

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

November 21, 2024

[REDACTED], SENSANBAUGHER  
JACK AND CHERYL EVANS SENSANBAUGHER  
[REDACTED]

RE: EVANS' PERSONAL CARE HOME  
503 CENTENNIAL AVENUE  
NEW GALILEE, PA, 16141  
LICENSE/COC#: 41737

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2024 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: EVANS' PERSONAL CARE HOME License #: 41737 License Expiration: 11/03/2024  
 Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141  
 County: BEAVER Region: WESTERN

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: JACK AND CHERYL EVANS SENSANBAUGHER  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-3 SP Date: 09/07/1984 Issued By: L&I  
 Type: Other Date: 02/10/1997 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/31/2024

**Inspection Dates and Department Representative**

07/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 8 Residents Served: 6  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 4  
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

07/31/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2024  
 09/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/07/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/18/2024

Inspections / Reviews *(continued)*

10/16/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/13/2024

11/21/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/07/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 7/31/24, the carbon monoxide alarm for the fuel oil furnace in the basement was not working due to missing batteries.

Repeat violation; 7/25/23

Plan of Correction

Accept (█ - 09/13/2024)

Home administrator, █, will conduct monthly checks to ensure batteries are in the carbon monoxide test. On 7/31/2024, staff person, █ replaced the batteries, made sure the test was in working order and placed it back in the basement before closing of inspection. The 2nd carbon monoxide test, located at the entrance of the basement, was in working order.

Licensee's Proposed Overall Completion Date: 09/08/2024

Implemented (█ - 11/21/2024)

26a - Quality Management Plan

2. Requirements

2600.

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

Description of Violation

The home did not conduct a quality management meeting for 2023. The last quality management meeting was held on 7/18/2022.

Plan of Correction

Accept (█ - 10/16/2024)

Home administrator, █, has created a monthly checklist to guarantee the quality management meeting does not get overlooked again. Quality management was completed August 6th, 2024 with all staff.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented (█ - 11/21/2024)

64c - Annual Training

3. Requirements

2600.

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

64c Annual Training (continued)

Description of Violation

Staff person A, [REDACTED], completed only 23.75 hours of Department approved training in training year 1/1/23 to 12/31/23.

Repeat Violation; 7/25/23

Plan of Correction

Accept ( [REDACTED] - 10/16/2024)

Home administrator, [REDACTED], found the missing hours. [REDACTED] had counted [REDACTED] hours, and knew [REDACTED] on track. [REDACTED] certificate had been placed in administrator, [REDACTED] file by mistake.

A monthly checklist has been completed, with a start date of 8/6/2024, to check all documents to ensure proper documents are in the correct files.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ( [REDACTED] - 11/21/2024)

65f - Training Topics

4. Requirements

2600.

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

Description of Violation

Direct care staff person B did not receive any of the required training during training year 2023.

Repeat violation; 7/25/23

Plan of Correction

Directed ( [REDACTED] - 10/16/2024)

Staff person B will be sure to complete any necessary hours for 2024 and the following years. [REDACTED] has completed training topics as of 8/ 15/2024. Monthly checks, starting 8/6/2024 are conducted to ensure all proper training is completed on time.

Proposed Overall Completion Date: 09/25/2024

DIRECTED PLAN:

By 10/30/24: The administrator or designee shall check staff person training as part of the quality management review to ensure the annual training for direct care staff persons includes all topics required by 2600.65f.

Directed Completion Date: 10/30/2024

Implemented ( [REDACTED] - 11/21/2024)

65g - Annual Training Content

5. 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 any of the required training during training year 1/1/23 to 12/31/23.

65g Annual Training Content (continued)

Repeat Violation; 7/25/23

Plan of Correction

Accept (█ - 10/16/2024)

Staff person B, █, has █ Certified Nursing Aide license and inspector, █ said that covers █ requirements. However, the 8 hour yearly training will be complete for 2024 by September 30th, 2024. The monthly checks, starting 8/6/2024, will ensure any training needed completed will be done in a timely manner and administrator is to sign off monthly to make sure training is completed.

Proposed Overall Completion Date: 09/25/2024

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented (█ - 11/21/2024)

66a - Staff Training Plan

6. Requirements

2600.

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

Description of Violation

The home does not have a staff training plan for 2024.

Plan of Correction

Directed (█ - 10/16/2024)

Home Administrator, █, has the same yearly staff training that she uses. The plan was not titled 2024, but was shown as planned and covering all topics necessary for yearly staff training. Monthly checks starting 8/6/2024, are to check to see if any staff needs their training. Administrator is to sign off monthly to make sure any training needed is completed.

Proposed Overall Completion Date: 09/25/2024

DIRECTED PLAN:

By 10/30/24: The administrator or designee ensure the home has a written staff training plan for the current training year that is in accordance with the requirements of 2600.66b, to include:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Directed Completion Date: 10/30/2024

Implemented (█ - 11/21/2024)

84 - Heat Sources

7. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

84 - Heat Sources (continued)

Description of Violation

There is a wall mounted heater above the bed in resident #1 bedroom. The heater fan's face plate measured 242 degrees Fahrenheit and rising. There was no protective guard for this heater.

Plan of Correction

Directed ( ) - 10/16/2024)

Home administrator, ( ), ordered a guard for the heater and it has been installed on 9/21/2024.

Proposed Overall Completion Date: 09/25/2024

DIRECTED PLAN:

By 10/30/24 and monthly thereafter: The administrator or designee shall check all heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident to ensure they are equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Directed Completion Date: 10/30/2024

Implemented ( ) - 11/21/2024)

88a - Surfaces

8. Requirements

2600.

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

Description of Violation

The light switch cover and electrical outlet cover were missing in the first floor common bathroom.

There are 2 floor tiles missing directly in front of the main entrance door, causing a potential trip fall hazard.

Repeat violation; 7/25/23

Plan of Correction

Directed ( ) - 10/16/2024)

Home administrator, ( ), was doing home improvements and had not completed the bathroom yet. Staff person, ( ) installed the coverings before inspection closing. The tiles are loose do to the new front door being installed. The tiles will be remolded once all remodeling is completed. Estimated completion date is 09/27/2024. Any future repairs will ensure all safety measures are intact, and will have a start date and estimated end date.

Proposed Overall Completion Date: 09/25/2024

By 10/230/24 and monthly thereafter: The administrator or designee shall check the home to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

Directed Completion Date: 10/30/2024

Implemented ( ) - 11/21/2024)

89c - Testing Non-Public Water

9. Requirements

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The last two coliform water tests were conducted on 10/17/23 and 4/18/24. The home is not connected to a public water source.

Plan of Correction

Accept ( [redacted] - 10/16/2024)

Home administrator, [redacted], has listed the coliform testing to [redacted] monthly checklist to be sure the testings are completed on time. Checklist started 8/6/2024, one test has been completed on 8/7/2024, and the next is for October 2024.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ( [redacted] - 11/21/2024)

91 Telephone Numbers

10. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen and living room.

Plan of Correction

Accept ( [redacted] - 10/16/2024)

Home administrator, [redacted], has multiple house phones. 3 headsets for 1 line and 1 headset for the 2nd line. The list of phone numbers are at the 2nd line base and also at the main base for the 1st line. The extra headsets did not have them next to them. [redacted] placed lists next to all phones on 8/1/2024. Phone number audits have been added to the weekly checklist starting 8/6/2024 to make sure all lists are by phones.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ( [redacted] 11/21/2024)

93a Handrails

11. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well secured handrail.

Description of Violation

The ramp and steps leading off of the smoke area porch are missing a handrail.

The steps leading off of the front porch is missing a handrail.

Plan of Correction

Directed ( [redacted] - 10/16/2024)

Home administrator, [redacted], has started the side porch and is planned to be completed by 9/30/2024. He has added a roof to the porch and replaced the ramp. Pictures can be sent in once completed.

93a Handrails (continued)

Proposed Overall Completion Date: 09/30/2024

DIRECTED PLAN:

By 10/30/24 and monthly thereafter: the administrator or designee shall check the home to ensure each ramp, interior stairway and outside steps has a well secured handrail.

Directed Completion Date: 10/30/2024

Implemented ( [redacted] - 11/21/2024)

93b - Railings

12. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The front porch is missing a railing. There is a drop of approximately 5' from the porch to the ground.

Plan of Correction

Directed ( [redacted] - 10/16/2024)

Home administrator, [redacted], was currently replacing the whole front porch. [redacted] had the rails, was outside working all through inspection. The rails were installed 08/01/2024. Any future projects, if anything such as railing are removed they will be removed and replaced in the same day.

Proposed Overall Completion Date: 09/25/2024

By 10/30/24 and bi annually thereafter: The administrator or designee shall check the home to ensure each porch has a well secured railing that is in good repair and free of hazards.

Directed Completion Date: 10/30/2024

Implemented ( [redacted] - 11/21/2024)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

13. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail or assist bar for toilet and shower in the first floor common bathroom.

Plan of Correction

Accept ( [redacted] - 10/16/2024)

Due to recent renovations, grab bars were not put on the newly installed shower by home administrator, [redacted]. Completion for all renovations will be no later than 11/01/2024.

Grab bars were installed on 9/17/2024. In the future of any projects, bars will be removed and replaced in the same day.

Licensee's Proposed Overall Completion Date: 09/25/2024

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

Implemented ( ) - 11/21/2024)

103g - Storing Food

15. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Tator Tots and a bag of french fries in the kitchen freezer were opened and unsealed.

Plan of Correction Accept ( ) - 10/16/2024)

Home administrator, ( ), has added refrigerator and freezer checks to the monthly checklists to be sure no food is unsealed. The food that was listed was removed and staff was told the daily checklist is to remain on the refrigerator to check that food is properly dated and stored.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ( ) - 11/21/2024)

125a - Combustible Storage

16. Requirements

2600.  
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Two unlocked gas cans containing gasoline were being stored outside under the fire escape steps.

Plan of Correction Accept ( ) - 10/16/2024)

Home administrator, ( ), had removed the cans on 7/31/2024 and properly stored them. Staff has been instructed not to put open gas cans anywhere near the home. Lids are to be placed back on cans when being used. The checklist was created 8/6/2024 for checks to be completed to make sure no gas cans are ever left out.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ( ) - 11/21/2024)

130h - Inoperable Smoke Detector

17. Requirements

2600.  
130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction Accept ( ) - 10/16/2024)

Home administrator, ( ), has hard wired in fire alarms plus battery operated alarms. ( ) has created a procedure on what to do if the hard wired alarms or battery operated alarms stop working. The policy was created on 8/1/2024.

130h - Inoperable Smoke Detector (continued)

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented [redacted] - 11/21/2024)

132g - Fire Drills Days/Times

18. 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's last sleep drill on 3/21/24, at 6:35 am., was conducted with 2 staff persons on duty. However, the home routinely schedules one staff person on the 7:00 pm to 7:00 am. shift.

Plan of Correction

Directed [redacted] - 10/16/2024)

[redacted] will be sure to only allow 1 staff person to complete sleep fire dills as of 09/08/2024. Staff has been instructed that only 1 staff person is to be conducting night time fire drills on 8/4/2024.

Proposed Overall Completion Date: 09/25/2024

DIRECTED PLAN:

By 10/30/24 and monthly thereafter: The administrator or designee shall review the fire drill log to ensure fire drills are not being conducted at times when additional staff persons are present.

Directed Completion Date: 10/30/2024

Implemented [redacted] - 11/21/2024)

141b1 - Annual Medical Evaluation

19. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's medical evaluation, dated [redacted], did not include medications, immunization history, or diet needs. These areas were blank.

Resident #3's medical evaluation, dated [redacted], did not include diet needs, this area was blank.

Plan of Correction

Directed [redacted] - 10/16/2024)

Home administrator, [redacted], did not realize the doctor left these areas blank. Review with staff has been completed on 8/6/2024 to make sure this doesn't happen for any future appointments. It has also been added to the monthly checks to ensure any upcoming appointments do not miss any information.

Proposed Overall Completion Date: 09/25/2024

DIRECTED PLAN:

By 10/30/24: The administrator or designee shall have the medical evaluations forms for resident#2 and #3

141b1 Annual Medical Evaluation (continued)

completed in full by the person who conducted the medical evaluations, or a staff person qualified to do so in the discussion section of the Regulatory Compliance Guide.

Directed Completion Date: 10/30/2024

Implemented [REDACTED] - 11/21/2024)

162c - Menus Posted

20. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menus were not dated; therefore, unable to verify if current and upcoming weeks' menus were posted.

Plan of Correction

Accept [REDACTED] - 10/16/2024)

Home administrator, [REDACTED], did not date the rotated menus. She has placed dates on current menus and will be sure any future menus are dated as well. Dated menus started 8/1/2024 and it has been added to the weekly checklist to be sure dates are added to any menus created.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented [REDACTED] - 11/21/2024)

171c - Home's Vehicle Documents

21. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

Description of Violation

The home does not have a copy of the vehicle's registration for its 2018 Passat; used to transport residents.

Plan of Correction

Accept [REDACTED] - 09/13/2024)

Home administrator, [REDACTED], has found the current registration that was not located during inspection. It was in the trunk of the car in his black book they were looking for. It will now be kept in the glove box of the car.

Licensee's Proposed Overall Completion Date: 09/08/2024

Implemented [REDACTED] - 11/21/2024)

225c - Additional Assessment

22. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #3's assessment, dated [REDACTED], does not include the diagnoses of [REDACTED], [REDACTED], [REDACTED]

**225c - Additional Assessment (continued)**

██████████, as indicated in the resident's medical evaluation, dated ██████████.

**Plan of Correction****Accept** (██████ - 10/16/2024)

Home administrator, ██████████, created an addendum to be able to include these on resident 3's current assessment. Long term, a monthly reminder has been created starting August 2024, to make sure all forms are completed. An addendum was created 8/21/2024.

Licensee's Proposed Overall Completion Date: 09/25/2024

**Implemented** (██████ - 11/21/2024)