

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

April 8, 2025

[REDACTED], OWNER
REBECCA S PERSONAL CARE HOME INC
118 MASTERS AVENUE
EVERETT, PA, 15537

RE: REBECCA'S AT EVERETT
118 MASTERS AVENUE
EVERETT, PA, 15537
LICENSE/COC#: 32407

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/17/2024, 12/18/2024 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: *REBECCA'S AT EVERETT* License #: *32407* License Expiration: *06/03/2025*
 Address: *118 MASTERS AVENUE, EVERETT, PA 15537*
 County: *BEDFORD* Region: *CENTRAL*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *REBECCA S PERSONAL CARE HOME INC*
 Address: *118 MASTERS AVENUE, EVERETT, PA, 15537*
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/09/1996* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/18/2024*

Inspection Dates and Department Representative

12/17/2024 - On-Site: [Redacted]
 12/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *37* Residents Served: *28*

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

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *17* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

12/17/2024 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/18/2025*

01/30/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: *01/18/2025*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2025*

Inspections / Reviews *(continued)*

04/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

04/08/2025 - Bypass Document Submission

Submitted By: [REDACTED] *ch*

Date Submitted: 04/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c12 - Bed Hold

1. Requirements

2600.

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

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contracts for residents #1, #2 and #3 do not include the charges for holding a bed during an absence.

Plan of Correction

Accept ([redacted] - 02/18/2025)

On 12-17-2024 [redacted] made a new contract for rebeccas to use, This contract will go in to effect 12/18/2025 and we will be going though and updating every residents contract to the new one this will be done by February 21, 2025.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([redacted] - 04/08/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff members A and B do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Both staff worked as direct care staff on [redacted] and [redacted] from [redacted] [redacted]

Plan of Correction

Accept ([redacted] - 02/18/2025)

Both works A and B where talked to and they enrolled in a GED program, I have attached the papers to prove it. The owner is giving them 3 months to complete this program. Staff A and B are good employees and do great with the residents want to keep them.

On [redacted] staff member A enrolled in the GED program. Staff member B enrolled [redacted] On 1/1/2025 [redacted] and [redacted] made a paper up that will go with each NEW employee. On this paper we have training dates completed and [redacted] or [redacted] will sign them off when completed, on this list is Initial training, Diploma, Diabetes training (if need) med tec (if need), Direct Care staff training, Background check, CRPR and first aide. So that we do not miss anything when a new employees starts here. This papers will be reviewed at the monthly meeting with management starting 1/3/2025

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([redacted] - 04/08/2025)

56 - Admin 20 Hours/Week

3. Requirements

2600.

- 56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

56 - Admin 20 Hours/Week (continued)

Description of Violation

During the calendar month February 2024 until present a qualified Administrator has not been working in the home at least 20 hours per week.

Plan of Correction

Accept (█) - 03/21/2025)

The assistance administrator/ general manager with the help of the owner and consulting with administer who was unable to come back █. Has been taking part in the administrative rule, the owner did file for a waiver for current manager to be administrator.

Proposed Overall Completion Date: 02/05/2025

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented (█) - 04/08/2025)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times there were 28 residents in the home and no staff trained in first aid and certified in obstructed airway techniques and CPR:

- 12/01/24 from 10:00 PM to 6:00 AM
- 12/02/24 from 2:00 PM to 6:00 AM
- 12/03/24 from 2:00 PM to 6:00 AM
- 12/04/24 from 2:00 PM to 6:00 AM
- 12/07/24 from 2:00 PM to 10:00 PM

Repeated Violation: 2/7/24

Plan of Correction

Accept (█) - 02/18/2025)

ON 1/11/2025 9 staff members got CPR/ Frist aid trained

On 1/13/25 A paper was made to keep in our state binder to see training this will go to the monthly meeting to be checked. To make sure training is not missed Rebeccas got some cards back already.

As of 1/11/2025 we have 11 people that got CPR trained that will cover all shifts 2 people per shift with CPR training more then we need. again we have the paper made up that will help make sure it is not missed

On 1/1/2025 █ made a paper up that will go with each NEW employee. On this paper we have training dates completed and █ or █ will sign them off when completed, on this list is Initial training, Diploma, Diabetes training (if need) med tec (if need), Direct Care staff training, Background check, CRPR and first aide. So that we do not miss anything when a new employees starts here.

This papers will be reviewed at the monthly meeting with management starting 1/3/2025

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented (█) - 04/08/2025)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

Description of Violation

Staff member C, whose first day of work was [redacted] and staff member D whose first day of work was [redacted] did not receive orientation on the following topic:

Smoking safety procedures, the home's smoking policy and location of smoking areas.

Plan of Correction

Accept ([redacted] - 02/18/2025)

On 1/2/2025 we did a new training with all employees we used the State form. Employee [redacted] is no longer here [redacted] quit. We updated every other employee here though. We will be using this form from now on. 1/3/2025 we will be using the new training sheet to make sure nothing is missed. 1/6/2025 starting at the monthly meeting with management [redacted] and as [redacted] will be going over the training to make sure all needs are meant

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([redacted] - 04/08/2025)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff member C, whose first day of work was [redacted] and staff member D whose first day of work was [redacted] did not complete training in the following topic:

Reporting of reportable incidents and conditions

Plan of Correction

Accept ([redacted] - 02/18/2025)

On 1/2/2025 we did a new training with all employees we used the State form. Employee [redacted] is no longer here [redacted] quit. We updated every other employee here though. We will be using this form from now on. 1/3/2025 we will be using the new training sheet to make sure nothing is missed. 1/6/2025 starting at the monthly meeting with management [redacted] and as [redacted] will be going over the training to make sure all needs are meant

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([redacted] - 04/08/2025)

65g - Annual Training Content

7. 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 member E, whose first day of work was [REDACTED], did not have fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert in either 2023 or 2024 training years.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

A fire safety expert is coming Feb 20th 2025 to do our yearly fire drill and now fire safety training with all staff. One 1/3/2025 [REDACTED] add a yearly reminder to have a fire safety inspector come do training with staff, trainer is available to come train new staff also. The document a picture of our system showing it added on same day we stated using the new orientation paper I already sent you. to help not miss any thing in the future.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([REDACTED] - 04/08/2025)

65i - Training Record

8. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for staff member E does not include the date, source, or content of each course.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

On 1/2/2025 rebeccas started using this to keep track of training it will go in the state binder to be reviewed at monthly meetings.

[REDACTED] set up a program the is a power point with links to videos and information web site at each monthly meeting one of the training for the year will be picked and gone over with staff. as the paper I sent you it is a state form to keep track of the date, time and what was gone over.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([REDACTED] - 04/08/2025)

132d - Evacuation

9. 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's maximum safe evacuation time specified in writing by a fire safety expert on 2/27/24 is 5 minutes.

132d - Evacuation (continued)

During the fire drill on 8/30/24 at 3:00 PM the home had an evacuation time of 6 minutes and 43 seconds.

Plan of Correction

Accept () - 02/18/2025

talked to both residents on 8/30/24 that date about the importance of fire drills they also each got a letter. Since then they have done very well with fire drills. In the letter that was given to the 2 residents it states the important of the fire drill and that when they came to Rebeccas the sign a contract that stated you must participate in monthly fire drills, This has helped them realize and we have had no other issue.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented () - 04/08/2025

132h - Designated Meeting Place

10. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 8/30/24 at 3:00 PM, 2 residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept () - 02/18/2025

ON 8/30/2024 the said residents that did not evacuate during the fire drill were talked to and given a letter on 8/2/24 to state the importance of the fire drills. In the letter that was given to the 2 residents it states the important of the fire drill and that when they came to Rebeccas the sign a contract that stated you must participate in monthly fire drills, This has helped them realize and we have had no other issue.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented () - 04/08/2025

182b - Prescription Medication

11. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

Description of Violation

On 12/13/24 at 4:00 PM staff member F administered the following medication to resident #3: Trulicity 3 MG/0.5 ML Pen. Staff member F is not a licensed staff.

Plan of Correction

Accept () - 02/18/2025

On 12/18/2025 the waiver was started for the administration of the pen, A diabetes trainer was contacted on

182b - Prescription Medication (continued)

1/18/2025 about setting up additional training for the staff to comply with the rules and waiver. As of 12/20/2024 the said resident has to go to [REDACTED] doctors office to get the shot once a week the shot no longer given by staff.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([REDACTED] - 04/08/2025)

183e - Storing Medications

12. 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

While reviewing medications in the home's medication cart, an unknown medication fell out of a box, this medication was loose and not in its original contained. This medication was researched at the home and identified as being Levothyroxine.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

On 1/4/2025 med techs were reviewed and went over lesson on How to Administer medication step by step, with the other lesson on Documentation, recording and storage, the importance of making sure all meds are taken. As of 1/6/2025 [REDACTED] will go though the cart monthly to make sure no pills are loss in cart to make sure the retraining has worked with staff.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented ([REDACTED] - 04/08/2025)

185a - Implement Storage Procedures

13. 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 prescribed Doxazosin Mesylate 2 MG Tab daily at 8:00 PM. On 12/18/24 this medication was not available in the home at the time of the inspection on 12/18/24.

Plan of Correction

Accept ([REDACTED] - 02/18/2025)

on 12/18/2025 it was order from the doctor came next day. Was out of refills when new cycles of meds came on 12/17/24.

on 1/4/2025 Med Tec reviewed the lesson on Documentation, recording and storage, we did not know was out of refills till was not sent . [REDACTED] was ask to let us know a head of time if they could when something needs new scripts

1/4/2025 [REDACTED] will start going though med cart to see if any medication needs reorder or a new refill is to be requested

Licensee's Proposed Overall Completion Date: 02/05/2025

185a - Implement Storage Procedures (continued)

Implemented () - 04/08/2025

227g -Support Plan Signatures

14. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Staff member G who created the resident the support plans for residents #1 and #3 did not sign either plan.

Plan of Correction

Accept () - 02/18/2025

Staff member G sign them on 12/18/2024, A paper was made up on 1/3/2025 for on the front of the residents folder to help with reminders this was added to paper and will be used from now on. From this point on we will be using this paper to make sure the resident's forms are done On the 1st Monday of every month () or () will look over all files to make sure everything is sign

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented () - 04/08/2025