

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

November 3, 2025

[REDACTED]
AM PM PERSONAL CARE HOME, INC.
[REDACTED]
[REDACTED]

RE: AM/PM PERSONAL CARE HOME
P.O. BOX 123,555 ADRIAN ROAD
DELANCEY, PA, 15733
LICENSE/COC#: 40736

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2025 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: AM/PM PERSONAL CARE HOME **License #:** 40736 **License Expiration:** 09/23/2026
Address: P.O. BOX 123,555 ADRIAN ROAD, DELANCEY, PA 15733
County: JEFFERSON **Region:** WESTERN

Administrator

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

Legal Entity

Name: AM PM PERSONAL CARE HOME, INC.
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/01/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 26 **Waking Staff:** 20

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/30/2025

Inspection Dates and Department Representative

09/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 32 **Residents Served:** 23

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 23
Diagnosed with Mental Illness: 22 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

09/30/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/30/2025

11/03/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/03/2025
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

11/03/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The Pennsylvania Criminal Background Check for staff person A, hired [REDACTED], was not requested until [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/03/2025)

- 1. Re-orientation on 9/30/25 to 2600.51 with Day to Day Manager who is in charge of hiring and completion of Criminal History Checks by AM/PM employee trainer (see attached).
- 2. Review of 2600.51 was added to agenda for quality assurance meeting for 2026 that is attended by Administrator, Day to Day Manager and employee trainier (see attached).
- 3. "Background checks completed first day of employment" was added to new hire checklist (see attached) to assure compliance to 2600.51.

PLEASE NOTE: I WAS HAVING DIFFICULTY DOWNLOADING ATTACHMENTS SO PLEASE NOTIFY ME AT [REDACTED] IF THEY ARE OUT OF ORDER OR MISSING! TY [REDACTED], AM/PM OWNER/ADMINISTRATOR

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/03/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:11 AM, dried fecal matter was found on the toilet in the private bathroom of bedroom [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/03/2025)

- *Please note: Resident that resides in bedroom [REDACTED] has a diagnosis of fecal incontinence.
- 1. A white board was purchased on 10/2/25 and posted in bathroom [REDACTED] for staff to monitor cleanliness of toilet 6 times daily (see attached).
- 2. Day to Day manager developed a form on 10/2/25 to monitor and verify bathroom (room [REDACTED]) white board recordings.
- 3. Assurance and verification of sanitary conditions of AM/PM was added to quality assurance meeting to be held on 1/3/26 (see atatched).

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 11/03/2025)

103i - Outdated Food

3. Requirements

2600.

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

Description of Violation

There was an unlabeled, undated opened box of Dairy Queen Buster Bars in the kitchen freezer.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

**Please note: the Dairy Queen Buster Bars listed above were brought in by a family member and were not dated.*

1. On 10/2/25 Day to Day Manager notified all family members by phone to alert [REDACTED] or any staff member when food is brought in for a resident so that it can be dated (see attached).
2. On 10/2/25 employee trainer re-oriented all staff including cooks to regulation 2600.103i.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented ([REDACTED] - 11/03/2025)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 11:28 AM, a recliner chair partially blocked the emergency exit leading from bedroom [REDACTED] to the outside of the facility.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

**Please note-o the day of the inspection Day to Day manager alerted inspectors to the fact that the family of resident residing in bedroom [REDACTED] is moving the chair-not AM/PM staff.*

1. Day to Day Manager alerted family of resident (by phone) residing in bedroom [REDACTED] to regulation 2600.121a. (see attached).
2. Employee trainer re-oriented all staff to regulation 2600.121a.
3. Day to Day Manager developed a form to be posted at all exits to assure compliance with 2600.121a. (see attached).
4. 2600121a. was added to quality assurance meeting agenda to be held on 1/3/26 (see attached).

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 11/03/2025)

123c - Evacuation Diagrams

6. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 23 residents. The emergency evacuation diagrams throughout the home do not indicate the locations of the pull signals.

Plan of Correction

Accept ([redacted] 11/03/2025)

1. Pull tab locations were added to all emergency evacuation diagrams on 10/1/25 (see attached).

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [redacted] 11/03/2025)

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 10:34 AM, Pepto was unlocked, unattended, and accessible in bedroom [redacted].

Plan of Correction

Accept [redacted] - 11/03/2025)

*Please note on the day of the inspection it was discovered that family of resident in bedroom [redacted] brought in Pepto directly to resident and management was not informed.

- 1. Day to Day Manager notified family of resident in room [redacted] of regulation 2600.183b on 10/2/25.
- 2. Employee trainer re-oriented all DCS to regulation 2600.183b.
- 3. 2600.183b was added to quality assurance agenda for meeting to be held on 1/3/26.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [redacted] - 11/03/2025)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] mg capsule, take 1 capsule every 8 hours for 7 days. Resident [REDACTED] s September 2025 medication administration record does not include the initials of the staff person who administered this medication on [REDACTED] and [REDACTED] at 2:00 PM.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

1. Employee trainer re-oriented all DCS to 2600.187b. (see attached).
2. Day to Day manager and employee trainer will continue to perform med and mar evaluations as required by the state.
3. 2600.187b was added to quality assurance agenda for meeting to be held on 1/3/26.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 11/03/2025)