

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

February 25, 2025

[REDACTED], ADMINISTRATOR  
ROPER & MARCIA HOUSTON  
93 DAYSPRING LANE  
MORRISDALE, PA, 16858

RE: DAYSPRING PERSONAL CARE HOME  
93 DAYSPRING LANE  
MORRISDALE, PA, 16858  
LICENSE/COC#: 44865

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024 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: *DAYSPRING PERSONAL CARE HOME* License #: *44865* License Expiration: *02/22/2025*  
 Address: *93 DAYSPRING LANE, MORRISDALE, PA 16858*  
 County: *CLEARFIELD* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ROPER & MARCIA HOUSTON*  
 Address: *93 DAYSPRING LANE, MORRISDALE, PA, 16858*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/24/2004* Issued By: *Dept. L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/13/2024*

**Inspection Dates and Department Representative**

11/13/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *13* Residents Served: *8*

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

**Hospice**  
 Current Residents: *2*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

11/13/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/14/2024*

12/23/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/02/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/30/2024*

Inspections / Reviews (*continued*)

## 12/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/06/2025

## 02/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2025

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

34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate.

The home's boiler certificate expired 9/27/24.

Plan of Correction

Accept ( ) - 12/30/2024

Administrator, [redacted] contacted the PA Department of Labor via e-mail and was recommended a person to call on 11/20/24. Administrator, [redacted] Contacted [redacted] and [redacted] came to Dayspring Personal Care Home on 11/27/24 and completed the boiler inspection.

Administrator, [redacted] will audit the boiler biannually to ensure the inspection is completed in a timely manner.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( ) - 02/25/2025

25c6 - Refunds

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident-home contract, dated [redacted], for resident #1 does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction

Accept ( ) - 12/30/2024

Residents home contract updated on 11/27/24 by administrator, [redacted] No admission fees from Dayspring Personals Care Home and Dayspring will refund monthly rent in the event of a death. Master copy of resident home contract updated 11/27/24 by [redacted] Administrator.

[redacted] Administrator or [redacted] Designee will audit all resident's records/contracts monthly.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( ) - 02/25/2025

25c8 - Smoking

3. Requirements

2600.

25c8 - Smoking (continued)

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

**Description of Violation**

The resident-home contract, dated [REDACTED] for resident #1, does not include the current home rules.

**Plan of Correction**

Accept ([REDACTED] - 12/23/2024)

Residents home-contract updated with current home rules on 11/19/24 by [REDACTED] Administrator. Home rules went over with resident on 11/19/24, by [REDACTED] dated and signed by resident. Master copy of resident-contract updated with home rules and a copy of home rules also attached on 11/27/24. All resident contracts looked at to ensure they include all home rules by [REDACTED] administrator.

Proposed Overall Completion Date: 12/06/2024

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ([REDACTED] - 02/25/2025)

65d - Initial Direct Care Training

**4. 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.

**Description of Violation**

Direct care staff person A, hired [REDACTED] began providing unsupervised ADL services the date of hire. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED].

**Plan of Correction**

Accept ([REDACTED] - 12/30/2024)

New employee check list updated that the Department-approved direct care training course and passing of the competency test needs completed prior to or on the first day of training by [REDACTED] administrator. This form was updated on [REDACTED]

[REDACTED] Administrator or [REDACTED] will audit all employee files monthly to ensure all trainings are completed on time.

Proposed Overall Completion Date: 12/05/2024

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ([REDACTED] - 02/25/2025)

65f - Training Topics

**5. 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.

65f - Training Topics (continued)

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 B, hired [REDACTED], did not receiving training in care for residents with mental illness or an intellectual disability during the 1/1/23 to 12/31/23 training year.

**Plan of Correction**

Accept ( [REDACTED] - 12/30/2024)

This administrator did not schedule the trainings for the year 2023. Direct care staff person B is scheduled through Collins learning for Mental Illness and Aging-A Brief overview for the 2024 year. The training was completed by staff person B on 11/21/24. Administrator [REDACTED] and designee, [REDACTED] will work together to implement a new annual training plan that includes all training topics for direct care staff for 2025. Administrator, [REDACTED] or [REDACTED] Designee will audit employee files monthly.

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( [REDACTED] - 02/25/2025)

81a - Accomodation

6. Requirements

2600.

- 81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

**Description of Violation**

The enabler bar attached to resident #2's bed was unsecure and could be moved 6 inches to the left and 6 inches to the right.

**Plan of Correction**

Accept ( [REDACTED] - 12/23/2024)

Maintenance contacted 12/05/24 by [REDACTED] Administrator. The bar enabler was attached to resident's bed on 12/06/24. Administrator/designee will check the bar enabler monthly to ensure proper placement. Monthly audit sheet made by [REDACTED] Administrator on 12/5/24.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented ( [REDACTED] - 02/25/2025)

85e - Trash Outside Home

7. Requirements

85e - Trash Outside Home (continued)

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:00 a.m., the left side of the large dumpster in the driveway was open and contained multiple bags of trash.

Plan of Correction

Accept ( ) - 12/30/2024

The dumpster lid was shut by [redacted] designee on 11/13/24. Staff training done by [redacted] administrator on 12/05/24 to educate staff to make sure dumpster lid is closed at all times.

All oncoming staff will check lid daily on dumpster when coming into work at Dayspring Personal Care Home.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( ) - 02/25/2025

96a - First Aid Kit

8. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit did not include an antiseptic.

Plan of Correction

Accept ( ) - 12/23/2024

New first aid kit antiseptic ordered on 12/05/24 by [redacted] administrator. Administrator will check the first aid kit monthly along with medication cart audit to ensure the first aid kit includes all appropriate necessities.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented ( ) - 02/25/2025

132c - Fire Drill Records

9. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The times documented for fire drills conducted on 3/19/24 and 4/4/24 do not indicate AM or PM.

Plan of Correction

Accept ( ) - 12/23/2024

Fire drill conducted on 03/19/24 was completed at 1230 pm and the fire drill conducted on 04/04/24 was completed at 1130 am. Document updated by [redacted] administrator on 12/05/24. Administrator and designee will monitor correct labeling of times with monthly fire drill audit.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented ( ) - 02/25/2025

132d - Evacuation

**10. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The fire drill record for the fire drill conducted 10/31/23 at 10:30 a.m. indicates 7 residents were present in the home; however, only 5 residents were evacuated.*

**Plan of Correction**

**Accept (█ - 12/30/2024)**

*Two residents were on hospice at the time of the fire drill. Administrator, █ was unaware that hospice residents had to be evacuated for a fire drill. Staff education completed on 12/05/24 on evacuating a hospice patient during a fire drill by Administrator, █  
Staff education provided on 12/05/24 by █ Administrator. Monthly fire drill conducted on 12/23/24 by █ administrator to ensure that all safety measures were taken correctly and in a timely manner. Simulation practice drills will be conducted █ Administrator or █ Designee to ensure that staff know how to properly get an immobile hospice resident evacuated safely and efficiently.*

**Licensee's Proposed Overall Completion Date: 12/31/2024**

**Implemented (█ - 02/25/2025)**

**132f - Alternate Exit Routes**

**11. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*The north exit was the only exit route used during the fire drills held from 10/31/23 to 8/21/24.*

**Plan of Correction**

**Accept (█ - 12/30/2024)**

*Administrator, █ will provide education on using alternate routes for fire drills. Staff education provided on 12/05/24 by █ administrator.  
Monthly fire drill held on 12/23/24 by █ administrator using an alternate route to ensure that staff has full understanding of using alternate routes during monthly fire drills*

**Licensee's Proposed Overall Completion Date: 12/24/2024**

**Implemented (█ - 02/25/2025)**

**132g - Fire Drills Days/Times**

**12. 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 at 5:00 a.m., as evidenced by the drills conducted 11/2/23 at 5:00 a.m., and 5/16/24 at 5:00 a.m.*

132g - Fire Drills Days/Times (continued)

**Plan of Correction**

Accept ( ) - 12/23/2024

Administrator, [REDACTED] provided education on 12/05/24 to staff that sleep fire drills cannot be conducted at the same routine times. Administrator, [REDACTED] will monitor times with monthly fire drill audit.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented ( ) - 02/25/2025

141b1 - Annual Medical Evaluation

13. Requirements

2600.

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

**Description of Violation**

Resident #1's medical evaluation, dated [REDACTED], does not indicate pulse rate or temperature. These sections of the form are blank.

Resident #3's medical evaluation, dated [REDACTED] does not indicate height or weight. These sections of the form are blank.

Resident #4's medical evaluation, dated [REDACTED], does not indicate the resident's ability to self-administer medications. This section of the form is blank.

**Plan of Correction**

Accept ( ) - 12/30/2024

[REDACTED] Administrator contacted residents #1, 3, and 4's Physicians on 11/13/24. Administrator contacted resident #1's physician, they did not get a temperature on the date of the medical evaluation on 03/20/24 but they did get a pulse rate. DME filled in by [REDACTED] administrator, LPN on 11/13/24.

Administrator, [REDACTED] contacted resident #3's physician and received a height and weight for the medical evaluation on 05/30/24. Height and weight filled in by [REDACTED] LPN per physician on 11/13/24.

Resident #4's medical evaluated dated 01/11/24 ability to self-administer medications was filled out by [REDACTED] Administrator, LPN on 10/13/24.

Administrator will highlight all sections of the DME that needs to be completed by the physician to ensure that all areas are filled out correctly and forms are complete in the future.

All DMEs will be audited monthly by [REDACTED] Administrator and [REDACTED] designee to ensure that they are completed entirely.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( ) - 02/25/2025

185a - Implement Storage Procedures

14. 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 #3's is prescribed Cholestyramine oral powder 4gm/dose, mix 4 grams (1 scoop) to 4-6 ounces of water and take by mouth twice daily as needed for bowel movement; however, the medication was not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept ( ) - 12/30/2024

Resident has not used the prescribed oral cholestyramine powder for over a year, it was to be discontinued by the physician. Physician contacted on 10/13/24 by [redacted] and an order to discontinue the medication was received via fax. Medication discontinued on 10/13/24 by [redacted] Administrator, LPN. [redacted] Administrator or [redacted] designee will perform monthly audits on the MAR and med cart to prevent reoccurrence.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( ) - 02/25/2025

227c - Support Plan Revision

15. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's support plan, dated [redacted], does not indicate the plan to meet [redacted] need for some physical assistance with transferring in/out of bed or chair.

Plan of Correction

Accept ( ) - 12/23/2024

Resident #3's support plan was updated on 11/13/24 for the plant to meet [redacted] need for some physical assistance with transferring in/out of bed or chair by [redacted] administrator. Administrator will have designee review all RASPS after they are completed for any blank areas. This will be included in the monthly resident record audit.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented ( ) - 02/25/2025

227d - Support Plan Medical/Dental

16. 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 #5's receipt of Hospice services is not indicated on [redacted] support plan, dated [redacted]

Plan of Correction

Accept ( ) - 12/30/2024

New support plan completed on 11/19/24 for resident that includes Hospice services by [redacted] Administrator. Administrator and designee will be sure to include Hospice services in support plans for any new hospice residents. Staff training provided 12/5/24.

All RASPs will be audited monthly by [redacted] Administrator or [redacted] Designee to ensure they are

227d - Support Plan Medical/Dental (continued)

completed entirely and appropriately.

Licensee's Proposed Overall Completion Date: 12/24/2024

Implemented ( [REDACTED] - 02/25/2025)