

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

October 8, 2025

[REDACTED], ADMINISTRATOR
MRS. BUSH'S PERSONAL CARE HOME, INC.
PO BOX 327, 302 KUNKLETOWN RD
KUNKLETOWN, PA, 18058

RE: MRS. BUSH'S PERSONAL CARE
HOME I
PO BOX 327,302 KUNKLETOWN
ROAD
KUNKLETOWN, PA, 18058
LICENSE/COC#: 22835

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2025 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: *MRS. BUSH'S PERSONAL CARE HOME I* License #: *22835* License Expiration: *08/03/2026*
 Address: *PO BOX 327,302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058*
 County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MRS. BUSH'S PERSONAL CARE HOME, INC.*
 Address: *PO BOX 327, 302 KUNKLETOWN RD, KUNKLETOWN, PA, 18058*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *07/17/2018* Issued By: *Township of Eldred*
 Type: *C-2 LP* Date: *10/10/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/09/2025*

Inspection Dates and Department Representative

09/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *70* Residents Served: *49*

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

Hospice
 Current Residents: *5*

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

Inspections / Reviews

09/09/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2025*

Inspections / Reviews (*continued*)

10/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

10/08/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 1:25 p.m., the hot water temperature at the sink measured 123 degrees Fahrenheit.

Plan of Correction

Accept () - 10/08/2025

For correction, the maintenance supervisor adjusted the thermostat on the hot water heater in that section of the facility. It is adjusted to the very lowest setting. The water temperature has been rechecked on 3 separate occasions and is not exceeding 116 degrees Fahrenheit. The maintenance supervisor is responsible for conducting periodic checks and ensuring ongoing future compliance.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 10/08/2025

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated pies on a tray, breaded fish and raw fish in bags in the walk-in freezer.

Plan of Correction

Accept () - 10/08/2025

For immediate correction, the frozen breaded fish and the frozen raw fish were removed from the freezer and disposed in the trash. The pies, which were freshly baked, were labeled and dated. Kitchen staff responsible for storing items in the refrigerator and freezer were instructed on proper labeling/dating per regulation 103e. See attachment. The dietary supervisor is responsible for ensuring ongoing future compliance.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 10/08/2025

181c - Self-administration Assessment

3. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self-administers medications to include Ketoconazole 2% cream however, resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept () - 10/08/2025

For correction, resident #3 was evaluated by the current attending nurse practitioner on 09/25/25. () was assessed for being able to self-administer the ketoconazole 2% cream. The nurse practitioner documented that resident #3

181c - Self-administration Assessment (continued)

is able to self-administer the ketoconazole cream. See attached DME. The DON is responsible for ongoing future compliance with documenting residents who are able to self-administer medications.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 10/08/2025)

225c - Additional Assessment

4. 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.

Description of Violation

Resident # 1's assessment, dated [redacted] does not include the resident's puree diet need as noted on the medical evaluation dated [redacted].

Plan of Correction

Accept () - 10/08/2025)

For correction, resident #1's RASP was updated with documentation to reflect the need for a pureed diet. See attachment. For future compliance, the DME and RASP will be cross-referenced at the time of updating. For the record, resident #1 has been receiving a pureed diet as directed. The DON is responsible for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 10/08/2025)

251b - Record Entries Legible

5. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was used on resident's #2's preadmission screen dated [redacted]

Plan of Correction

Accept () - 10/08/2025)

In this instance, the administrative staff started to write the resident name in the field where [redacted] own name was to be written. [redacted] caught [redacted] and used the correction tape to enter the proper name in the field. The staff person was instructed not to use correction tape in the future per regulation 2600.251.b. which states "The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry". For future ongoing compliance a line will be drawn through an error with the word "error" written next to it and the initials of the person documenting the error. The administrative staff person involved verbalized understanding of the regulation. The administrator is responsible to monitor for ongoing future compliance.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented () - 10/08/2025)