

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

May 21, 2025

[REDACTED], OWNER
SHARON AHEARN
44 BROAD STREET
PITTSTON, PA, 18640

RE: ADULT PERSONAL CARE HOME
44 BROAD STREET
PITTSTON, PA, 18640
LICENSE/COC#: 24386

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2025 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: *ADULT PERSONAL CARE HOME* License #: *24386* License Expiration: *02/08/2026*
 Address: *44 BROAD STREET, PITTSTON, PA 18640*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SHARON AHEARN*
 Address: *44 BROAD STREET, PITTSTON, PA, 18640*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *09/30/1980* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/27/2025*

Inspection Dates and Department Representative

03/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *6*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

03/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2025*

04/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2025*

Inspections / Reviews *(continued)*

05/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/15/2025

05/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator only completed 13 hours of the required 24 hours of administrator training for the training year 2024.

Plan of Correction

Accept () - 05/08/2025

The Personal Care Home License Plan of Correction outlines steps to ensure training compliance. After each training session, certificates will be collected and filed, and the administrator will maintain a log detailing the date, source, topic, duration, and certificate for each course, in line with regulatory requirements. A yearly training calendar will be created to plan and track progress, with quarterly reviews to ensure the administrator stays on track to meet the annual training requirement. In 2025, the administrator will complete the required 24 hours of training, in addition to 11 extra hours that will be applied to meet the 2024 training requirements. Training progress will also be evaluated during the administrator's annual performance review.

Proposed Overall Completion Date: 11/30/2025

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented () - 05/15/2025

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 11:00 a.m. a dented can of apple pie filling was observed on the dry storage shelf in the basement.

Plan of Correction

Accept () - 05/08/2025

The Personal Care Home License Plan of Correction is focused on improving our food storage practices. After discovering a dented can of apple pie filling, the administrator promptly removed it. We inspected all food storage areas—dry, refrigerated, and frozen—finding no other expired or damaged items. I am implementing a mandatory monthly inspection and have created a Food Storage Inspection Log to monitor expiration dates and item conditions. The administrator will oversee these inspections monthly to maintain our standards.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented () - 05/15/2025

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of February 2025.

132a - Monthly Fire Drill (continued)

Plan of Correction

Accept (█) - 05/08/2025

The Personal Care Home License Plan of Correction details compliance with fire drill regulations. Starting in April 2025, monthly drills are conducted without prior notice, with a review of regulations completed on April 1, 2025, emphasizing accurate documentation. A fire drill calendar is in place through December 31, 2025, including drills during sleeping hours. If a drill is missed, it will be rescheduled within 72 hours to maintain compliance.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 05/15/2025

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 8/19/24 at 12:00 a.m. The previous sleeping hours fire drill was conducted on 6/20/24.

Plan of Correction

Accept (█) - 05/08/2025

The Personal Care Home License Plan of Correction outlines steps taken to address fire drill requirements during sleeping hours. A fire drill was conducted on April 30, 2025, at 2:30 a.m. to correct the missed requirement immediately. Moving forward, sleeping hours fire drills will be scheduled every March and September to meet the biannual requirement. The Fire Drill Policy has been updated to ensure separate documentation for daytime and sleeping hours drills, and fire drill logs have been revised to clearly label drills conducted during sleeping hours for easier audit review. If a scheduled drill is missed, it will be rescheduled and completed within 72 hours to maintain compliance.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented (█) - 05/21/2025

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #1 was admitted on [REDACTED] The Medical Evaluation that was completed on [REDACTED] was missing information on special health/dietary needs, allergies, immunizations, body positioning, health status, cognitive status, and mobility needs.

Plan of Correction

Directed ([REDACTED] - 05/08/2025)

The Personal Care Home License Plan of Correction outlines steps taken to complete preadmission documentation. The missing Preadmission Screening for Resident #1 has been found and filed correctly. To prevent future omissions, a Preadmission Medical Evaluation Checklist will be introduced by May 31, 2025. This checklist will ensure that all required forms are completed and filed before admission. The administrator will review the checklist prior to finalizing resident admissions.

Proposed Overall Completion Date: 05/31/2025

Directed: A new DME will be completed for Resident 1 with all required fields completed. An audit will be completed on all resident DME's to verify that all required information is completed. Any missing information will be updated within 48 hours.

Directed Completion Date: 05/15/2025

Implemented ([REDACTED] - 05/20/2025)

183a - Original Containers and Injections

6. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #1 had a 7-day pill box in the medication cart that had pills in 5 of the 7 days. The pill box was not labeled with the resident's name or labeled with physician orders.

Plan of Correction

Accept ([REDACTED] - 05/08/2025)

Actions have been taken regarding medication handling. On March 27, 2025, the unlabeled 7-day pill organizer for Resident #1 was removed, and all medications were verified against their original pharmacy-labeled containers. A review of all residents' medication storage was completed by March 28, 2025, confirming that medications are properly labeled, no unauthorized pill organizers are in use, and no medicines are pre-poured outside a two-hour window.

Staff re-education is scheduled by May 31, 2025, to emphasize the necessity of pharmacy-labeled containers and the prohibition of pre-pouring without physician authorization. The medication administration procedure now requires labeled pharmacy containers, and any organizers used must have a physician's order.

Monthly audits of the medication cart will be documented, and compliance reviews will be conducted by the administrator to ensure adherence to medication handling standards.

Licensee's Proposed Overall Completion Date: 05/31/2025

183a - Original Containers and Injections (continued)

Implemented () - 05/15/2025

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 has 2 small bottles of baby shampoo in the medication cart. The resident did not have a prescription for the medication on the medication administration record.

Plan of Correction

Accept () - 05/08/2025

The Personal Care Home License Plan of Correction outlines steps taken to address improper storage of personal care items in medication areas. On March 27, 2025, two bottles of baby shampoo belonging to Resident #2 were immediately removed from the medication cart. A full audit of all medication carts and storage areas was completed by March 28, 2025, to ensure that only items documented on the Medication Administration Record (MAR) and properly prescribed are stored in these areas. Non-medical personal care items, such as shampoos and lotions, are now required to be stored separately from residents' toiletries. Monthly medication cart audits have been implemented to ensure ongoing compliance, and the administrator or Compliance Officer will review the results each month as part of quality assurance efforts.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented () - 05/15/2025

183e - Storing Medications

8. 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

A loose pill was in the medication cart, in Resident #2 drawer. Staff A indicated that pill does not belong to Resident #2 and does not know what the pill is or who it belonged to.

Plan of Correction

Accept () - 05/08/2025

The Personal Care Home License Plan of Correction addresses issues related to unidentified or improperly stored medications. On March 27, 2025, a loose, unidentified pill was secured in a tamper-proof evidence bag labeled "Unidentified Medication" and disposed of after a pharmacy consultation. A medication error report was completed, and the incident was documented per facility policy.

A complete inspection of the medication cart confirmed that no additional loose pills were found. A training session on medication storage and handling is scheduled for May 31, 2025. This session will emphasize the importance of keeping medications in their original containers and following proper reporting protocols.

Weekly medication cart audits continue to check for loose pills and sanitation, with monthly spot checks conducted by the Administrator or Compliance Officer to ensure compliance.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented () - 05/15/2025

224a - Preadmission Screen Form

9. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. A prescreen was not completed for Resident #1.

Plan of Correction

Accept () - 05/08/2025

The Personal Care Home License Plan of Correction details actions to ensure accurate completion and filing of Preadmission Screening Forms. For Resident #1, a retrospective screening form was found on March 30, 2025, in their admission file, confirming the home's capability to meet their needs. By April 5, 2025, an audit of all current residents' admission files confirmed Preadmission Screening Forms were present; missing forms were completed using initial assessments and physician documentation. By May 31, 2025, the Administrator and Admissions Coordinator underwent retraining on the necessity of completing the screening form within 30 days of admission. To ensure ongoing compliance, the Administrator will perform monthly audits of new admissions, with findings reviewed in monthly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented () - 05/19/2025