

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

October 22, 2024

[REDACTED], OWNER/ADMINISTRATOR
AM PM PERSONAL CARE HOME, INC.
[REDACTED]
[REDACTED]

RE: AM/PM PERSONAL CARE HOME
P.O. BOX 123,555 ADRIAN ROAD
DELANCEY, PA, 15733
LICENSE/COC#: 40736

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2024 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: AM/PM PERSONAL CARE HOME **License #:** 40736 **License Expiration:** 09/23/2024
Address: P.O. BOX 123,555 ADRIAN ROAD, DELANCEY, PA 15733
County: JEFFERSON **Region:** WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: AM PM PERSONAL CARE HOME, INC.

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/01/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/29/2024

Inspection Dates and Department Representative

08/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 32 **Residents Served:** 23

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 23
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

08/29/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/28/2024

10/07/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/15/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/14/2024

Inspections / Reviews *(continued)*

10/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/16/2024

10/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration during training year March 2023 to February 2024.

Plan of Correction

Accept ([redacted] - 10/09/2024)

On 9/4/24, Training Coordinator Stephanie Snyder completed the annual training requirements for Staff Person A.

On 9/4/24 AM/PM Administrator [redacted] re-oriented training coordinator [redacted] to 2600.65f.

On 9/4/24, Training Coordinator [redacted], to assure annual training requirements are conducted for all staff, developed and implemented a staff training tracking form.

10/8/24: Additional information-as listed above the staff training tracking form was implemented 9/4/24. [redacted] training coordinator is responsible for implementing the staff training tracking form. The staff training form will be completed as soon as each training session is completed.

[redacted], Staff Training Coordinator will serve as the designee to audit all current direct care staff files to ensure all direct care staff received training in all training topics in 2600.65 f during the March 2023-February 2024 training year.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented ([redacted] - 10/22/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #1's [redacted] was not included with the medication in the home's medication cart.

184a Resident's Meds Labeled (continued)

Repeat Violation: 7/25/23

Plan of Correction

Accept ([REDACTED] - 10/09/2024)

This violation was corrected the day of the inspection by AM/PM Manager [REDACTED] and Training Coordinator [REDACTED] by placing a label containing the Resident #1's name, the name of the insulin and the administration instructions on resident #1's insulin storage container.

On 8/29/24, Administrator [REDACTED] re-oriented AM/PM Manager [REDACTED] and AM/PM Training Coordinator [REDACTED] to 2600.184a.

To assure future compliance, AM/PM Manager Connie Giroskey will continue to audit medication carts weekly for compliance with 2600.184a.

10/8/24: Additional information weekly audits of medication carts began on 9/9/24.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented ([REDACTED] 10/22/2024)

190a - Completion Medication Course**3. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department approved medications administration annual practicum in the past 12 months, administered medications to residents in the home.

Plan of Correction

Accept ([REDACTED] - 10/09/2024)

On 8/29/24, AM/PM Administrator [REDACTED] re-oriented Stephanie Synder, AM/PM Training Coordinator to 2600.190a.

On 9/4/24 [REDACTED] completed the annual practicum and necessary remediation for Staff Person A.

On 9/4/24 to assure future compliance with 2600.190a AM/PM Staff Training

Coordinator, [REDACTED] developed and implemented a staff training tracking form.

10/8/24: Additional information as listed above the staff training tracking form was implemented 9/4/24. [REDACTED]

[REDACTED], training coordinator is responsible for implementing the staff training tracking form. The staff training form will be completed as soon as each training session is completed.

[REDACTED], Staff Training Coordinator and certified in medication administration, will audit all records of staff who are qualified to administer medication, to ensure all staff are current on their annual practicums. [REDACTED] will also maintain documentation.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented ([REDACTED] - 10/22/2024)