be kept. – [REDACTED] 5/6/24

Within 30 calendar days of receipt of the plan of correction - Resident #2 will have an in-person medical evaluation performed by a physician, physician's assistant or certified registered nurse practitioner, and documented on the required medical evaluation form. – [REDACTED] 5/6/24

Within 30 calendar days of receipt of the plan of correction - The administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed and present in each residents' record. [REDACTED] 5/6/24

Within 30 calendar days of receipt of the plan of correction - The administrator will develop and implement a document tracking system to ensure all residents have a medical evaluation completed within the required timeframe, at least annually. Documentation will be kept. – [REDACTED] 5/6/24

141b1 - Annual Medical Evaluation (*continued*)

Directed Completion Date: 06/02/2024

Not Implemented - [REDACTED] 06/10/2024)

144c1 - Smoking Area Guidelines

15. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 2/21/2024 at approximately 10:20 am, there were ashes and black ash marks the screen on the window sill next to resident #4's bed on the first floor. Staff person A, the administrator, indicated the home is having a hard time with [REDACTED] smoking in the home.

On 2/21/2024 at approximately 10:31 am, there was a cigarette butt on top of the file cabinet in the alcove of the kitchen.

These are not the designated smoking areas. The designated smoking areas are the front porch and the side porch.

Repeat Violation 6/15/2023

Plan of Correction

Accept [REDACTED] - 05/06/2024)

Admin reeducated DCS and residents on 2/21/24 on smoking hazards and designated smoking areas. Fire inspector education with residents will take place as well. Resident #4 was given a written warning not to smoke inside the facility on 2/22/24. Admin will educate all smoking residents that smoking is not allowed inside the facility daily for 7 days, weekly for 4 weeks, then biweekly for 4 weeks. Staff will also monitor resident's room daily on each shift to ensure resident is not smoking inside the facility. If this happens again, the admin will counsel the resident one last time and document in writing. Further breaking of this house rule will then result in the resident receiving a 30-day notice.

Licensee's Proposed Overall Completion Date: 04/29/2024

Not Implemented - [REDACTED] - 06/10/2024)

184a - Resident's Meds Labeled

16. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on resident #6's Tiotropium Bromide Inhaler (Lupin Haler). The inhaler was in a plastic

184a - Resident's Meds Labeled (continued)

baggie along with an unlabeled Lantus Solostar insulin pen.

There was no pharmacy label, name or date opened on resident #6's Lantus Solostar insulin pen. The insulin pen was in a plastic baggie with resident #6's Tiotropium Bromide (Lupin Haler).

Repeat Violation: 8/28/2023 and 6/15/2023

Plan of Correction

Directed [REDACTED] - 05/06/2024)

[REDACTED]
[REDACTED] -Unacceptable portion of the plan [REDACTED] 5-6/24]

Monitoring will be daily for 7 weeks, biweekly for 4 weeks and then weekly. Audits will be done by admin on a monthly basis. Staff was educated on medication labeling and dating correctly.

DIRECTED:

Within 24 hours of receipt of the plan of correction – The administrator will ensure the identified medications for resident #6 have an accurate and complete label. In the event a new label is not obtained, a change sticker will be applied to the medication and those who administer medication will refer to the medication administration record (MAR) for current dosage instructions. [REDACTED] 5/6/24

Within 5 calendar days of receipt of the plan of correction - All staff will be reeducated on requirement that all prescribed medications have a label with all required information in accordance with 2600.184a, and the process of reviewing the MAR for orders if a change sticker is applied to the medication. Documentation will be kept.

Within 7 calendar days of receipt of the plan of correction - – The administrator or a designee will complete a full medication audit at least weekly, to ensure all medications are labeled with all required information in accordance with 2600.184a and that the medication labels match the current prescription orders. Documentation will be kept.

Directed Completion Date: 04/29/2024

Not Implemented [REDACTED] - 06/10/2024)

187a - Medication Record

17. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident’s name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.

187a - Medication Record (continued)

- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #7 had a bottle of Cholecalciferol 25 mcg Vitamin D3-1000, take one tablet by mouth everyday in the medication cart; however, this medication was not included on the resident's February medication administration record (MAR).

There were 2 entries on resident #5's February MAR for Lexapro, Risperdal, Lithium Carbonate and Cogentin. The documentation was completed twice on the MAR for each of these medications.

Repeat Violation: 8/28/2023 and 6/15/2023

Plan of Correction

Directed [redacted] - 05/06/2024)

[redacted]

nacceptable portion plan [redacted] /6/24

DIRECTED:

Within 24 hours of receipt of the plan of correction - The medication administration records (MARs) for residents #7 and #5 will be corrected to ensure the above medications are accurate. [redacted] 5/6/24

Within 48 hours of receipt of the plan of correction - All staff who administer medication will be reeducated on the required information for the medication administration record. Documentation of training will be kept. [redacted] 5/6/24

Within 48 hours of receipt of the plan of correction and at least monthly thereafter -The administrator or designee will review the MARs of all residents for accuracy and completion, to ensure the MAR includes all prescribed medications and required information, including correct dosage, frequency and duration of administration. [redacted] 5/6/24

Within 15 days of receipt of the plan of correction - The administrator or a designee will complete a full medication audit at least monthly, to ensure all medications are labeled with all required information in accordance with 2600.184a and that the medication labels match the current prescription orders and the MAR. Documentation will be kept. [redacted] 5/6/24

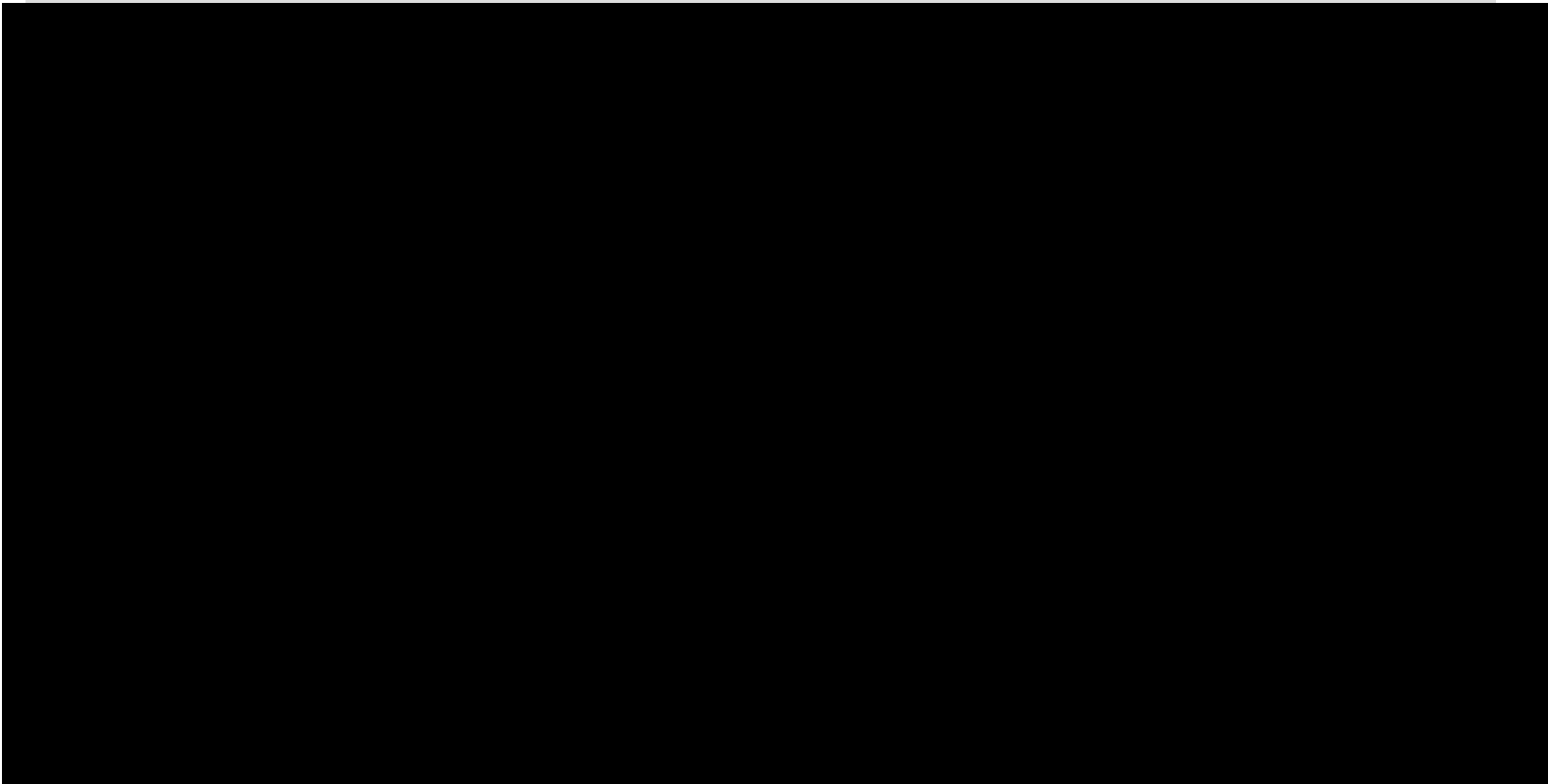
Directed Completion Date: 05/08/2024

Not Implemented - [redacted] - 06/10/2024)

187d - Follow Prescriber's Orders

18. Requirements

187d - Follow Prescriber's Orders (continued)



[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted] Date: 05/21/2024

Implement [Redacted]

191 - Resident Right to Refuse

19. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #6, admitted [Redacted] 2023, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Plan of Correction

Directed [redacted] - 05/06/2024)

[redacted] - [redacted] Unacceptable portion of plan [redacted] 5/6/24]

DIRECTED:

Within 24 hours of receipt of the plan of correction - Resident #6 will be educated of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept. [redacted] 5/6/24

Within 5 calendar days hours of receipt of the plan of correction - The administrator will review the records of all residents to ensure there is documentation that all have been educated on the residents' right to question or refuse a medication if the resident believes there may be a medication error. -- [redacted] 5/6/24

Within 5 calendar days hours of receipt of the plan of correction - The administrator will create and implement a new resident document tracking system to ensure all new residents are educated on the residents' right to question or refuse a medication if the resident believes there may be a medication error. -- [redacted] 5/6/24

Directed Completion Date: 05/11/2024

Not Implemented [redacted] 06/10/2024)

224a - Preadmission Screen Form

20. 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 was admitted to the home on [redacted] 2023; however, the preadmission screening form was completed on 10/7/2023.

Repeat Violation: 6/15/2023

Plan of Correction

Directed [redacted] - 05/06/2024)

A tracking system will be in place to ensure new residents have a preadmission screening form within 30 days prior to admission. Admin will review the form day before admission for completeness.

DIRECTED: Within 5 calendar days hours of receipt of the plan of correction - The administrator will create and implement a new resident document tracking system to ensure all new residents have a completed preadmission screening form completed within 30 days prior to admission. - [redacted] 5/6/24

Directed Completion Date: 04/30/2024

Not Implemented - [redacted] - 06/10/2024)

227d - Support Plan Medical/Dental

21. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [redacted]/2023, indicates the resident needs assistance for making and keeping appointments and securing and using transportation; however, the resident's support plan, dated 8/30/2023, is blank in the areas of description of service need, plan to meet the need, frequency, and responsible party.

Plan of Correction

Directed ([redacted]/06/2024)

[redacted] Unacceptable portion of plan -- [redacted] 5/6/24

All new diagnosis will be added and all fields will be completed and double checked by DCS. Resident #2's support plan was updated on 4/10/24. All support plans were reviewed for completion on 4/10/24.

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The administrator will ensure all newly completed support plans are completed in their entirety. -- [redacted]/6/24

Directed Completion Date: 04/30/2024

Implemented - [redacted] - 06/10/2024)

251b - Record Entries Legible

22. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #2's contract, dated [redacted]/5/2022, to change the amount for room and board to \$2,500.00 and to change the amount to hold a bed to \$83.33 per day.

Correction fluid was used on the financial transaction sheets for the following residents:

- * For resident #8, to change the amount of deposit to \$1,582.30 and the amount withdrawn to \$1,482.30 on 1/3/2024.
- * For resident#4, to change the amount of deposit to \$1,582.30 and the amount withdrawn to \$1,482.30 on 1/3/2024.

251b - Record Entries Legible (continued)

* For resident #9, to change the amount of deposit to \$1,582.30 and the amount withdrawn to \$1,482.30 on 1/3/2024.

Plan of Correction**Directed [REDACTED] - 05/06/2024)**

On 04/10/24 admin completed resident #8, #4, and #9 in legible ink without use of correction fluid. Admin will no longer use correctional fluid on any resident documents. Admin audited 50% of residents charts on 04/10/24 to ensure resident record is legible and free from correction fluid. The remaining 50% of charts were audited as well on 04/10/24. Admin will audit daily for 7 days, weekly for 4 weeks and then biweekly.

Within 5 calendar days from receipt of this plan of correction - All staff will be reeducated on this requirement. Any information on a resident's record that is incorrect will be crossed out and initialed and dated by the person who crossed out the incorrect information. - [REDACTED] 5/6/24

Directed Completion Date: 05/11/2024**Not Implemented [REDACTED] - 06/10/2024)**

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

Facility Information

Name: *NEW LIFE PERSONAL CARE* License #: *43121* License Expiration: *05/28/2024*
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NEW LIFE PERSONAL CARE HOME, INC.*
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA, 15132*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/24/1990* Issued By: *Dept. of Labor and Industry*
Type: *Other* Date: *11/20/1996* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *05/14/2024*

Inspection Dates and Department Representative

05/14/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *13*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/14/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2024*

05/31/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/04/2024

06/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

06/06/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/14/2024, at approximately 9:50 am, there was dried urine around the toilet in the second floor bathroom. There was also a brown substance, approximately 2 inches long, along the edge of the garbage can in that bathroom.

On 5/14/2024, at 10:40 am, there were no paper towels in the first floor bathroom.

Plan of Correction

Directed (████) - 06/06/2024)

The second floor bathroom was cleaned and sanitized on 5/14/24. All bathrooms will be cleaned and sanitized on a daily basis. Sanitation checks will be done 3 times daily indefinitely and a log will be kept by Admin and DCS.

Within 2 days of receipt of the plan of correction - Monitoring will begin 3 times a day. - JD 6/6/24
Proposed Overall Completion Date: 06/10/2024

Directed Completion Date: 06/10/2024

Not Implemented (████) - 06/10/2024)

85b - Infestation

2. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 5/14/2024, at approximately 9:30 am the following evidence of bedbug infestation was observed:

- There were 3 live bed bugs in the seam of resident #1's pillow and black dotted stains and castings from bed bugs covering the entire edge of the pillow.
- There was a live bed bug crawling across the molding on the left side wall above the bed that is across from resident #1's bed, and black dotted stains and castings from bedbugs that covered the molding for the length of the entire room.

Plan of Correction

Directed (████) - 06/10/2024)

On 5/19/24 was the initial treatment from pest control. All problem areas were treated. A second treatment was done on 5/29/24. We will continue treatments from pest control for the bed bugs weekly. DIRECTED- Documentation of all exterminator visits shall be kept. - (████) 6/6/24

Bed and linen checks will be conducted 3 times daily and a log will be kept starting 5/29/24.

Protocol for live bugs are to place linen in dryer to unalive the bugs and then place inside washing machine with

85b - Infestation (continued)

clorox, and then placed back inside dryer and runs through 4 cycles.

DIRECTED: Within 2 days of receipt of the plan of correction - The administrator will follow all protocols for treating bedbug infestation as indicated by professional exterminator, including sanitizing rooms, bedding and residents' clothing. [REDACTED] 6/6/24

Directed Completion Date: 06/08/2024

Not Implemented [REDACTED] - 06/10/2024)

88a - Surfaces

3. 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 an area of dried reddish brown vomit splashed on the floor in front of the bed against the far wall in the bedroom to the left of the bathroom on the second floor.

Plan of Correction

Accept [REDACTED] - 06/06/2024)

On 5/14/24 the admin was made aware of old vomit on the blanket and floor. 5/14/24 the admin asked cleaning staff to sanitize the area. Admin asked staff to check daily for sanitation needs. On 5/15/24 a log was created and will be present for 2 weeks. Admin will check all rooms to ensure floors, walls, ceilings, doors and other surfaces are clean, in good repair and free of hazards 3 times a week.

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

Not Implemented [REDACTED] - 06/10/2024)

92 - Windows

4. 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 a crack across the entire lower right pane of the window in resident #2's room.

Repeat violation: 6/15/23 et al

Plan of Correction

Directed [REDACTED] 06/06/2024)

On 5/14/24 admin was made aware of cracked window. On 5/15/24 admin ordered a new pane for the window to be delivered on order. On 5/15/24 all windows were examined by staff. Monitoring will continue on a weekly

92 - Windows (continued)

basis.

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

Not Implemented () - 06/10/2024)

101j3 - Bed/Linens/Pillows/Blankets

5. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

There was an area of dried reddish brown dried liquid approximately 8 inches long by 6 inches wide on the edge in the middle of the blanket on the bed against the far wall in the bedroom to the left of the bathroom on the second floor. A roommate of the resident who the bed belongs to indicated that the other resident spit up and that is what the substance is.

At approximately 9:30 am, there were black dotted stains and castings from bed bugs covering the entire edge of resident #1's pillow and 3 live bed bugs in the seam of the pillow.

There were no bed linens on the center bed in the room to the right of the 1st floor bedroom, belonging to resident #3.

Repeat violation 6/15/2023 et al

Plan of Correction

Directed () - 06/10/2024)

We will continue treatments from pest control for the bed bugs. Bed and linen checks will be made frequently throughout the day and linen changes will be done weekly or more frequently if needed. Cleaning of soiled linen will be cleaned immediately, and new linen will be supplied. DIRECTED: Cleaning and monitoring of bed linens will begin within 2 days of receipt of the plan of correction. - () 6/6/24

Admin will monitor all beds to ensure pillows, linens and blankets are clean and in good repair 3 times a week.

DIRECTED: Monitoring will begin within 2 days of receipt of the plan of correction. () 6/6/24

DIRECTED: Bed and linen checks will be conducted 3 times daily and a log will be kept starting 5/29/24. - () 6/6/24

DIRECTED: Within 2 days of receipt of the plan of correction - The administrator will follow all protocols for treating bedbug infestation as indicated by professional exterminator, including sanitizing rooms, bedding and residents' clothing. - () 6/6/24

Directed Completion Date: 06/03/2024

Not Implemented () - 06/10/2024)

103e - Left Overs

6. 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 5/14/2024, at 10:40 pm there was a large undated metal pot full of spaghetti with tomato sauce in the middle refrigerator in the basement pantry.

Plan of Correction

Directed [redacted] - 06/06/2024)

On 5/14/24 pot of spaghetti was discarded. All left over foods in the fridge were verified for having correct labeling. All left over food will be properly stored with correct labeling and a date. DCS will monitor food storage areas daily. Admin will monitor food storage 3 times per week.

On 5/15/24 All staff were educated on Proper storage of left overs.

Directed Completion Date: 06/06/2024

Not Implemented [redacted] - 06/10/2024)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/14/2024, at 10:30 am, the temperature in the Philco upright freezer in the pantry in the basement was 5 degrees Fahrenheit.

On 5/14/2024 at 10:35 am there were multiple cardboard boxes of meat on the floor in the basement pantry which should have been kept frozen or refrigerated at a safe temperature including:

- * Box of Beef Franks, labeled "Keep Frozen"
- * Box of Chicken Breast Strips, labeled "Keep Frozen"
- * A large tube of Ground Beef in a cardboard box which had completely defrosted

Repeat violation 6/15/2023 et al and 8/28/2023 et al

Plan of Correction

Directed [redacted] - 06/06/2024)

On 5/14/24 the admin was notified of the food delivery. As of 5/17/24 Admin will label and put food away upon delivery to ensure food safety. All staff was trained on food safety on 5/17/24. Admin will monitor food storage and temperatures of freezers/fridges daily.

DIRECTED: Within 24 hour or receipt of the plan of correction - The administrator or a designated staff person will be assigned to accept food deliveries and to ensure all items requiring refrigeration or freezer storage will be stored

103f - Refrigerator/Freezer Temps (continued)

immediately. - [REDACTED] 6/6/24

Directed Completion Date: 06/03/2024

Not Implemented [REDACTED] - 06/10/2024)