

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

December 23, 2024

[REDACTED]  
MRS. BUSH'S PERSONAL CARE HOME, INC.  
[REDACTED]

RE: MRS. BUSH'S PERSONAL CARE  
HOME I  
PO BOX 327,302 KUNKLETOWN  
ROAD  
KUNKLETOWN, PA, 18058  
LICENSE/COC#: 22835

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2024 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: *MRS. BUSH'S PERSONAL CARE HOME I* License #: *22835* License Expiration: *08/03/2025*  
 Address: *PO BOX 327,302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058*  
 County: *MONROE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *MRS. BUSH'S PERSONAL CARE HOME, INC.*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *07/17/2018* Issued By: *Twp of Eldred*  
 Type: *C-2 LP* Date: *10/10/1995* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/06/2024*

**Inspection Dates and Department Representative**

11/06/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *70* Residents Served: *57*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *3*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *1*

**Inspections / Reviews**

11/06/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/05/2024*

12/09/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *12/20/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/16/2024*

Inspections / Reviews *(continued)*

12/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/26/2024

12/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65g - Annual Training Content

2. 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

Staff person A did not receive training in fire safety training by a fire safety expert during training year 2023.

Plan of Correction

Accept [redacted] - 12/09/2024)

Staff person A was unable to attend the scheduled fire safety training that was held on [redacted] [redacted] was provided with and completed a make-up inservice which included a Fire Safety and Emergency Preparedness study guide and quiz for the 2023 training year. Since that time she has received in-person training by a fire safety expert on [redacted]. For future ongoing compliance the administrator will conduct a follow up training for staff not in attendance for in-person training. The administrator has completed the Fire Safety Awareness for PCH-Train the Trainer course on [redacted]. The administrator is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented [redacted] - 12/23/2024)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] a round unlabeled pitcher with a lid containing a toilet brush and a yellow solution was observed next to the toilets of resident rooms ([redacted]) bathrooms. Staff indicated that the pitcher contained a cleaner used to clean the toilets. The cleaner was not being stored in its original, labeled container.

Plan of Correction

Accept [redacted] - 12/18/2024)

The above mentioned container is used to hold a solution of bathroom cleaner and the toilet cleaning brush. To correct the violation the administrator contacted Ecolab from where the cleaning agents are purchased and obtained official labels from the company. All such containers will be labeled properly when enough labels are received from Ecolab. See attachment. Labels have been received from Ecolab on [redacted]. The maintenance and housekeeping departments will have all containers labeled by [redacted]. For ongoing future compliance all housekeeping staff were instructed on [redacted] on the use of the labeled containers for toilet cleaning purposes and the Maintenance Supervisor is responsible for obtaining and applying the labels when the containers are filled. The administrator is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] 12/23/2024)

85d - Trash Receptacles

4. Requirements

2600.

85d Trash Receptacles (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

An uncovered trash can was noted next to the refrigerator in the small kitchenette across from the salon.

Plan of Correction

Accept [redacted] - 12/18/2024)

For correction, the trash can was replaced with a covered trash receptacle on [redacted] See attached. For ongoing compliance the housekeeping staff have been instructed on [redacted] that all trash receptacles in kitchens and bathrooms must be in covered receptacles and they are to report any needs for covered receptacles to the Maintenance Supervisor. The administrator is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 12/23/2024)

124 - Notice to Fire Department

5. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the local fire department dated [redacted] states the current census for the home was [redacted] when the census on [redacted] was [redacted].

Plan of Correction

Accept [redacted] - 12/18/2024)

For compliance with this regulation, the notice to Fire Department has been modified on 12/2/24 to not include the current census. A new letter has been sent on [redacted] to the Kunkletown Volunteer Fire Company. For ongoing future compliance the letter will not include the current census. See attached. The administrator is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 12/23/2024)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

In Resident [redacted] room, [redacted] was observed on the bedside table. The resident does not have a current prescription for this medication.

Repeat Violation: 10/31/23

Plan of Correction

Accept [redacted] 12/18/2024)

For correction, the DON has contacted the resident's primary care physician on [redacted] for a prescription for the OTC moisturizer. The office indicated verbally that they would accommodate the request and send the prescription as soon as possible. A copy of the prescription will be sent once obtained. This topic is addressed in the facility

183d - Prescription Current (continued)

home rules, however, from time to time a resident or visitor will purchase an item and bring it into the facility without our knowledge. In this instance the family did not realize this regulation applied to moisturizers. The DON is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/23/2024)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] receives [redacted] 2 x daily. Review of the resident's MAR indicates a [redacted] level of [redacted] on [redacted] at 4:50 pm; the meter shows a reading of [redacted] for this date and time.

Plan of Correction

Accept ([redacted] 12/18/2024)

The Med Trainer will re-train med techs on policies and procedures for glucose testing between [redacted] through [redacted] which includes procedures for documenting glucose readings to avoid documentation errors. See attachment. Supervisory staff will monitor staff compliance with this procedure and the Administrator will oversee to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/23/2024)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] uses a bed cane. The Resident's Assessment and Support Plan dated [redacted] does not reflect the following required information: the specific need for the device; the intended use; any risks associated with the device; the resident's ability to use the device safely for the intended purpose, and identification of the specific device to be used.

Plan of Correction

Accept ([redacted] - 12/18/2024)

For correction, the RASP for resident [redacted] was ammended on [redacted] to include all of the above listed elements for use of the bedside mobility device. See attachment. The nursing supervisory staff received instruction on [redacted] on including all of the elements in future RASP documentation. The administrator is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 12/13/2024

227d - Support Plan Medical/Dental (*continued*)

*Implemented* [REDACTED] - 12/23/2024)