

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

May 27, 2025

[REDACTED], OWNER
JENNIE'S PERSONAL CARE HOME LLC
[REDACTED]

RE: JENNIE'S PERSONAL CARE HOME
LLC
146 HATFIELD ROAD
SMOCK, PA, 15480
LICENSE/COC#: 45470

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2025 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: *JENNIE'S PERSONAL CARE HOME LLC* License #: *45470* License Expiration: *06/13/2025*
 Address: *146 HATFIELD ROAD, SMOCK, PA 15480*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *JENNIE'S PERSONAL CARE HOME LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/01/2023* Issued By: *Menallen Township*

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: *04/22/2025*

Inspection Dates and Department Representative

04/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *13*

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

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *13*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

04/22/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2025*

05/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/25/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/23/2025*

Inspections / Reviews *(continued)*

05/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The contract for resident #1, was signed by the administrator on the resident's admission date of [REDACTED] however, it was not signed by the resident and the payer until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2025 by the Administrator to review 25a between the Administrator and Director that all contracts must be signed by all involved parties within 24 hours of admission.

Effective 05/17/2025 the Administrator will perform a review to ensure all parties have signed the contracts to follow ongoing compliance with putting in place a written resident-home contract between the resident and the home prior to admission, or within 24 hours after admission, and for the administrator or a designee to complete a contract review, and explaining its contents to the resident and the resident's designated person if any, prior to signature. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([REDACTED] - 05/27/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract, dated [REDACTED], for resident #2 was not signed by the administrator or a designee.

Repeat Violation: 9/6/23.

Plan of Correction

Accept ([REDACTED] - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/17/2025 by the Administrator to complete the unsigned portion of the contract. The administrator signed and completed the unsigned portion of the contract.

To enhance the currently compliant operations, on 05/17/2025 the Director will review all contracts of residents to ensure all areas are complete on the contracts, with a completion date of May 31. 2025.

25b - Contract Signatures (continued)

Effective 05/17/2025 the Director will perform a review at every new admission to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/27/2025)

132d - Evacuation**3. 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 does not have a safe evacuation time specified in writing by a fire safety expert. The home exceeded the permitted evacuation time of 2 minutes 30 seconds for the following fire drills:

<u>Date</u>	<u>Time</u>	<u>Evacuation Time</u>
4/12/24	1:00 p.m.	2 minutes 36 seconds
3/18/25	4:00 a.m.	2 minutes 45 seconds

Plan of Correction

Accept (█) - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2025 by the Administrator to set up a meeting with New Salem Firemen to discuss a safe evacuation time for fire drills. The Assistant Fire Chief has agreed with a 3 minute time limit.

To enhance the currently compliant operations, on 05/17/2025 the Administrator will conduct fire drills with the evacuation time of less than 3 minutes or less, with a completion date of May 18, 2025

Effective 05/18/2025 the Administrator will perform monthly fire drills to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/18/2025

Implemented (█) - 05/27/2025)

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

According to [REDACTED] the administrator, and the staffing schedule, there is typically only one staff person on duty between 10:30 p.m. – 7:00 a.m. Sleeping hours fire drills held on the following dates and times were not conducted with the minimum number of staff persons:

- 3/18/24 – 4:00 a.m. – 2 staff participated
- 7/17/24 – 5:26 a.m. - 3 staff participated
- 8/8/24 – 4:00 a.m. – 2 staff participated
- 2/28/25 – 4:00 a.m. – 2 staff participated

Also, the 3 of these 4 sleeping hours fire drills were conducted at 4:00 a.m.

Plan of Correction

Accept ([REDACTED] - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/18/2025 by the Administrator to complete a fire drill on May 18, 2025 by the midnight direct care staff person on duty.

To enhance the currently compliant operations, on 05/18/2025 the Midnight DCS will conduct the fire drill alone, with a completion date of May 18, 2025.

Effective 05/16/2025 the Administrator will perform reviews to maintain ongoing compliance with ensuring fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED] - 05/27/2025)

141a 1-10 Medical Evaluation Information

5. 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

The medical evaluation, dated [REDACTED], for resident #3 is blank in the area of body positioning / movement. The resident is diagnosed with [REDACTED].

Repeat Violation: 9/6/23.

Plan of Correction

Accept ([REDACTED]) - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2025 by the Administrator to have a new DME taken to PCP to fill out all areas for Resident #3.

To enhance the currently compliant operations, on 05/16/2025 the Director will will review all DME when returned from PCP to ensure all areas are filled out completely by the PCP, with a completion date of May 31, 2025.

Effective 05/17/2025 the Director will perform monthly reviews to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician’s assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department’s request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED]) - 05/27/2025)

162c - Menus Posted

6. Requirements

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menu for the current week was not dated. The menu for the upcoming week was not posted.

Plan of Correction

Accept ([redacted]) - 05/19/2025

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2025 by the Administrator to complete the menus with dates and two weeks posted.

To enhance the currently compliant operations, on 05/16/2025 the Administrator will date all menus when posting, and will post current week and following week, with a completion date of 05-16-2025

Effective 05/16/2025 the Administrator will perform weekly reviews to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([redacted]) - 05/27/2025

185a - Implement Storage Procedures

7. 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 #3 is ordered Albuterol HFA Inhaler, inhale 1 puff by mouth every 6 hours as needed. However, the medication was not available in the home.

Repeat Violation: 9/6/23.

Plan of Correction

Accept ([redacted]) - 05/19/2025

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2025 by the Nurse to contact the PCP to determine is Resident #3 can discontinue Albuterol HFA inhaler since Resident #3 never used medication.

To enhance the currently compliant operations, on 05/16/2025 the Nurse will do a medication review monthly. Nurse will conduct a review on May 16, 2025, and will conduct a monthly review continuing from there. Our nurse will compare MAR with all on hand medication, with a completion date of May 16, 2025.

Effective May 16, 2025 and monthly following our nurse, [redacted] will maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reported to the [redacted] for further review and continuous improvement.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented (█) - 05/27/2025)

224a - Preadmission Screen Form

8. 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

The preadmission screening form, dated █ for resident #1 did not include a determination that the needs of the resident can be met by the services provided by the home.

Repeat Violation: 9/6/23

Plan of Correction

Accept (█) - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2025 by the Administrator to complete the preadmission screening, because Resident #1 needs can be met at the personal care home level.

To enhance the currently compliant operations, on 05/16/2025 the Administrator will conduct a review on all existing preadmission screenings for all current residents to ensure all areas are completed, with a completion date of May 31, 2025.

Effective 05/31/2025 the Administrator will perform a review on all current residents and their preadmission screenings to maintain ongoing compliance with ensuring a determination is 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 05/27/2025)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment, dated █, for resident #1, does not include the diagnoses of memory loss, and anxiety as indicated on the resident's medical evaluation, dated █. Also, the assessment indicates the resident has no problem with short-term or long-term memory; however, is prescribed Donepezil HCL, 5mg for memory loss.

225a - Assessment 15 Days (continued)

The assessment, dated [REDACTED] for resident #3, indicates a dietary need of "none"; however, the resident is ordered a pureed diet, as indicated on the medical evaluation, dated [REDACTED]. Also, the assessment does not include the diagnoses of [REDACTED], as indicated on the medical evaluation, dated [REDACTED].

Repeat Violation: 9/6/23.

Plan of Correction

Accept ([REDACTED] - 05/19/2025)

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2025 by the Director to complete the RASP to fill out all areas with correct information on their healthcare.

To enhance the currently compliant operations, on 05/16/2025 the Director will start a review to compare all current residents RASPs with their DME to make sure all information matches and all healthcare information is included, with a completion date of May 31, 2025.

Effective 05/16/2025 the Director will perform a review on all current residents RASP to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED] - 05/27/2025)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED], indicates needs some assistance in transferring in/out of bed/chair and with ambulating. However, the resident's support plan, dated [REDACTED], does not address how the home will meet the resident's need for and use of a walker and a lift chair.

The support plan for resident #3, dated [REDACTED] for resident #3, indicates medical diagnoses of [REDACTED]

227d - Support Plan Medical/Dental (continued)

however, there is no plan indicated to meet this medical need.

Repeat Violation: 9/6/23.

Plan of Correction**Accept (- 05/19/2025)**

In response to the violation on 04/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2025 by the Nurse to complete the assessment and support plan so all information is added and is correct.

To enhance the currently compliant operations, on 05/16/2025 the Nurse will complete a full review on all current residents and will also review any new residents RASP to ensure all information is included, with a completion date of May 31, 2025.

Effective 05/16/2025 the Nurse will perform a review for all new and existing RASP to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (- 05/27/2025)