

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

April 19, 2024

[REDACTED], ADMINISTRATOR
JUST LIKE HOME PERSONAL CARE, LLC
506 GALLITZIN ROAD
CRESSON, PA, 16630

RE: JUST LIKE HOME PERSONAL CARE
506 GALLITZIN ROAD
CRESSON, PA, 16630
LICENSE/COC#: 32496

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2024 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: *JUST LIKE HOME PERSONAL CARE* License #: *32496* License Expiration: *03/28/2025*
 Address: *506 GALLITZIN ROAD, CRESSON, PA 16630*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *JUST LIKE HOME PERSONAL CARE, LLC*
 Address: *506 GALLITZIN ROAD, CRESSON, PA, 16630*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *03/11/2013* Issued By: *Cambria County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/06/2024*

Inspection Dates and Department Representative

03/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *14* Residents Served: *14*

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

Hospice
 Current Residents: *1*

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

Inspections / Reviews

03/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2024*

03/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2024*

Inspections / Reviews *(continued)*

04/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/15/2024

04/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

88a - Surfaces

1. 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 3/6/2024 at approximately 10:30 AM, the vents in the "ramp" bathroom with door sign "Restroom" had an accumulation of dust with the potential to prevent proper ventilation

Plan of Correction

Accept (████) - 04/01/2024)

Upon inspection on 03/06.2024 there was dust build up in the ramp bathroom fan. Immediately following inspection on 03/07/2024 the administrator █████ cleaned fan thoroughly inside and out to increase proper ventilation. All fans were cleaned and will be monitored and cleaned by staff every 3 months to ensure no more dust build up and to prevent future blockage and proper ventilation. █████ and █████ will be responsible for quarterly fan checks. Staff was educated on 03/07/2024. Administrator discussed with staff the importance to cleaning fans and vents and educated. Education and discussion will continue to be ongoing, and administrator will continue to monitor for dust throughout facility. attached are pictured of cleaned vent.

Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (████) - 04/19/2024)

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

On 3/6/2024, Residents #1, #2 do not have access to a source of light within reach that can be turned on/off at bedside.

Plan of Correction

Accept (████) - 04/01/2024)

Upon initial inspection completed on 03/06/24 there were 2 resident that had lamps in their room, but they were not at bedside. Immediately following inspection, the administrator discussed with both resident the importance of having a light beside bed for safety purposes. On 03/07/2024 it was discussed with Resident #1 who has a lamp in █████ room but █████ prefers that lamp to be beside █████ chair in █████ room for when █████ is reading. Administrator purchased a stick up light and placed it beside █████ wall to the left side of █████ bed and educated █████ on proper use. Resident # 2 is unable to turn a regular lamp because █████ is 104 years old and does demo general overall weakness. Following inspection on 03/07/2024 the administrator placed a stick-up light to the right side of █████ bolster at bedside and educated █████ on proper use. Resident demonstrated pushing the button to turn the light on/off with no difficulty. Administrator will check batteries once a month to make sure stick-up lights are in good working condition. Administrator will monitor all room and ensure all lamps are within reach while in bed and in good working condition. see pictures of attached stick-up lights. Administrator completed a complete review of all the resident lamps in all the bedroom on 03/19/2024 and all lamps were in good working order and at bedside. Administrator will be responsible for monitoring lamps monthly and complete audit on every 3 months to ensure they are all at bedside starting 04/01/2024. Staff was educated by administrator on 03/07/2024 on this regulation

101j7 Lighting/Operable Lamp (continued)

and will continue to assist with monitoring lamps on a daily basis to ensure they are properly placed and in good working condition and residents are able to reach lamps at bedside.

Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 04/19/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's most recent medical evaluation, dated (), did not include the following diagnoses:

Resident #4's most recent medical evaluation, dated (), did not include a () diagnosis.

Plan of Correction

Accept () - 04/01/2024)

Upon initial inspection on () resident # 4 did not have a diagnosis of () to () medical evaluation. The administrator contacted () (CRNP) with the VA on 03/07/2024 and discussed the diagnosis with () and () placed the diagnosis of () to () current medical evaluation. Administrator will check all DME upon admission and annually to ensure all diagnosis are on the DME to prevent future issues and notify MD for corrections if needed. All DME will be updated and monitored for any changed needed. UPMC hospice nurse () made the correction to Resident # 3 medical evaluation. Administrator reviewed all medical evaluation of all residents' records and all medical evaluation had corrected diagnosis on all and that was completed on 03/20/2024. Ongoing reviews will be completed by the administrator, every 3 months to ensure all evaluation have correct diagnosis and upon initial admission and the start date will begin 04/01/2024.

See attached.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented () - 04/19/2024)

161d - Dietary Needs

4. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

As per Resident #2's diet order, dated [REDACTED], the resident was prescribed a puree diet with thin liquids. However, as per staff and Administrator interviews, the resident is served a mashed diet and/or ground.

As per Resident #3's diet order, dated [REDACTED] the resident was prescribed "easy to chew diet with level 4 extremely thick liquids for safety". However, as per staff and Administrator interviews, the resident is served a pureed diet.

Plan of Correction

Accept [REDACTED] - 04/01/2024)

Upon inspection Resident # 2 had an old order for a puree diet and thin liquids. Following inspection on 03/06/2024 Resident # 2 hospice nurse came and updated the order to soft diet, ground meats and thin liquids. See order attached. Resident # 3 Doctor was notified, and order was updated to Grounds foods and Thickened liquids. See order attached. In the future all diets and orders for diets will be kept in order books/records and followed to prevent any future problems. Administrator will monitor all orders to ensure all diets are being followed correctly. Upon reviewing all medical evaluations for diagnosis diets were also reviewed on 03/20/2024. All Staff were educated by administrator for all diets by on 03/20/2024. [REDACTED] and [REDACTED] were educated on resident 2-3 diets. Administrator will complete monthly audits of both resident's record and staff and administrator will do weekly observation of meals at all times to ensure diets are being followed. All staff were educated on proper diets and which diets to follow. on 03/20/2024

Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented [REDACTED] - 04/19/2024)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/6/2024 at 3:50 PM, [REDACTED], prescribed for Resident #4, was in the home's medication cart; however, the medication was discontinued on [REDACTED]

Repeated Violations - 3/22/2023

Plan of Correction

Accept [REDACTED] - 04/01/2024)

Upon inspection resident #4 had a bottle of OTC [REDACTED] in the med cart that were discontinued on [REDACTED]. The administrator immediately removed the OTC artificial tears on 03/06/2024 and disposed of them. Administrator verbally discussed with med trained staff on 03/06/2024 and 03/07/2024 the importance of removing all prescribed medications that discontinued. Administrator will continue to do quarterly reviews with med trained staff, and it will begin on 04/15/2024 when medication reviews/Audits are due. Any medication that has changed or has been discontinued will be removed immediately when changes have been ordered by physician. [REDACTED] [REDACTED] CNA med trained staff completed review of all medications in the med cart against Mars on 03/12/2024.

183d - Prescription Current (continued)

██████████ will remove all discontinued medication as needed once noted.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented (██████████) - 04/19/2024)

185a - Implement Storage Procedures**6. 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 3/6/2024, Resident #4's glucometer was not calibrated to the correct time. At ██████████, the glucometer read ██████████ PM.

On 3/6/2024, Resident #5's glucometer was not calibrated to the correct time. On ██████████ ██████████, the glucometer read ██████████.

Resident #4 has physician's orders for ██████████ and ██████████ to be administered as needed for ██████████. On ██████████ these medications were not available in the home.

Plan of Correction

Accept (██████████) - 04/01/2024)

Upon inspection on 3/6/2024 glucose monitors were not calibrated correctly for resident number 4 and or resident number 5. On 3/12/2024 monthly glucose monitor sheets were created and staff member ██████████ will complete monthly monitor checks and monitor calibrations and time checks to ensure all monitors are in working conditions. Monthly monitor checks will begin April 1st 2024. Please see monitor sheets attached. On 03/12/2024 ██████████ CNA med trained staff complete glucometer calibration for resident #4 and #5. ██████████ Med trained staff contacted ██████████ NP from the VA and discussed the ██████████ and the ██████████ and those items were discontinued because they were put on by a previous hospital stay. There was a new order for glucose tablets PRN ordered 03/12/2024 and they were placed in the med cart. ██████████ will continue to monitor the med cart monthly starting April 1, 2024 to ensure all meds are available and if discontinue remove all med that are no longer ordered.

Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (██████████) - 04/19/2024)

187a - Medication Record**7. Requirements**

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed ██████████, ██████████, ██████████

187a - Medication Record (continued)

██████████. Resident #4's Medication Administration Record does not include the initials of the staff person who administered these medications on ██████████.

Resident #4 receives insulin ██████████ at ██████████ with breakfast and lunch for ██████████. Add ██████ units if premeal blood sugar is ██████ or greater, hold meal time insulin if premeal blood sugar is less than ██████. Resident #4 also has an order to receive Insulin ██████ injection at ██████-inject ██████ units with supper for ██████████. Add ██████ units if premeal blood sugar is ██████ or greater, hold meal time insulin if premeal blood sugar is less than ██████. The resident's March 2024 Medication Administration Record does not indicate the number of units of insulin administered.

Repeated Violations - 3/22/2023

Plan of Correction

Accept (██████ - 04/01/2024)

Upon inspection 3/6/2024 medication administration records did not include the initials of the staff person who administered these medications on 3/1/2024 at 8:00 PM. Immediately after the inspection administrator ██████████ discussed and educated all med trained staff the importance of documentation of medications per shift and PRNS given. It was discussed how a sliding scale works and the proper way to follow a sliding scale. Training was done with all shifts starting 3/6/2024 for second shift and then continued on 3/7/2024 for first and third shifts. Med trained staff ██████ will complete monthly mars reviews beginning April 1, 2024 to ensure all staff are properly documenting all medications given.

Upon inspection on 3/6/2024 apart injections are given at ██████████ with insulin to be ██████ units in morning and afternoon and ██████████ in evening but if blood sugar is over ██████████ will be added to current dose. immediately following inspection all med trained staff was educated on 3/6/24 and on 3/7/2024 first and third that they must document in notes beside done that extra units given per meal with sugars over ██████. Med trained staff member ██████ will complete weekly blood sugar reviews and check documentation started immediately following inspection and will continue to monitor notes for increased doses on blood sugars over ██████. Weekly review will be done for 2 months then ██████ will complete monthly reviews.
See attached.

Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (██████ - 04/19/2024)

227d - Support Plan Medical/Dental

8. 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.

227d Support Plan Medical/Dental (continued)

Description of Violation

The assessment and support plan for Resident #2, dated [REDACTED], documents a "regular heart healthy diet." The resident's most recent diet order from a physician, dated [REDACTED], indicates "okay to downgrade diet to pureed foods with thin liquids."

The assessment and support plan for Resident #3, dated [REDACTED], indicates the resident has a need for a no salt, low sodium diet, puree, thickened liquids. However, the resident's current diet order from the physician, dated [REDACTED], indicates "change diet to easy to chew diet with level 4 extremely thick liquids for safety."

The most recent medical evaluation for Resident #3, dated [REDACTED] indicates the resident is immobile and requires total physical assistance to evacuate in an emergency. The resident's most recent assessment and support plan, dated 10/25/2023 indicates that the resident is mobile and requires minimal physical or oral assistance to evacuate in an emergency.

The physician's order for Resident #4, dated [REDACTED], prescribes [REDACTED] for [REDACTED]. The resident's most recent assessment and support plan, dated 5/15/2023, does not document a [REDACTED] diagnosis.

The most recent medical evaluation for Resident #6, dated [REDACTED], indicates the resident is immobile and requires moderate physical or oral assistance to evacuate in an emergency. The resident's most recent assessment and support plan, dated 2/3/2024 indicates that the resident is mobile and requires minimal/limited physical or oral assistance to evacuate in an emergency.

Plan of Correction

Directed [REDACTED] - 04/01/2024)

Upon inspection resident #2 had an order that indicated pureed with thin liquids. on [REDACTED] [REDACTED] from Home Nursing Hospice. administrator spoke with spoke to Nurse [REDACTED] about diet and the nurse discussed diet with MD who ordered soft diet, ground meats and thin liquids. Please see order attached dated [REDACTED]

Upon inspection resident #3 DME stated total physical assistance to evacuate in an emergency. On [REDACTED] the administrator contacted resident #3 physician and explained situation and clarified the resident is able to evacuate with assistance of staff and verbal cues with functioning wheeled walker DME was faxed to the physician [REDACTED] [REDACTED] and [REDACTED] updated DME for mobility needs to min minimal mobile with limited physical or oral assist to evacuate in an emergency. See attached DME. Administrator updated Assessment 03/08/2024

Resident #4 does have prostate cancer but was not documented on original DME administrator notified [REDACTED] [REDACTED] CRNP on [REDACTED] about prostate cancer not being on diagnoses and she had administrator fax over DME and added to original DME. Nurse practitioner stated [REDACTED] will be completing a new medical evaluation on him at the end of April. See DME attached.

Administration will continue to review all DME for mobility needs, Special diets, Diagnosis and these will be completed by the administrator monthly for 3 months the quarterly they will be completed. Start date will be April 1, 2024.

Upon inspection resident #6 DME stated total physical assistance to evacuate in an emergency. On 3/11/2024 the administrator contacted resident #6 physician and explained situation and clarified the resident is able to evacuate with assistance of staff and verbal cues with functioning wheeled walker DME was faxed to the physician and he updated DME and her mobility needs to minimal mobile with limited physical or oral assist to evacuate in an emergency. See attached DME.

See attached.

227d Support Plan Medical/Dental (continued)

Proposed Overall Completion Date: 03/25/2024

(Directed)

- Upon inspection resident #2 had an order that indicated pureed with thin liquids. on 3/7/2024 [REDACTED] from Home Nursing Hospice. administrator spoke with Nurse [REDACTED] about diet and the nurse discussed diet with MD who ordered soft diet, ground meats and thin liquids. Please see order attached dated 03/12/2024
- Assessment and support plan for Resident #2 was updated with current diet order received by Administrator from physician by 4/8/2024.
- Upon inspection resident #3 DME stated total physical assistance to evacuate in an emergency.
- On 3/7/2024 the administrator contacted resident #3 physician and explained situation and clarified the resident is able to evacuate with assistance of staff and verbal cues with functioning wheeled walker DME was faxed to the physician [REDACTED] and [REDACTED] updated DME for mobility needs to minimal mobile with limited physical or oral assist to evacuate in an emergency. See attached DME. Administrator updated Assessment [REDACTED]
- Resident #3's physician will be contacted to review appropriate special diet order and updates will be made to resident #3's assessment and support plan by 4/8/2024.
- Resident #4 does have prostate cancer but was not documented on original DME. Administrator notified CRNP on 3/12/2024 about [REDACTED] not being on diagnoses and [REDACTED] had Administrator fax over DME and added to original DME. Nurse practitioner stated [REDACTED] will be completing a new medical evaluation on [REDACTED] at the end of April. See DME attached.
- Upon inspection resident #6 DME stated total physical assistance to evacuate in an emergency. On 3/11/2024 Administrator contacted resident #6 physician and explained situation and clarified the resident is able to evacuate with assistance of staff and verbal cues with functioning wheeled walker DME was faxed to the physician and he updated DME and her mobility needs to minimal mobile with limited physical or oral assist to evacuate in an emergency. See attached DME.
- Staff will be educated on updated special diets for Residents #2 and #3 by [REDACTED]
- Staff will be educated on [REDACTED] diagnosis for Resident #4 by [REDACTED]
- Staff will be educated residents' #3 and #6 ability to evacuate in an emergency as updated on medical evaluations and assessment and support plans by [REDACTED]
- Administration will continue to review all DME for mobility needs, Special diets, Diagnosis and these will be completed by the administrator monthly for 3 months the quarterly they will be completed. Start date will be April 1, 2024.

Directed Completion Date: 04/08/2024

Implemented [REDACTED] - 04/19/2024)

252 - Record Content

9. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

On 3/6/2024, records for Residents #2 and #6 do not include a photograph of the resident that is no more than 2 years old; both residents' photos were dated [REDACTED]

252 - Record Content (continued)

Plan of Correction

Directed ([REDACTED] - 04/01/2024)

Upon inspection on 3/6/2024 there was two residents that were outdated photographs to charts they were both 2 years old or older. Immediately after inspection on 3/7/2024 new photos were taken for both residents and placed in charts dates placed where placed on photos and administrator will take new pictures upon admission and update pictures every 2 years as indicated.

See attached. Administrator reviews all resident records on 03/22/2023 to make sure they were all updated within the past 2 year and they all have been updated. Administrator will continue to review all records every quarterly to ensure they are updated correctly starting June 1, 2024

Proposed Overall Completion Date: 03/25/2024

(Directed)

- Upon inspection on 3/6/2024 there was two residents that were outdated photographs to charts they were both 2 years old or older.*
- Immediately after inspection on 3/7/2024, new photos were taken for both residents and placed in charts. Dates were placed on photos and administrator will take new pictures upon admission and update pictures every 2 years as indicated.*
- Administrator reviews all resident records on 03/22/2024 to make sure they were all updated within the past 2 years and they all have been updated. Administrator will continue quarterly thereafter.*

Directed Completion Date: 04/01/2024

Implemented ([REDACTED] - 04/19/2024)