

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

May 1, 2025

[REDACTED], ADMINISTRATOR
JOHNSON PERSONAL CARE LLC
502-504 WEST SEVENTH STREET
CHESTER, PA, 19013

RE: JOHNSON PERSONAL CARE
502-504 WEST SEVENTH STREET
CHESTER, PA, 19013
LICENSE/COC#: 14366

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2025 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] r

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: JOHNSON PERSONAL CARE License #: 14366 License Expiration: 04/30/2025
 Address: 502-504 WEST SEVENTH STREET, CHESTER, PA 19013
 County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: JOHNSON PERSONAL CARE LLC
 Address: 502-504 WEST SEVENTH STREET, CHESTER, PA, 19013
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 06/22/1981 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/20/2025

Inspection Dates and Department Representative

03/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 Residents Served: 14
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 12
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/20/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/12/2025

04/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/30/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/28/2025

Inspections / Reviews (*continued*)

04/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/01/2025

05/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/20/25 at 10:08 a.m., dried brown specks were found around the toilet seat and bowl in the second-floor bathroom of building 502.

Plan of Correction

Accept ([redacted]) - 04/07/2025)

Violation occurred after housekeeper cleaned the bathroom. Housekeeping cleaned the toilet immediately on 3/15/25. The direct care staff will check the resident bathrooms at least once during every shift, starting immediately. The director will conduct weekly checks of the resident bathrooms, starting immediately. The director will discuss the importance of cleaning and checking bathrooms at monthly staff meetings for the next two months, starting in May, 2025.

Licensee's Proposed Overall Completion Date: 04/06/2025

Implemented ([redacted]) - 05/01/2025)

105g - Lint Removal and Duct Cleaning

2. 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

On 3/20/25 at 9:35 a.m., approximately a 1-inch accumulation of lint was found in the lint trap of a clothes dryer. There were no clothes in the dryers at the time.

Plan of Correction

Accept ([redacted]) - 04/07/2025)

Violation occurred because staff did not remove lint from the dryer after using it. The direct care staff immediately removed the lint from the dryer on 3/20/25. The director will conduct a training with the direct care staff on the importance of removing lint from the dryer after each use by 4/15/25. The director will place a poster near the dryer to remind staff to empty the dryer after each use, by 4/15/25. The director will discuss the importance of removing lint from the dryer at the monthly staff meeting for the next two months, starting May, 2025.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented ([redacted]) - 05/01/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 1’s medical evaluation dated [REDACTED], does not include the ability to self-administer medications and cognitive functioning. Additionally, Resident 1’s current medical evaluation dated [REDACTED] does not include medical diagnosis including physical or mental disabilities of the resident.

Plan of Correction

Accept [REDACTED] - 04/07/2025)

Violation occurred because the medical evaluation was missing required elements. The director will request resident #1’s physician to update the medical evaluation to include the missing elements by 4/20/25. The director will audit all residents of the home medical evaluations to ensure all required elements are completed by 4/20/25. Starting immediately, as residents’ medical evaluations are completed, the director will review the evaluations to ensure all required elements are completed within 48 hours of the physician’s evaluation by the director contacting the physician about the missing information and obtaining a corrected medical evaluation.

Licensee's Proposed Overall Completion Date: 04/20/2025

Implemented [REDACTED] - 05/01/2025)

184a - Resident's Meds Labeled

4. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident’s name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

The directions on the pharmacy label for Resident 1’s Albuterol Sulfate Inhalation Aerosol indicate “Inhale 2 puffs POM every four hours as needed” however the resident’s MAR and the physician order indicates “Inhale 2 puffs every four hours.” There is no change of directions sticker or notation on the pharmacy label.

Plan of Correction

Accept [REDACTED] - 04/07/2025)

The violation occurred when the pharmacy label for resident #1’s albuterol inhaler was not checked against the physicians order on the MAR. The director will provide a training to all staff administering medications on the importance of reviewing pharmacy labels with the MAR’s to ensure they match and obtain clarification from the

184a - Resident's Meds Labeled (continued)

residents doctor when there is a discrepancy, by 4/15/25. The director will contact resident #1's doctor for clarification of the prescription for the albuterol sulfate inhaler to determine if it is a PRN or a straight order by 4/10/25. Starting 4/30/25, the director/med tech will conduct a med audit monthly (Monthly recap) reviewing the new MAR's with each residents medication to ensure the pharmacy label and MAR match. The Director will conduct a periodic med cart audit to ensure the meds match the MAR, at least bi-monthly, starting immediately.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (█) - 05/01/2025)

185a - Implement Storage Procedures**5. 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 3/10/25 at 3:31 p.m., Resident 1's blood glucose reading was 210. However, it was documented as 131 on the Medication Administration Record.

On 3/20/25 at 11:07 a.m., Resident 1's glucometer was not calibrated to the correct time, as it was set to 3/20/25 at 10:10 a.m.

Plan of Correction

Accept (█) - 04/07/2025)

The violation occurred when there was an error in recording resident #1's blood sugar and when the glucometer was not calibrated to the correct time. The director will provide a training to all staff administering medications on the importance of documenting a correct blood sugar reading in the MAR and how to correctly calibrate a resident glucometer by 4/15/25. The director calibrated resident #1's glucometer to the correct time on 3/21/25. The director will check all other residents' glucometers to ensure they are calibrated to the correct date and time by 4/20/25. The med techs will recheck their documentation of blood sugar readings daily, to ensure they match the readings on the glucometers, starting immediately. The director will review the MAR's at least weekly to ensure the med techs have accurately documented the correct blood sugar readings on the MAR's, starting immediately. The director will check all resident glucometers at least monthly to ensure they are calibrated, and the staff are documenting the blood sugar readings correctly, starting immediately.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (█) - 05/01/2025)

225c - Additional Assessment**6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 1's medical evaluation dated █, indicates that they are on a heart-healthy, no concentrated-sweets diet. However, this dietary need is not reflected in their resident assessment and support plan dated █

225c - Additional Assessment (continued)

Plan of Correction**Accept ([REDACTED] - 04/07/2025)**

This violation occurred when the assessment, dated [REDACTED], did not include resident #1's heart healthy diet. The director updated resident #1's [REDACTED] and [REDACTED] RASP to include the residents need for a heart healthy diet and how the home will support the residents need by 4/15/25. The director will audit all other residents RASP's to identify if their special diets needs are noted and updated by 4/30/25. The director will periodically check residents RASP's, upon receipt of a new or update medical evaluation is received to ensure any new dietary information is included, starting immediately.

Licensee's Proposed Overall Completion Date: 04/15/2025**Implemented ([REDACTED] - 05/01/2025)**