

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

October 2, 2024

[REDACTED]
NEW LIFE PERSONAL CARE HOME, INC.
[REDACTED]

RE: NEW LIFE PERSONAL CARE
2521 VERSAILLES AVENUE
MCKEESPORT, PA, 15132
LICENSE/COC#: 43121

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2024 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: *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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/24/1990* Issued By: *L&I*
 Type: *Other* Date: *11/20/1996* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *Fine* Exit Conference Date: *08/15/2024*

Inspection Dates and Department Representative

08/15/2024 - 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: *0* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/15/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2024*

09/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2024*

Inspections / Reviews (*continued*)

09/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/26/2024

10/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately [REDACTED], the wood of the upper right-side vanity cabinet top next to the toilet in the first-floor bathroom is heavily deteriorated and has what appeared to be mold growing on approximately six inches of the degraded wood beneath the wall mounted grab rail.

Plan of Correction

Directed [REDACTED] - 09/19/2024)

On 8/16/24 The deteriorated bathroom wood in the bathroom of first floor was replaced by maintenance person. See attached picture

On 8/16/24 the PCHA made rounds in the facility to ensure facility fixtures & wood were in good and sanitary condition.

No further significant findings were noted by PCHA

Beginning 8/17/24 PCHA will make rounds around the facility to ensure all fixtures & wood are in good and sanitary conditions, daily X 1 Week, then Weekly X 4 Weeks. See flow sheet

On 9/12/24, PCHA had an inservice for 30 Mins. Educated DCS that home sanitary conditions shall be maintained at all times as per regulation 2600.85(a)

Also, home should be cleaned and inspected daily, any area not be sanitary, damaged or deteriorated must be reported to PCHA and documented on the facility's log book per facility's policy.

PCHA will be responsible for maintenance and repair and should document in the logbook once repair has occurred.

PCHA will store inservice materials and contents, and be able to produce them when requested by DPW or other party as per 2600.65(i)

Proposed Overall Completion Date: 09/18/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction the documentation of education shall be kept in accordance with Regulation 2600.65(i). 9/19/24 [REDACTED]

Directed Completion Date: 09/20/2024

Implemented [REDACTED] - 10/02/2024)

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

At approximately [REDACTED] the bedside light for resident [REDACTED] in the resident room located off of the second-floor common area on the front side of the home was inoperable, the light bulb appeared to be burned out.

Plan of Correction

Directed [REDACTED] - 09/19/2024)

On 8/16/24 at 10 AM, PCHA replaced a new bulb and ensured the lamp was operable.

On 8/16/24 the PCHA made rounds in all rooms ensured all lamps were operable. 2 significant finds were found and 2 bulbs were replaced.

101j7 - Lighting/Operable Lamp (continued)

Beginning 8/17/24 PCHA will make rounds around the facility to ensure all bulb and lamps were operable, daily X 1 Week, then Weekly X 4 Weeks. See flow sheet

On 9/12/24, PCHA had an inservice for 30 Mins. Educated DCS that resident must have an operable lamp or other source of lighting that can be turned on at bedside as per regulation 2600.101(i)(7)

Also, home should maintain operable lights that can be turned on or off within resident's reach while in bed, damaged or dead lights must be reported to PCHA and documented on the facility's log book per facility's policy. PCHA will be responsible to provide new bulbs or inoperable lamps and should document repair in the logbook once issue has being resolved

PCHA will store inservice materials and contents, and be able to produce them when requested by DPW or other party as per 2600.65(i)

Proposed Overall Completion Date: 09/18/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction the documentation of education shall be kept in accordance with Regulation 2600.65(i). 9/19/24

Directed Completion Date: 09/20/2024

Implemented 10/02/2024

144c2 - Smoking Area Distance

3. 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:

- 2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

Residents of the personal care home are using the landing from the second-floor fire escape and ramp leading to the emergency exit door from the first-floor resident room belonging to resident and resident as smoking areas.

Plan of Correction

Accept - 09/11/2024

On 8/16/24 PCHA cleaned 2nd floor fire escape and ramp from cigarette residue, no smoking signs were placed.

On 8/16/24 PCHA had an inservice educated staff and residents that smoking is not allowed in facility & only allowed in designated area, anyone found smoking in the facility will be given a 30 Day eviction notice. see attached inservice.

PCHA will continue to educate staff and residents on monthly quality assurance meetings.

On 8/17/24 PCHA made rounds in all areas inside and outside facility to ensure smoking was not taking place outside the designated area, no further significant finding.

Beginning 8/17/24 PCHA will make rounds inside & outside the facility to ensure smoking was only done at designated area, daily X 1 Week, then Weekly X 4 Weeks. See flow sheet

Licensee's Proposed Overall Completion Date: 08/27/2024

Implemented - 10/02/2024