

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

February 14, 2025

[REDACTED], ADMINISTRATOR
LINDA E. BRANDON
PO BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736

RE: FAMILY PINES PERSONAL CARE
HOME
P.O.BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736
LICENSE/COC#: 42671

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2024 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: *FAMILY PINES PERSONAL CARE HOME* License #: *42671* License Expiration: *04/20/2025*
 Address: *P.O.BOX 455, 11293 ROUTE 422, ELDERTON, PA 15736*
 County: *ARMSTRONG* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *LINDA E. BRANDON*
 Address: *PO BOX 455, 11293 ROUTE 422, ELDERTON, PA, 15736*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/20/2017* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/13/2024*

Inspection Dates and Department Representative

12/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *5*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/13/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/16/2025*

01/27/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2025*

Inspections / Reviews (*continued*)

02/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

02/14/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2025

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

House Bill No. 1785, The Influenza Awareness Act of 2016, requires that preparation and publication of information relating to the Influenza Awareness Act and the influenza vaccine is posted in a public place in the facility year-round. The Influenza Awareness information was not posted in the home.

Plan of Correction

Accept ([REDACTED] - 02/14/2025)

Printed out the House Bill No. 1785 on January 10, 2025 by administration and posted publicly by the front door. So it is accessible to everyone in the facility. Also staff will check monthly that House Bill No. 1785 is still posted on bulletin board.

Proposed Overall Completion Date: 02/01/2025

Proposed Overall Completion Date: 02/10/2025

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented ([REDACTED] - 02/14/2025)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

There was a clear spray bottle, filled with 4.5 ounces of Isopropyl Alcohol, under the kitchen sink that did not have the original product labeling attached.

Plan of Correction

Accept ([REDACTED] - 02/14/2025)

All Products are in the original container with their original labels. The staff has been educated on leaving products in original container. [REDACTED] remove the clear spray bottle on December 13, 2024. The administrator educated all staff on December 14, 2024. Administrator put into play a weekly checklist to check all areas where the poisonous items are located and check that all items have their original labels as well. Printed out a calendar to document poisonous material check and document.

Proposed Overall Completion Date: 02/01/2025

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented ([REDACTED] - 02/14/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:06 a.m., there was a soiled washcloth on a bench in bathtub of the small common bathroom, and there was a

85a - Sanitary Conditions (continued)

soiled washcloth in corner of bathtub. Also there was a soiled sponge on shelf of the shower in the small common bathroom.

Plan of Correction

Accept () - 02/14/2025

Educated resident #1 on December 13, 2024 where to place washcloth when done. Also exclaimed to resident could also use paper towel if would like instead of washcloth. Administrator removed washcloth while state inspector was here. The soiled sponge was also removed While cleaning the bathroom staff will check for washcloths and sponges to make sure to avoid the violation from happening again. Printed out a calendar to use for the weekly monitoring and documenting

Proposed Overall Completion Date: 02/01/2025

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented () - 02/14/2025

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/6/24, 12/9/24, 12/11/24, & 12/13/24, the from a previous resident of the home was used for resident #1.

Plan of Correction

Accept () - 02/14/2025

Administrator contacted the doctor on January 8, 2025 for resident #1. They set up an appointment on Feb. 6 2025 were which was also documented on the attached pdf. The facility also bought on January 14, 2025 one for resident #1 and a extra one if needed in the future to prevent this from happening again. Also Administrator also labeled residents on January 14, 2025 using a label gun to put name on it. On the December 14th 2024 the administrator educated the staff to only use each for only the patient it bought for.

Proposed Overall Completion Date: 02/01/2025

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented () - 02/14/2025

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:00 a.m., there was an approximate 1/4-inch accumulation of snow on the ramp leading up to the front door of the home.

Plan of Correction

Accept () - 02/14/2025

Facility cleared the porch and ramp on December 13, 2024 by Also bought salt was purchased on 12/14/2024. Receipt is in the pdf which is in the attachments. To prevent this from happening again facility bought a calendar

100b - Removal Snow/Obstructions (continued)

and put morning and evening on everyday as needed to ensure of this does not happening again for patient safety. It will depend on whom is on duty for those times.

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█) - 02/14/2025)

102i - Soap Dispenser**6. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 10:06 a.m., there was no hand soap in the small common bathroom.

Plan of Correction

Accept (█) - 02/14/2025)

The hand soap was put in the bathroom by █ as soon as it was brought to facilities attention on 12/13/2024. The facility has extra hand soap in the supply closet. To prevent this from happening again staff will check bathrooms on a daily basis to make sure this does not happen again. This started on 12/14/2024.

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█) - 02/14/2025)

103e - Left Overs**7. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following food items in the refrigerator were unlabeled and undated:

A container of macaroni noodles

A container of sliced potatoes

A container of spaghetti sauce

A container of cheesy shells

A container of peas

Plan of Correction

Accept (█) - 02/14/2025)

All Items were labeled immediately in the refrigerator by █. Administrator reeducated staff about labeling all food items on 12/13/2024. Administrator Printed out calendar to use for documentation of checking for labeled items weekly.

Proposed Overall Completion Date: 02/01/2025

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█) - 02/14/2025)

103g - Storing Food

8. Requirements

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

Description of Violation

The following food items in the kitchen cupboards were opened and unsealed:
A box of Cheerio cereal
A box of Cookie Crisp cereal
A box of Berry Colossal Crunch bag

Plan of Correction

Accept ([redacted]) - 02/14/2025)

All items that were found not seal properly were discarded by [redacted] immediately on December 13,2024 .
Facility is now using clamps to seal cereal bags in the boxes. Make sure there are enough clamps to ensure everything is always sealed after opening. Printed out a calendar to monitor and document

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented ([redacted]) - 02/14/2025)

107c - Food/Water 3 Day Supply

9. Requirements

2600.
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home does not have a 3-day supply of emergency food.

Plan of Correction

Accept ([redacted]) - 02/14/2025)

Facility has restocked the pantry on December 13th 2024 by [redacted] . It is documented on the receipt attached in the pdf. Printed out a calendar to monitor monthly and document.

Proposed Overall Completion Date: 02/01/2025

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented ([redacted]) - 02/14/2025)

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 home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:
On 2/16/24 at 5:30 a.m., the evacuation time was 3 minutes
On 5/30/24 at 5:00 a.m., the evacuation time was 4 minutes

Plan of Correction

Accept ([redacted]) - 02/14/2025)

Inspection is not due till Feb. 5, 2025. Facility contacted the fire department and was told they will schedule a fire

132d - Evacuation (continued)

inspection before the due date. Also staff has been doing drills to ensure the time is no more then 2 minutes. The dates of those drills are December 14, 2024 @ 2PM it took 2 minutes. There was one more on January 1, 2025 that was 2 minutes. Then the Fire Chief came on February 01, 2025 the residents evacuated in 1 min and 45 seconds. There's a pdf attached from the fire Chief

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█ - 02/14/2025)

183e - Storing Medications**11. 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 #1's █ was not dated when opened. According to the manufacturer's instructions, the medication should be discarded after 6 weeks.

Repeat Violation: 2/2/24

Plan of Correction

Accept (█ - 02/14/2025)

This medication had come with the resident #1 from another facility and was not dated. To prevent this from happening in the future if the past facility does not date medication it will discarded. All medication as of the foreseeable future will all be dated when opened. All staff educated on this matter. Also we called the pharmacy for new medications Then disposed of the old medications on December 14, 2024 █ will check them monthly when doing physicians orders and Mars.

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█ - 02/14/2025)

185a - Implement Storage Procedures**12. 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 #1 is ordered █
█ for 12/6/24 and 12/9/24.

Also, the █ used to measure resident #1's █ was not set to the correct date and time.

Plan of Correction

Accept (█ - 02/14/2025)

█ contacted doctor they changed the order to once weekly on January 8th 2025 and a personal █ was bought along with in extra as show in the attachment on January 14, 2025. A monthly auditing step will be done during the monthly change of Mars and Tars.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█) - 02/14/2025

221c - Post Activity Calendar**13. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted for December 2024 is incomplete.

Plan of Correction

Accept (█) - 02/14/2025

The facility will know do a monthly calendar as show in pdf. If there and changes it will be put on the activity that is posted to the public. The only person to change the calenders is █ the administrator. █ corrected December 2024's on the 14th. It also was posted on the bulletin board on december 14th 2024. Also every month the administrator will have a new activity calendar done by the last day of the month to be display on the bulletin board

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented (█) - 02/14/2025