

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

October 31, 2025

[REDACTED]
EAST DEER PERSONAL CARE HOME INC
[REDACTED]

RE: EAST DEER PERSONAL CARE HOME
967 FREEPORT ROAD
CREIGHTON, PA, 15030
LICENSE/COC#: 43078

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2025 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: EAST DEER PERSONAL CARE HOME License #: 43078 License Expiration: 05/19/2026
 Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: EAST DEER PERSONAL CARE HOME INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/07/2006 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 33 Waking Staff: 25

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/17/2025

Inspection Dates and Department Representative

09/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 31
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 26 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 2

Inspections / Reviews

09/17/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2025

10/27/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/31/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/31/2025

Inspections / Reviews *(continued)*

10/31/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/31/2025
Reviewer: [REDACTED] Follow Up Type: *Bypass Document
Submission*

10/31/2025 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 10/31/2025
Reviewer: [REDACTED] Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarms Standards Act, Section 3(b)(3), The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. However, on [REDACTED] the batteries in several of the home's carbon monoxide detectors were not dated when inserted, to include the following:

- The "First Alert" detector located on the 1st floor B side
- The "First Alert" detector located on the 2nd floor section A
- The "Kidde" detector located on the 2nd floor A side next to the double doors

Plan of Correction

Accept ([REDACTED] - 10/27/2025)

New batteries were installed in the three carbon monoxide detectors on 9/18/2025.

Tape was applied to the back of each detector and with the date the batteries were changed. Batteries will be replaced annually, in September, or as needed. The administrator will perform this task.

Licensee's Proposed Overall Completion Date: 10/22/2025

Implemented ([REDACTED] - 10/31/2025)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler on resident [REDACTED] bed was not well-secured, and the device could be completely moved and lifted from between the mattress and box spring, posing a fall/entrapment hazard.

Plan of Correction

Directed ([REDACTED] 10/31/2025)

The enabler was immediately secured on 9/17/2025. Staff will check the enabler daily, on each shift ensuring that it is secured correctly. At this time only Resident [REDACTED] has an enabler. Guidelines will be followed in the future on use of bedside mobility devices. The administrator has spoken with the family on 10/22/2025 about purchasing a device that meets the current guidelines. The phoned three medical supply vendors about replacing the current enabler with a new guideline approved device. They all stated that they only have the same type that is being used currently. It was stated that the enablers that meet the current guidelines are on backorder and have been for some time now. They have no idea when the backorders will be available for purchase.

DIRECTED:

Within 1 day of receipt of the plan of correction - The administrator will remove the enabler bar of resident [REDACTED]. The resident, the home and resident's family will explore alternatives that are in compliance with the Department guidance if a bedside assistive device is still desired. - [REDACTED] 10/31/25

81b Resident Personal Equipment (continued)

Directed Completion Date: 10/31/2025

Implemented (JD - 10/31/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:53 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of sanitary hand drying in the 1st floor shower room.

Plan of Correction

Accept (█ - 10/27/2025)

The paper towel roll dispenser was unjammed and replaced with a new roll of hand towels on 9/17/2025. The towel roll dispenser will be checked daily by the overnight shift to ensure it is functioning properly. If there is a problem during any other time the charge staff person will address the problem and correct it.

Licensee's Proposed Overall Completion Date: 10/22/2025

Implemented (█ - 10/31/2025)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:54 a.m., there was what appeared to be feces splattered on the wall next to the toilet in bedroom █ bathroom.

Plan of Correction

Accept (█ - 10/27/2025)

The bathroom walls and floor were cleaned and sanitized on 9/17/2025. All bathrooms will be monitored daily by the afternoon staff. They will follow the set cleaning schedule and procedures. Any bathroom that requires cleaning will be cleaned during the daily inspection.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented (█ - 10/31/2025)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)

Description of Violation

The toilet handle was broken and did not operate to flush the toilet in room [redacted] bathroom.

The toilet was not in working order in the 2nd stall located in the 1st floor shower room.

The light covers were missing from the bathroom ceiling exhaust fans located in rooms [redacted] and [redacted]

Plan of Correction

Accept [redacted] - 10/27/2025)

The toilet in room [redacted] had the handle replaced immediately on 9/17/2025. Extra handles are stocked in inventory to use for replacements as needed. Staff will monitor toilets daily on each shift to ensure they are functioning properly. If a part is required, they will write a repair order and turn into the office. A repair will be performed immediately.

The toilet seat on the 1st floor shower room 2nd stall toilet was tightened on 9/18/2025 and is now in working condition. The night shift will perform daily checks on the shower rooms and report any concerns of the proper functioning of toilets to the office. They will access and make any repairs necessary after issue has been reported. The light covers were replaced on 9/17/2025. All bathrooms will be inspected daily by the afternoon shift. They will report any problems or concerns to the office. The issues will be checked and any and all repairs will be performed immediately to ensure all bathrooms are operating in clean and hazard free conditions.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented [redacted] - 10/31/2025)

103i - Outdated Food

7. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

An undated plastic bag containing approximately 20 hamburger patties was in the stand-up freezer located the main kitchen area.

Plan of Correction

Accept [redacted] - 10/27/2025)

The hamburgers in packaging were redated on 9/18/2025 with a permanent marker. Kitchen staff will ensure all food containers continue to be dated. The plastic freezer containers will be labeled with a permanent marker, ensuring that the date does not rub off from condensation. This will be performed daily when placing food in the freezer.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented [redacted] - 10/31/2025)

225c - Additional Assessment

8. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 1. Annually.
 2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (continued)

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] s assessment, dated [redacted] does not include the diagnoses of coagulation defect, epilepsy and low sodium that are indicated on the medical evaluation, dated [redacted]

Resident [redacted] assessment, dated [redacted], does not include an assessment of the resident's dietary needs. This section is blank. However, the medical evaluation, dated [redacted], indicates the resident is ordered a [redacted] diet. Also, the diagnosis of [redacted] is not included, as is indicated on the medical evaluation, dated [redacted].

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 10/27/2025)

Resident [redacted] assessment was corrected on 9/22/2025 by the administrator. It now lists the diagnoses of [redacted] and [redacted] along with the medication and the plan to meet medical needs of the resident.

Resident [redacted] assessment now list [redacted] diet and plan to meet resident needs. Administrator corrected on 9/22/2025. The diagnosis of [redacted] is the first diagnosis listed on the assessment dated 8/8/2025.

The administrator will review all assessments and support plans to ensure all items are completed and accurate. This will be completed within 30 days.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 10/31/2025)

227d - Support Plan Medical/Dental

9. 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, dated [redacted], for resident [redacted] indicates the resident needs some physical assistance with making and keeping appointments. However, the resident's support plan, dated [redacted] does not indicate how the home will meet this need. Additionally, the support plan does not address how the home will meet the resident's need relating to the diagnosis of [redacted], that is indicated on the assessment.

The assessment, dated [redacted], for resident [redacted] indicates the resident needs some physical assistance with shopping. However, the resident's support plan, dated [redacted], does not address how the home will meet the resident's need. Additionally, the support plan does not indicate how the home will meet the resident's diagnosis of [redacted] that is indicated on the assessment.

The support plan, dated [redacted], for resident [redacted] does not address how the home will meet the resident's need

227d - Support Plan Medical/Dental (continued)

relating to the diagnosis of [REDACTED] that is indicated on the medical evaluation, dated [REDACTED].

Plan of Correction

Accept [REDACTED] 10/27/2025)

The administrator has corrected Resident [REDACTED] assessment on 9/22/2025. Resident [REDACTED] is under the care of Suncrest Hospice. They will handle all of the medical needs and make necessary arrangements for medical care of Resident [REDACTED]. They will also coordinate the medical care and appointments with the resident's family and DCS.

The support plan was also updated on 9/22/2025 to follow PCP instructions for vitamin B deficiency. No meds are required.

Resident [REDACTED] assessment was updated on 9/22/2025 by the administrator. It now lists that the DCS will order supplies for the resident on a weekly basis, unless item(s) are required before that time. They will be ordered and shipped to the home. Supplies will be monitored weekly. Resident [REDACTED] is highly functioning and will ask DCS for assistance if/when needed.

Resident [REDACTED] support plan has been updated on 9/22/2025 by the administrator. It now shows the medication PCP has ordered for Vitamin B deficiency.

The administrator will review all current assessments and support plans for residents to ensure accuracy. This will be completed within 30 days

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 10/31/2025)

227h - Support Plan Refuse Sign

10. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED] does not have the resident's signature and does not indicate if the resident participated in the development of the plan, was unable to participate, or if the resident refused to sign the support plan.

Plan of Correction

Accept [REDACTED] - 10/27/2025)

Resident [REDACTED] signed the support plan on 9/22/25. All records will be reviewed to verify all information listed is completed. The administrator will review all of the current resident support plans to ensure all information is correct and complete.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 10/31/2025)