

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

March 12, 2025

[REDACTED], OWNER/ADMINISTRATOR
DOROTHY WHITEHEAD
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697

RE: WHITEHEAD PERSONAL CARE
HOME II
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697
LICENSE/COC#: 42814

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2024 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: *WHITEHEAD PERSONAL CARE HOME II* License #: *42814* License Expiration: *05/28/2025*
 Address: *517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *DOROTHY WHITEHEAD*
 Address: *517 SOUTH 9TH STREET, YOUNGWOOD, PA, 15697*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/10/1988* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/15/2024*

Inspection Dates and Department Representative

11/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *5*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/15/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2024*

12/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/17/2024*

Inspections / Reviews *(continued)*

02/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/27/2025

03/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was no screen in the operable window in resident room #7.

There was no screen in the operable window across from the door, nearest the head of the bed, in resident room #10.

Plan of Correction

Accept (█ - 02/21/2025)

The screens for the air conditioners were removed and were not replaced. We have put them back into the windows (please see the photos). In the future staff will be sure that the screens are placed back into the windows immediately after pulling the air conditioners. The administrator will check this seasonally.

The screens were put in on November 29, 2024, by █ (house manager). These will be checked every spring and fall, especially when the air conditioners are removed. The first check was completed on November 29, 2024 and the next check will occur when the air conditioners are placed back into the windows.

Proposed Overall Completion Date: 02/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)

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

Resident #1 does not have access to a source of light that can be turned on/off at bedside. The bedside lamp was unplugged.

Plan of Correction

Accept (█ - 02/21/2025)

The resident had unplugged █ lamp to charge █ tablet. We educated the resident that the lamp had to stay plugged in. We also put a plug protector bar on the nightstand. In the future the direct staff will check the lamps in every bedroom at least weekly.

The administrator educated the resident on November 18, 2024, and installed the plug protector on the same day. Weekly checks began on November 18, 2024.

Proposed Overall Completion Date: 02/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)

103g - Storing Food

3. Requirements

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

Description of Violation

The following food items on the shelves in the kitchen were opened and unsealed:

*A bag of potato chips, approximately 1/2 full
A bag of sliced bread, approximately 1/2 full
A sleeve of Ritz crackers in a box, approximately 3/4 full
A bag of tortilla chips, approximately 1/2 full
A bag of onion rings, approximately 1/5 full
a bag of lightly salted chips, approximately 1/2 full*

Plan of Correction

Accept (█ - 02/21/2025)

We put the resident's snacks in clear containers. Please see the attached photos. All snacks will be placed in these containers.

The snacks were placed into the containers on November 18, 2024 by █ (the house manager). The administrator will check for this on a weekly basis during the weekly walk through of the facility.

Proposed Overall Completion Date: 02/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)

162c - Menus Posted**4. 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 menu for the current week of 11/11/24 - 11/17/24 was posted. However, advanced week of 11/18/24 - 11/24/24 was not posted.

Plan of Correction

Accept (█ - 02/21/2025)

We have posted the menu on both floors through January. The administrator will check this quarterly.

The menus were corrected on November 18, 2024, by the administrator. The menus are currently posted through June of 2025. The administrator will check the menus biweekly beginning February 20, 2025.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)

183d - Prescription Current**5. Requirements**

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (*continued*)**Description of Violation**

Resident #2 was prescribed Ibuprofen 500mg, take 1 tablet twice a day for 7 days starting on 9/24/24. However, this medication was in the home's medication cart and was discontinued on 10/30/24.

Plan of Correction

Accept (█ - 02/21/2025)

All medication carts were audited on 11/28/2024 by the administrator. This error was corrected immediately. The audit did not render any other deficiencies. All staff has been educated on the importance of checking the labels.

This was completed by the administrator who is also the Train the Trainer. The staff was educated on November 29, 2024 after the audit of medication carts was completed. The medication carts will be audited quarterly by the administrator.

Proposed Overall Completion Date: 02/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3 was prescribed Latanoprost 0.005 Eye Drop, instill 1 drop into both eyes at bedtime. According to manufacturer's instructions, the medication should be discarded 6 weeks after opening; however, the medication was not dated when opened.

Plan of Correction

Accept (█ - 02/21/2025)

All medication carts were audited by the administrator on 11/28/2024, no other deficiencies were found. All staff was educated on the importance of dating all medications when you start them.

The staff was educated on November 29, 2024 by the administrator who is also the train the trainer. This will be checked quarterly when the medication audit is done by the administrator.

Proposed Overall Completion Date: 02/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 was prescribed Ibuprofen 500mg, take 1 tablet twice a day for 7 days starting on 9/24/24. However, the

187d - Follow Prescriber's Orders (continued)

resident was administered this medication for 10 days from 9/24/24 to 10/4/24.

Plan of Correction

Accept (█ - 02/21/2025)

A medication audit was completed by the administrator on 11/28/2024, no other deficiencies were found. The staff was educated on the importance of checking all labels.

The staff was educated on November 29, 2024, by the administrator who is also the train the trainer. The medication carts will be audited each quarter with the first one being on November 28, 2024. The next one has been completed on February 7, 2025.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented (█ - 03/11/2025)