

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

May 24, 2024

[REDACTED], ADMINISTRATOR
EAST DEER PERSONAL CARE HOME INC
967 FREEPORT ROAD
CREIGHTON, PA, 15030

RE: EAST DEER PERSONAL CARE HOME
967 FREEPORT ROAD
CREIGHTON, PA, 15030
LICENSE/COC#: 43078

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2024 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: EAST DEER PERSONAL CARE HOME **License #:** 43078 **License Expiration:** 05/19/2024
Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] [REDACTED] [REDACTED]

Legal Entity

Name: EAST DEER PERSONAL CARE HOME INC
Address: [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/07/2006 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 31 **Waking Staff:** 23

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/29/2024

Inspection Dates and Department Representative

04/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 60	Residents Served: 29		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 5	Are 60 Years of Age or Older: 25		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 2	Have Physical Disability: 0		

Inspections / Reviews

04/29/2024 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/10/2024
05/10/2024 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/22/2024	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/17/2024

Inspections / Reviews *(continued)*

05/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/23/2024

05/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 9:45 a.m. the home's current license, in effect from 5/19/23 through 5/19/24, was posted in the administrator's office and not in a public and conspicuous place in the personal care home.

Plan of Correction

Accept (█ - 05/17/2024)

On May 8, 2024, the administrator posted a framed copy of the current license in the first-floor dining room. The administrator will monitor monthly, starting May 17, 2024, to ensure that the license is posted in the common area. All new licenses will be posted in the first-floor dining room.

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

Implemented (█ - 05/24/2024)

26a - Quality Management Plan

2. Requirements

2600.

- 26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not conducted a quality management review within the past year.

Plan of Correction

Accept (█ - 05/10/2024)

The administrator has scheduled a quality management meeting for May 14, 2024.

The meeting will take place in the administrator's office. The administrator will conduct the meeting and the morning charge person for each floor will be in attendance. At this time the reportable incident reports, resident council meeting minutes, staff training and licensing violations along with the plan of correction will be reviewed. Discussions will include measures to take to improve the quality of care provided to the residents. The administrator will audit the quality management plan annually, during the month of October to ensure it has been completed and updated.

Licensee's Proposed Overall Completion Date: 05/14/2024

Implemented (█ - 05/24/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d Initial Direct Care Training (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised activities of daily living(ADL) services sometime during January 2024. However, the direct care staff person A did not complete and pass the Department approved direct care training course and pass the competency test until 2/2/24.

Plan of Correction

Directed [REDACTED] - 05/17/2024)

As of May 1, 2024 the administrator will require direct care staff employees to provide a printed copy of their successfully completion of the Department approved direct care training course and passing of the competency test. The copy will be retained with their training records. The administrator will perform a monthly audit of the direct care staff training records to assure all training requirements are met. This will start on May 10, 2024. This will ensure all employees are in compliance with Regulation 2600.65.d.

Proposed Overall Completion Date: 05/17/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator will review all newly hired direct care staff training records to ensure all new direct care staff persons have completed the required training in accordance with regulation 2600.65d prior to providing unsupervised direct care staff training. 5/17/24 [REDACTED]

Directed Completion Date: 05/18/2024

Implemented [REDACTED] - 05/24/2024)

65g - Annual Training Content

4. 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:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff person B did not receive required annual training for the 2023 training year to include:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Ancillary staff person C did not receive required annual training for the 2023 training year to include:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Plan of Correction

Accept [REDACTED] 05/17/2024)

The administrator has previously been trained by a fire safety professional expert. The administrator will train Staff person B & C on May 10, 2024.

65g Annual Training Content (continued)

On May 10, 2024, the administrator conducted an audit on all the current employees to ensure all staff has met the requirements of Regulation 2600.65.g.

This monthly review of all current staff will ensure all current staff members meet the staff training requirements for annual training. Any staff member that requires training will be notified and receive the training as soon as possible to become compliant with Regulation 2600.65.g.

A quality management review will be conducted during the month of October by the administrator.

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

Implemented (█ - 05/24/2024)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:36 a.m. there was a buildup of dust, unidentifiable debris and cobwebs on the lower ledge of the glass block upper section of the dual window in resident room #211 belonging to resident █

At approximately 10:45 a.m. there was a thin layer of dust, cobwebs, unidentifiable debris, and the carcasses of three dead insects in the windowsill of the second floor South bathroom.

REPEAT VIOLATION 6/21/22 et. al.

Plan of Correction

Directed (█ - 05/17/2024)

On April 30, 2024, a morning direct care staff member cleaned the upper window ledge in Room 211. This same direct care staff person also cleaned the window sill and ledge in the south 2nd floor bathroom. The direct care staff members are in the process of cleaning the window ledges in the resident rooms and common areas in the building. The direct care staff is being reeducated by the administrator on the sanitary conditions of resident rooms, common areas and bathrooms. This began on April 30, 2024 and was concluded on May 10, 2024.

The repair request forms have been placed in a binder at each nursing station for easier access for the direct care staff. The repair will be addressed at the time the administrator receives the request form.

Each floor charge person will conduct a daily inspection of their floor checking the cleanliness of the resident rooms and common areas. The direct care person on each shift will perform the inspection daily starting on May 10, 2024.

The charge morning staff person will perform weekly checks starting May 12, 2024.

The administrator will review the forms on a monthly basis, beginning on June 14, 2024. To ensure all items listed in Regulation 2600.85.a are met.

Proposed Overall Completion Date: 06/14/2024

DIRECTED

Within 5 calendar days of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction are implemented. 5/17/24 JK

Directed Completion Date: 05/22/2024

Implemented (█ - 05/24/2024)

88a - Surfaces

6. 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

At approximately 10:59 a.m. there was a depression in the drywall beneath the toilet paper roll dispenser of the half-bathroom of resident room #204 belonging to resident [REDACTED] that measured approximately three-inches where the drywall was torn at the bottom, one-inch in height where the depression began on the right by two-inches in height at the widest point of the depression on the left, with the partially detached section of drywall loosely connected to the bottom-left edge of the depression.

At approximately 10:59 a.m. the wallpaper in the half-bathroom of resident room #204 belonging to resident [REDACTED] and resident [REDACTED] was peeling away from the wall where it met the ceiling in an area that measured approximately nine-inches in width by six-inches in height.

REPEAT VIOLATION 6/21/22 et. al.

Plan of Correction

Directed ([REDACTED] - 05/17/2024)

The administrator has begun the repair process for Room 204. The drywall has been repaired and will be painted by May 14, 2024. The administrator has also applied adhesive to adhere the wallpaper to the bathroom wall of Room 204, on May 10, 2024.

The administrator will reeducate the staff to check resident rooms and all common areas to comply that all floors, walls, ceilings, windows and doors and other surfaces are clean and in good repair, and free of hazards. The staff education will be completed on May 10, 2024. The direct care morning staff members will perform daily checks beginning May 12, 2024.

Beginning May 12, 2024, the charge staff on the morning shift will conduct weekly inspections. Anything they can address will be completed at that time. All repairs will require a request form to be completed and turned into the administrator. The administrator will address the issue when the request form is presented.

Now the administrator will review the forms on a monthly basis to ensure all repairs have been completed. This will commence on June 14, 2024.

Proposed Overall Completion Date: 06/14/2024

DIRECTED

Within 5 calendar days of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction are implemented. 5/17/24 JK

Directed Completion Date: 05/22/2024

Implemented ([REDACTED] - 05/24/2024)

95 - Furniture and Equipment

7. Requirements

2600.

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

Description of Violation

At approximately 11:15 a.m., the left sink basin in the first-floor South bathroom was detached from the countertop

95 - Furniture and Equipment (continued)

and could be moved approximately one-quarter inch in all directions.

REPEAT VIOLATION 6/21/22 et. al.

Plan of Correction

Directed [redacted] - 05/17/2024

The sink in question was repaired on May 8, 2024, by the administrator. The sink is now recalked and is now stationary in the counter. The current staff will be reeducated by the administrator on the following. The furniture and equipment must be in good repair, clean and free of hazards. This will conclude on May 10, 2024. A weekly check will be performed by all direct care staff on each floor starting May 12, 2024. The administrator will check on a monthly basis beginning June 14, 2024.

Proposed Overall Completion Date: 06/14/2024

DIRECTED

Within 5 calendar days of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction are implemented. 5/17/24 [redacted]

Directed Completion Date: 05/22/2024

Implemented [redacted] - 05/24/2024

101j7 - Lighting/Operable Lamp

8. 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

There was no operable source of light at bedside in resident room #117 for resident [redacted] the lamp was sitting on the floor in the left rear corner of the room and out of reach from the resident's bedside.

Plan of Correction

Directed [redacted] - 05/17/2024

On April 29, 2024, resident [redacted] took a lamp off of the nightstand and placed it in the corner of [redacted] room to have more space for personal items. The administrator spoke to them and put a larger nightstand into Room 117. The lamp was returned to the table next to the bed and the residents' items also fit on top. The direct care staff will monitor all the rooms daily to checking that all residents have a lamp that is operable and can be turned on at the bedside. Commencing May 12, 2024.

Proposed Overall Completion Date: 05/17/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.101(j)(7). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 5/17/24 [redacted]

DIRECTED

Within 5 calendar days of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction are implemented. 5/17/24 [redacted]

101j7 - Lighting/Operable Lamp (continued)

Directed Completion Date: 05/22/2024

Implemented (█) - 05/24/2024)

103e - Left Overs

9. 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

At approximately 11:56 a.m. there was approximately five pounds of what appeared to be orzo pasta in an unlabeled and undated clear plastic bag sealed at the top by a twist-tie that was found in the home's basement level pantry.

Plan of Correction

Accept (█) - 05/17/2024)

On April 30, 2024, the cook labeled the orzo and put the expiration date and date it was repackaged on the sealed bag. On May 6, 2024 the kitchen staff has been reeducated on regulation 2600.103, by the administrator. Also discussed was that food that has not been prepared, but only repackaged must be labeled with the date stored in a sealed container and the expiration date from the original package. The cook will check for labels on a weekly basis starting May 10, 2024. The administrator will monitor monthly beginning May 17, 2024.

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

Implemented (█) - 05/24/2024)

107d - Procedure Emergency Management Agency Submission

10. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency in the past year.

Plan of Correction

Accept (█) - 05/17/2024)

The administrator will review the homes emergency procedures including the municipality's emergency plan. These will include the current plan for the home, also check that the residents contact information is correct. Review the telephone numbers for the state and local agencies are all correct. Update if changes are required. Ensure the means of transportation are accurate if residents need to be relocated. Review the duties and responsibilities of each staff member and ensure all the residents needs will be met. Also, check that the home has a 3-day supply of nonperishable food and drinking water for the residents. Review procedures to follow in the event of a power outage to meet the resident's needs.

The administrator will send a copy of the information to the local emergency contact person via certified mail on May 20, 2024. A copy of the confirmation will be kept on file with the Emergency Preparedness Plan. A quarterly review will be performed by the administrator checking to ensure the plan has had any update required added to it or corrected during the review. This will start on July 15, 2024.

Licensee's Proposed Overall Completion Date: 07/15/2024

Implemented (█) - 05/24/2024)

107d - Procedure Emergency Management Agency Submission (continued)

132g - Fire Drills Days/Times

11. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds sleeping hours fire drills on the same day of the week, around the same time of the month, and the same time of the day in a pattern evidenced by the following drills:

- Tuesday 9/6/22 at 11:37 p.m.
- Tuesday 3/7/23 at 6:30 a.m.
- Friday 9/8/23 at 11:05 p.m.
- Tuesday 3/5/24 at 6:25 a.m.

Plan of Correction

Accept (█ - 05/17/2024)

The administrator will conduct a fire drill on May 11, 2024, at approximately 1:00 AM.

The administrator will carry out the monthly fire drills during hours that are not similar to a previous drill. The times will be staggered throughout the day. And will not include times that additional staff is present of when resident attendance is low.

Starting May 10, 2024 the administrator will review the fire drill logs monthly ensuring that the times are not repeated or close to a previous fire drill already conducted.

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

Implemented (█ - 05/24/2024)