

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

July 18, 2025

[REDACTED], PRESIDENT
KELLY S II PERSONAL CARE HOME INC
141 UNITY CEMETERY ROAD
LATROBE, PA, 15650

RE: KELLY'S II PERSONAL CARE HOME
141 UNITY CEMETERY ROAD
LATROBE, PA, 15650
LICENSE/COC#: 44840

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2025 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: *KELLY'S II PERSONAL CARE HOME* License #: *44840* License Expiration: *05/04/2025*
Address: *141 UNITY CEMETERY ROAD, LATROBE, PA 15650*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *KELLY S II PERSONAL CARE HOME INC*
Address: *141 UNITY CEMETERY ROAD, LATROBE, PA, 15650*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *03/05/2010* Issued By: *L&I*
Type: *C-2 LP* Date: *05/15/1992* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/29/2025*

Inspection Dates and Department Representative

04/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: *8* Residents Served: *8*
Secured Dementia Care Unit
In Home: *No* Area: Capacity: Residents Served:
Hospice
Current Residents: *2*
Number of Residents Who:
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/29/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/29/2025*

Inspections / Reviews (*continued*)

06/18/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/16/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/23/2025

07/02/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/16/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/16/2025

07/18/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/16/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff member A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█ - 06/17/2025)

Staff person A is no longer employed by the facility due to mutual reasons. The administrator on 05/02/25 created and implemented a new hire checklist, that will be started upon the interviewing process of new employees. This ensures that all potential new staff members have all correct and up to date qualifications, and or information going forward. On 05/19/25 the facilities administrator used the new checklist, and went through all current staff files to assure all qualifications are met.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented (█ - 07/18/2025)

64c - Annual Training

3. 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

Staff person █ the home's administrator, completed only 16 hours of Department-approved training in training year January to December 2024.

Plan of Correction

Accept (█ - 07/02/2025)

In order to avoid confusion on what particular training topics are approved by the department. The administrator developed and implemented a new policy for the facility on 05/06/2025. To help assure administrators can accurately track their annual hours over the course of the year and also serve as a log to be cross referenced against the departments approved training topics. Facility administrators will be required to check these quarterly, but urged to use more frequently ensuring all 24 required hours are met by the end of the year. Staff person █ will be making up the 8 missed hours of department-approved training from last year, and added to their 2025 administrator training plan. Both online and inperson trainings will be attended, online services via CEU academy powered by collins learning, and Northampton Community College.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented (█ - 07/18/2025)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

65d - Initial Direct Care Training *(continued)*

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Staff person A did not successfully complete and pass the Department-approved direct care training course and pass the competency test. Staff person A provides unsupervised ADL services to residents.

Repeat Violation: 8/14/24

Plan of Correction

Accept (█ - 07/02/2025)

A few days after inspection on 05/03/2025 the administrator made changes to the facilities current new hire qualifications and documents policy. To reflect ALL staff members to complete and pass department approved direct care training. Upon hiring any new staff members, they must complete and pass the "DA direct care staff training" prior to any on floor training. Current new hire checklist and Quarterly checklist have been amended to make certain " Department approved direct care training course" is complete before any other trainings are to begin. Administration went through all current staff members files to make certain training course is passed and complete, as documented on employee file checklist on 05/18/2025. Due to mutal reasons staff Person A is now longer employed by the facility.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented (█ - 07/18/2025)

103f - Refrigerator/Freezer Temps

5. Requirements

- 2600.
- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:10 AM, the freezer in the laundry room was 6 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█) - 07/02/2025)

On the day of inspection 4/29/2025 the freezer in the laundry room was turned down by administrator, and temperatures were in check the following day 04/30/2025. Started on 05/05/2025 all facility refrigerators and freezers are to be checked daily by any staff member and documented on a daily temperature checklist created by the administrator. The temperature of each of the refrigerators and freezers will be recorded in provided area, as well as signed and dated by staff member conducting the check. If a refrigerator temperature is at or above 40 degrees F, or a freezer is at or above 0 degrees F it is to be documented, and administrator contacted immediately. After 2 weeks of documentation if all temperatures are in check (below said thresholds), the list will be then conducted on a weekly basis instead of daily. This will guarantee all units are in working order and if a problem arises it can be taken care of immediately.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented (█) - 07/18/2025)

141a - Medical Evaluation

6. 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.

Description of Violation

Resident #1's initial medical evaluation dated █ did not include the resident's medication regimen. This section was blank.

Plan of Correction

Accept (█) - 06/18/2025)

On 05/02/2025 a copy of Resident #1's medication list sent by their doctor was found in the residents file, with the same fax transmission date as the evaluation and attached to the medication regimen of medical evaluation by administrator. Currently administration uses a resident file checklist to make sure all resident files are within compliance. However, on 05/05/2025 an amendment was made to include whether or not a current medication list (as in at time of evaluation) is attached to medical evaluation. Administrator is to document date and sign upon completion. Administrator used said checklist on all resident medical files to make certain of compliance on 05/18/2025.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented (█) - 07/18/2025)

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 was prescribed █. This medication was discontinued on 3/14/25; however, the medication was still in the medication cart.

Plan of Correction

Accept (█) - 07/02/2025)

Resident #2 was and is still currently prescribed █ Which was the

183d - Prescription Current (continued)

medication said to still be in the medication cart. Before resident was placed [REDACTED] their PCP had ordered [REDACTED] for Resident #2. As a result, a PRN order for [REDACTED]

[REDACTED] This was then discontinued by [REDACTED] on 03/14/2025, and the daily prescription of [REDACTED] is still in effect. However, the facility administrator is to use a medication check list on a weekly basis, to make certain all current prescription medications in the medication cart are labeled correctly, available, within expiration date, and over the counter medications are labeled correctly. Administrator conducted first weekly audit of the medication cart on 05/05/2025 and will continue to check weekly to ensure only currently ordered medications are available in the home.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented ([REDACTED] - 07/18/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 was prescribed [REDACTED]. This medication has not been administered since 3/11/25 because it has not been available in the home

Plan of Correction

Accept ([REDACTED] - 07/02/2025)

The facility administrator and pharmacy were unable to get the original prescriber of the medication to provide a refill order, even after many attempts. The administrator had thought only the original prescriber was able to provide a refill. However, that is incorrect, on 05/02/2025 [REDACTED] hospice wrote a new order for resident # 2. Which was filled by facilities pharmacy on 05/06/2025, and medication was given as per order states. Administration is scheduling a 1-hour in-service for 06/06/2025 to ALL med aides on proper documentation of refusals, omission, hospitalized, etc. The administrator conducted an audit of all current medications in the med cart on 05/05/2025 and every following monday on a weekly basis, to make sure all prescribers orders are being correctly followed.

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented ([REDACTED] - 07/18/2025)

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 #3 was admitted to the home on [REDACTED] however, a preadmission screening was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 07/02/2025)

Administration on 05/16/2025 created a new resident admission checklist, that is be gone over by an administrator and signed prior to the scheduled admission date for all new residents. To make certain going forward all required

224a - Preadmission Screen Form (continued)

documents are done entirely and correctly before admission in order to stay within compliance. On 06/20/2025 administrator used new checklist to conduct an audit of all current resident records to ensure all records are done within a timely manner and to stay within compliance. In order to assure all staff members are on the same page, a staff training and 1- hour inservice will be held concerning the new form and procedure on 06/27/2025

Licensee's Proposed Overall Completion Date: 06/23/2025

Implemented (█ - 07/18/2025)