

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

May 7, 2025

[REDACTED], ADMINISTRATOR/OWNER
LAURA B SEGERS AND JOEL W SEGERS
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101

RE: LA CASA PERSONAL CARE HOME
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101
LICENSE/COC#: 40211

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2025 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: LA CASA PERSONAL CARE HOME License #: 40211 License Expiration: 04/02/2025
 Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101
 County: LAWRENCE Region: WESTERN

Administrator

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

Legal Entity

Name: LAURA B SEGERS AND JOEL W SEGERS
 Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/04/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/25/2025

Inspection Dates and Department Representative

02/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

02/25/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/27/2025

03/31/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/15/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/14/2025

Inspections / Reviews *(continued)*

05/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2025

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

The sash window in the first-floor bathroom did not stay open when lifted.

REPEAT VIOLATION: 2/8/2024

Plan of Correction

Accept (█) - 03/31/2025)

The window will be repaired or replaced by the Administrator no later than 4/07/25. All windows are now being checked once weekly in the walk-thru inspection conducted by the Administrator, beginning on 2/28/25. Any repairs needed will be done in a timely manner.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented (█) - 04/22/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 was prescribed Vitamin D2 1.25 mg (50,000 U) – 1 capsule once weekly on Sundays; however, the label indicates staff administer 25 mg (50,000 U) – 1 capsule once a week on Sundays.

Plan of Correction

Accept (█) - 03/28/2025)

The pharmacy and the prescribing physician's office were contacted on 2/26/25 to clarify the order. The medication was re-labeled correctly by the pharmacy and delivered to La Casa on 2/27/25. The MAR was reviewed to ensure that it matched the new label on the medication. The staff was re-trained 2/27/25 on the importance of checking that the pharmacy label and the MAR are accurate and both match. Once weekly, beginning 2/28/25, the Administrator will review the MARs and the pharmacy labels to ensure they match and are accurate. Any concerns will be addressed immediately.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented (█) - 04/22/2025)

185a - Implement Storage Procedures

3. 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

On 2/23/25 at 4:37 PM, resident #2 blood glucose was 148 mg/dl; however, staff recorded █ blood glucose as 147 mg/dl.

185a - Implement Storage Procedures (continued)

On 2/25/25 at 7:11 AM, resident #2's blood glucose was 167 mg/dl; however, staff recorded [REDACTED] blood glucose as 168 mg/dl.

REPEAT VIOLATION: 2/8/2024

Plan of Correction

Accept ([REDACTED] - 03/31/2025)

The staff were re-trained on 2/27/25 on the vital importance of documenting in the blood sugar log the exact number shown on the glucometer. The procedure for documenting glucose readings was reviewed, which includes having the glucometer right next to the blood sugar log when the staff records the number.

The Administrator does a comparison check of the glucometers to the blood sugar log once weekly, beginning on 2/28/25, and also at random times during the week. Any issues are addressed that day and staff will be re-trained again as needed.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented ([REDACTED] - 04/22/2025)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 was prescribed Anoro Ellipta 62.5 mcg/25 mcg – 1 puff daily. This medication was not included on [REDACTED] February 2025 medication administration record (MAR).

Plan of Correction

Accept ([REDACTED] - 03/31/2025)

The medication was added to the MAR on the day of the inspection. The Administrator will review the MAR prior to the beginning of each month and again every week, (beginning 2/28/25) to ensure that all medications are properly listed. The first MAR review by the Administrator, following the annual inspection, was completed on 2/28/25. All staff persons qualified to administer medication were re-trained 2/27/25 on the information required to be present on all resident MARs in accordance with 2600.187a, including the importance of immediately adding newly prescribed medications to the MAR upon receipt of the prescriber's order.

187a - Medication Record (*continued*)

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented (█) - 04/22/2025

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 was prescribed Vitamin D2 1.25 mg (50,000 U) – 1 capsule once weekly on Sundays. Staff administered this supplement on 2/23/25 as ordered; however, staff also initialed the resident's February 2025 MAR as if it was administered on 2/21/25, 2/22/25, 2/24/25, and 2/25/25.

Plan of Correction

Accepted (█) - 03/31/2025

The MAR was clarified on 2/25/25 to show clearly that the Vitamin D2 is only administered once weekly on Sundays. The staff were re-trained in the proper way to prepare the MAR when a medication is not given daily. The Administrator will review the MAR in the weekly walk-thru inspection, beginning 2/28/25, and any concerns will be addressed immediately. Note: this was a documentation error, not a med error, as the pill was not actually given since it was not in the dispill pack.

Licensee's Proposed Overall Completion Date: 03/26/2025

Implemented (█) - 04/22/2025