



**Facility Information**

Name: *GETZ PERSONAL CARE HOME* License #: *24050* License Expiration: *03/14/2026*  
 Address: *1026 SCENIC DRIVE, KUNKLETOWN, PA 18058*  
 County: *MONROE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *GETZ PERSONAL CARE HOME INC*  
 Address: *1026 SCENIC DRIVE, KUNKLETOWN, PA, 18058*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/25/1991* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/22/2025*

**Inspection Dates and Department Representative**

*05/22/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *60* Residents Served: *49*

**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: *48*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *1*

**Inspections / Reviews**

**05/22/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2025*

**06/30/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *07/15/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/07/2025*

Inspections / Reviews *(continued)*

07/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

*At 2:07p.m., a computer with resident confidential information was unlocked, unattended, and accessible in hallway East.*

#### Plan of Correction

Accept (█ - 06/23/2025)

*\* Staff person who was responsible for violation was verbally warned and written up for the violation and re educated on HIPPA and the regulation on day of violation.*

*\* All Staff who use the computer system were re educated, individually, on HIPPA in relation to the computers during the week of 5/26/2025.*

*\* Administrator and Director of Nursing will monitor for ongoing compliance, do regular walk thru of building checking computers and provide annual training to all staff on HIPPA and this regulation.*

**Licensee's Proposed Overall Completion Date: 06/20/2025**

Implemented (█ - 07/15/2025)

## 65f - Training Topics

### 2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

#### Description of Violation

*Direct care staff person A, B, and C did not receive training in Meeting the needs of the resident during training year 2024.*

#### Plan of Correction

Accept (█ - 06/30/2025)

*\* Direct Care Staff A, B and C all received training on resident care and Resident Support Plans on 1/16/2025 and 2/27/2025.*

*\* Administrator will monitor for ongoing compliance by providing in person, independent readings and individual 1:1 trainings, if necessary, to ensure all staff receive all trainings required before the end the training year.*

**Licensee's Proposed Overall Completion Date: 06/20/2025**

Implemented (█ - 07/15/2025)

## 91 - Telephone Numbers

### 3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

## 91 - Telephone Numbers (continued)

**Description of Violation**

At 9:15 a.m. the emergency telephone numbers to include the nearest hospital and fire department on the landline telephone in the fish tank room were worn away and illegible.

**Plan of Correction**

Accept ( ) - 06/30/2025

\* new telephone number labels were placed on telephone in fish room and on all telephones that may have needed or were close to needing new labels on 5/23/2025.

\* Going forward, housekeeping staff will check phones weekly to ensure that label is on phone and able to be read and report to Administrator if the label needs to be replaced.

\* Administrator will monitor for ongoing compliance and provide annual training on regulations to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented ( ) - 07/15/2025

## 102f - Towel/Washcloth/Soap

**4. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

**Description of Violation**

A common washcloth was being used in bathroom B4.

**Plan of Correction**

Accept ( ) - 06/30/2025

\* Resident whos belonging were left in bathroom B4 was spoken with and reminded on 5/23/2025, that is not able to leave personal hygiene products in the bathroom after leaves. does have a bath caddy and stated will not leave personal belongings in the bathroom.

\* During Resident Council Meeting on 5/28/2025, residents were reminded that personal hygiene items can not be left in shared bathrooms.

\* Staff were re educated on regulation individually during week of 5/26/2025.

\* Going forward to ensure compliance any staff who use or clean the common bathrooms will inspect bathrooms daily to ensure all personal items are removed.

\* Administrator will monitor for continued compliance and provide annual training on regulations.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented ( ) - 07/15/2025

## 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 1:11 p.m. the temperature in the basement's right-side freezer was 12 degrees Fahrenheit.

**Plan of Correction**

Accept ( ) - 06/30/2025

\* On 5/23/2025 freezer was removed and will no longer be used.

**103f - Refrigerator/Freezer Temps (continued)**

\* Going forward kitchen staff will maintain compliance and check all thermostats daily to ensure that the temperature settings are at meeting the regulations.

\* Administrator will monitor for on going compliance and provide annual training on regulation .

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 07/15/2025)

**105g - Lint Removal and Duct Cleaning****6. 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**

At 9:21 a.m., there was an approximate 1-inch accumulation of lint in the lint trap of the left side dryer located near the kitchen. There were no clothes in the dryer at the time.

**Plan of Correction**

Accept (█) - 06/30/2025)

\* On 5/22/2025, Housekeeping staff cleaned the lint from the dryer located near the kitchen.

\* Going forward, signage has been placed on all dryers to remind staff using the dryers that the lint must be cleaned out after every cycle.

\* On 6/18/2025 all staff attend training with fire department and were educated on fire safety and the importance of removing lint from the dryer to prevent a fire.

\* Administrator will monitor for compliance and provide annual training on regulation to maintain compliance.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 07/15/2025)

**124 - Notice to Fire Department****7. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

The homes documentation of written notification to the local fire department, dated 4/1/25, indicated that the home served 1 hospice resident. At the time of inspection, the home did not serve any hospice residents.

**Plan of Correction**

Accept (█) - 06/30/2025)

\* A new notice to the fire department was sent 5/28/2025 indicating basic information that the depart would need to know upon arrival at the facility.

\* Going forward, signage was placed in both laundry area stating that no items should be placed behind the dryers.

\* On 6/18/2025 all staff attend training with fire department and were educated on the letter we send and what information needs to be relayed to department by phone or at arrival.

\* Administrator will maintain compliance by sending annual letter to fire department with basic facility information and ensure continued trainings annually for all staff on fire safety and emergency preparedness.

Proposed Overall Completion Date: 06/20/2025

124 - Notice to Fire Department (*continued*)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 07/15/2025

## 125a - Combustible Storage

## 8. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

## Description of Violation

*At 9:21 a.m. an accumulation of lint, a blanket, washcloth, sock, and a shower curtain were behind the dryer approximately 15 inches from the dryer's exhaust vent.*

## Plan of Correction

Accept (█) - 06/30/2025

*\* On 5/22/2025 Housekeeping staff removed items from behind the dryer.*

*\* On 5/23/2025 Maintenance built a shelf to surround dryers in kitchen area and prevent items from falling behind dryer.*

*\* On 6/18/2025 all staff attend training with fire department and were educated on fire safety and the importance of having a clean area around and behind the dryers for fire prevention.*

*\* Administrator will monitor for compliance and provide annual training on regulation to maintain compliance.*

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 07/15/2025

## 162c - Menus Posted

## 9. Requirements

2600.

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 home's menu was only posted until 5/24/25 and not a full week in advance.*

## Plan of Correction

Accept (█) - 06/30/2025

*\* On 5/23/2025 all menus were dated properly to provide at least 2 weeks of meal options.*

*\* Going forward, our administrative assistant will date menus weekly and monitor for continued compliance of 2 weeks worth of meal options being available for residents to easily view.*

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 07/15/2025

## 225c - Additional Assessment

## 10. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

## 225c - Additional Assessment (continued)

**Description of Violation**

Resident #1, DOA [REDACTED], Initial Assessment Plan dated [REDACTED], indicates that the resident can self-administer medications with assistance in opening a container or locked storage area. The resident's Medical Evaluation dated [REDACTED] states that the resident cannot safely self-administer medications.

**Plan of Correction****Accept ( [REDACTED] - 06/30/2025)**

\* On 5/23/2025, Resident Assessment and Support Plan was corrected by Director of Nursing to state resident cannot self administer medications as stated on the residents medical evaluation.

\* Going forward, when completing the initial and all annual Resident Assessment and Support Plans, they will be compared side by side to ensure information is the same on both documents.

\* Director of Nursing will monitor for on going compliance.

**Licensee's Proposed Overall Completion Date: 06/20/2025****Implemented ( [REDACTED] - 07/15/2025)**