

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

January 21, 2025

[REDACTED]  
PARACLETE GROUP LLC  
[REDACTED]

RE: GEORGE'S PERSONAL CARE HOME  
108 WATER STREET  
NEW STANTON, PA, 15672  
LICENSE/COC#: 44057

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/20/2024 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: *GEORGE'S PERSONAL CARE HOME* License #: *44057* License Expiration: *02/24/2025*  
 Address: *108 WATER STREET, NEW STANTON, PA 15672*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *PARACLETE GROUP LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/29/1995* 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: *12/20/2024*

**Inspection Dates and Department Representative**

12/20/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *18* Residents Served: *17*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *14*  
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *4*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

12/20/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2025*

01/10/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/14/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/14/2025*

Inspections / Reviews *(continued)*

01/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g Annual Training Content

1. 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:

- 3. Resident rights.

Description of Violation

Ancillary staff person A did not receive training in resident rights for the January to December 2023 training year.

Plan of Correction

Accept [redacted] - 01/10/2025)

The training certificate for the ancillary staff member A on resident rights for the January to December 2023 training year has unfortunately been misplaced but I am attaching ancillary staff member A, 2024 resident rights training certificate.

On January 3, 2025, the administrator developed a checklist for manager to check all staff training requirements twice a month, focusing on Resident rights, Fire safety, Emergency preparedness procedures, OAPSA, Falls and Accident prevention, also CPR, First Aid, Insulin and Medication training. Attached is the manager's checklist to check twice a month for all staff training monthly and annually. In addition, the administrator will perform a monthly assessment to verify that all staff training is completed by both monthly and annual requirements. Furthermore, the administrator provided guidance to staff members, emphasizing the importance of promptly placing training certificates in each staff member's folder as soon as they receive them. This will help avoid losing any certificates in the future. Meeting documentation with all staff conducted by the administrator on January 3, 2025, about resident rights missing certificate violation is attached, along with all staff signatures confirming they have reviewed the residents' rights.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented [redacted] 01/21/2025)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a black grimy substance in the right side drawer of the vanity sink in the dining area.

Plan of Correction

Accept [redacted] - 01/10/2025)

The manager cleaned the right-side drawer of the vanity sink located in the dining area on December 21,2024. [redacted] makes sure that the drawers were organized and sanitized. A picture of a clean and organized drawer is attached. On January 3, 2025, the administrator created a checklist for all staff members to inspect all vanity sink drawers weekly. They must ensure that the drawers are clean and free of coffee stains and grounds. If any dirt is found, staff should clean it immediately to keep sanitary conditions.

On the same day, the administrator conducted a meeting with all staff to discuss the importance of keeping daily sanitary conditions. Meeting documentation and checklist are attached.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented [redacted] - 01/21/2025)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The wash cloth rack was broken in half in the shower in the second floor common bathroom.

Plan of Correction

Accept (████ - 01/10/2025)

On December 30, 2024, the handyperson installed a new washcloth rack in the second-floor common bathroom shower. Attached are both a photograph of a newly installed washcloth rack and the corresponding invoice. Subsequently, on January 3, 2025, the administrator implemented a checklist for all staff members to conduct daily inspections of all showers, furniture's, and equipment's to make sure all clean and in good condition. Ensuring that the washcloth rack is kept in good repair, is clean, and is free of any hazards. Should any issues arise, staff must address them at once and contact the licensed professional for proper repairs. On the same day, the administrator held a meeting with all staff members to emphasize the importance of keeping all furniture and equipment in good condition, ensuring cleanliness, and free of hazards. The meeting documentation and checklist are attached.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented (████ - 01/21/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

4. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The grab bars attached to the toilet in the common bathroom next to the kitchen area were unsecured and moved back and forth approximately 2 to 3 inches, creating a potential fall hazard.

Plan of Correction

Accept (████ - 01/10/2025)

On ██████████, a handyperson was hired to fix the toilet safety rails in the common bathroom next to the kitchen. ██████████ found out that one screw was missing. ██████████ added a new screw to replace the missing one and tightened the remaining screws. Now, the toilet safety rail is secure, providing better safety for users. A picture of the secured toilet safety rails and the ██████████ invoice are attached. On January 3, 2025, the administrator created a daily checklist for all staff members to inspect all toilets and bath areas. The checklist includes ensuring that grab bars, handrails/assist bars and particularly the toilet safety rails are consistently secured for users' safety. Staff report to Admin on any issues that staff cannot fix, and admin will contact licensed professionals for proper repairs. On the same day, the administrator conducted a meeting to discuss the safety of the toilet, specially focusing on the necessity of ensuring that all safety rails, grab bars, handrails or assist bars are consistently secured. Documentation from the meeting, along with the previously mentioned checklist also been attached.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented (████ 01/21/2025)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an accumulation of lint in the dryer's lint trap measuring approximately 1/2 inch thick on the sides of the trap.

Plan of Correction

Accepted [redacted] - 01/10/2025)

On December 21,2024, the manager carefully removed the lint in the dryer's lint trap with great attention of detail, ensuring that no lint remained lodged. This action is especially important to increase the dryer's efficiency, and lowers the risk of fire hazards, ensuring safety for all residents and staff.

On January 3,2025, the administrator created a clear checklist to prevent similar incidents in the future. The checklist instructs all staff to remove lint from both the dryer mesh and the lint trap after each use. Following the checklist will help keep safety standards.

On the same day, the administrator organized a meeting with all the staff to explain why it is essential to remove lint from both the dryer mesh and the lint trap after each use. During the meeting, the administrator stressed that this simple task can significantly reduce fire risks.

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented [redacted] - 01/21/2025)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There were multiple unsecured medications on the dresser between resident [redacted] and resident [redacted]s beds to include:

\*two 8 ounce bottles of [redacted]

\*one 12 ounce bottle of [redacted]

\*One 4 ounce tube of [redacted]

There was an unsecured 8 ounce tube of [redacted] on resident [redacted] dresser.

Plan of Correction

Accepted [redacted] - 01/10/2025)

On December 20,2024, during the inspection day, two 8-ounce bottles of [redacted] one 12-ounce bottle of [redacted], One 4-ounce tube of [redacted] and one 8-ounce tube of [redacted] were removed by the administrator and securely locked in the medication cart.

Subsequently on January 3, 2024, residents numbered [redacted] and [redacted] received education about the protocols for prescription medications, over the counter (OTC) medications, complementary and alternative medicine (CAM), and syringes conducted by administrator. They learned that these items will be locked in a medication cart and that staff will give them out according to the doctor's orders. Documentation of violations related to residents [redacted] and [redacted] is attached to prevent future occurrences. Other residents also received education on this matter.

**183b - Meds and Syringes Locked (continued)**

*On January 3, 2025, the administrator created a checklist for all staff. A checklist for checking residents' rooms, dressers, and drawers daily. This is to make sure residents do not bring over the counter (OTC) medications. During the daily checklist, staff members consistently remind residents that all medications and syringes must be securely stored in either the locked medication cart or a locked container. The checklist is attached.*

**Licensee's Proposed Overall Completion Date: 01/09/2025**

**Implemented ( [REDACTED] - 01/21/2025)**