

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

May 20, 2024

[REDACTED]  
ADVANCED PERSONAL CARE HOME INC  
[REDACTED]  
[REDACTED]

RE: ADVANCED PERSONAL CARE HOME  
245 CENTER STREET, PO BOX 5  
CLARKSVILLE, PA, 15322  
LICENSE/COC#: 44048

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2024 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: *ADVANCED PERSONAL CARE HOME* License #: *44048* License Expiration: *12/15/2024*  
 Address: *245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322*  
 County: *GREENE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ADVANCED PERSONAL CARE HOME INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: *ADVANCEDPCH@GMAIL.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/16/1992* Issued By: *Dept L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *38* Waking Staff: *29*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *04/04/2024*

**Inspection Dates and Department Representative**

04/04/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *39* Residents Served: *35*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *31* Are 60 Years of Age or Older: *22*  
 Diagnosed with Mental Illness: *35* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *3* Have Physical Disability: *2*

**Inspections / Reviews**

04/04/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2024*

04/26/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *05/17/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2024*

Inspections / Reviews *(continued)*

05/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/17/2024

05/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] at approximately 9:00 p.m., staff person A and staff person B were sitting in the dining room and observed resident [REDACTED], who has a history of wandering behavior, walking up and down the hallway carrying [REDACTED] Easter basket. At approximately 9:10 p.m., the resident had not been seen for approximately 10 minutes, and the staff persons discovered that the resident was missing from the home. At approximately 9:35 p.m., the resident was found by staff person A's friend, lying on the side of the road approximately 3 blocks away, complaining of leg pain and indicating [REDACTED] was taking the Easter basket to [REDACTED] daughter. EMS was called to the site at 9:40 p.m. and took the resident to the hospital where [REDACTED] was diagnosed with a [REDACTED] and [REDACTED].

REPEAT VIOLATION: 5/22/2023

**Plan of Correction**

Accept [REDACTED] - 05/10/2024)

In response to the violation on 04/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 3/31/24 direct care staff [REDACTED], took Immediate action to safeguard the resident. Upon [REDACTED] return to our facility DCS is monitoring him more closely and are aware of [REDACTED] location at all times. This will be documented through a resident monitoring chart.
2. On 04/13/2024 a bed and chair alarm and a door motion sensor was ordered from Amazon by [REDACTED] [REDACTED] arriving by 4/19/2024. This will be installed immediately upon its arrival.
3. On 4/18/2024 a GPS real time locator was purchased by [REDACTED]. Which was authorized by residents [REDACTED] (POA) [REDACTED]. This will arrive on 4/23/24. Documentation of approval for use of tracking device will be kept on file.
4. In addition to these safeguard measures [REDACTED] family has offered to pay additional staff to monitor [REDACTED] one on one. This step will go into effect if we find the first 3 steps are insufficient.

To enhance the currently compliant operations, on 4/17/2024 the DCS will implement these safeguards immediately upon his return to our facility.

Effective 4/17/2024 the DCS will perform monitoring of the resident every 10 minutes and provide documentation of monitoring through charting on a resident monitoring chart. In order to maintain ongoing compliance with regulation any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

A review of all resident assessment and support plans will be done to assure accuracy and completeness. The audit will be completed by 5/17/24. The review will be completed by Administrative staff [REDACTED], [REDACTED] [REDACTED] and [REDACTED]. Wandering risk and the homes care, needs, and the services the home provides to protect each resident will be included in the resident rasp. Please see attached for staff training documentation which was completed on 4/29/24. Training was provided to all staff by Administrator Georgetta Stotka.

Licensee's Proposed Overall Completion Date: 05/17/2024

Implemented [REDACTED] - 05/20/2024)

## 227a - Support Plan 30 Days

**2. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident [REDACTED] initial assessment, dated 2/20/24, indicates the resident has moderate supervision needs, and the resident's initial support plan, dated 2/20/24, indicates direct care staff (DCS) will provide any assistance needed while in the home or in unfamiliar surroundings as well as family or DCS will accompany resident [REDACTED] when in unfamiliar surroundings. However, the resident has a history of wandering behaviors and requires regular checks by staff and use of a bed alarm, which are not indicated on the resident's support plan. In addition, the resident was receiving hospice services 5 days weekly; however, the care and services that hospice provides is not indicated.

**Plan of Correction****Accept [REDACTED] - 05/10/2024)**

In response to the violation on 04/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/1/2024[ by the Administrative Assistant [REDACTED] to update Residents Rasp to reflect the bed alarm, door alarm, and tracking device. His need for monitoring was also updated in Residents Rasp.

To enhance the currently compliant operations, on 4/22/2024 the Administrator [REDACTED] will train all DCS on Residents Rasp focusing on Residents level of Supervision. and Providing Care for Dementia Residents/ Residents with Special Needs. With a completion date of 4/24/2024. Documentation of training will be kept.

Effective 4/18/2024 the Administrative Staff will perform an audit of all Resident charts through reviewing each Resident chart to maintain ongoing compliance with Regulation 2600.227a. this will be completed by 4/30/2024. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

An audit of all residents rasps will be done to ensure each resident has a complete and accurate support plan. The audit will be done by administrative staff [REDACTED], [REDACTED], and [REDACTED]. The audit will be completed by 5/17/24. And it of newly admitted residents was completed by administrative staff and completed by 4/23/24.

Licensee's Proposed Overall Completion Date: 05/17/2024

**Implemented [REDACTED] 05/20/2024)**