

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

April 21, 2026

[REDACTED] ADMINISTRATOR/OWNER
LAURA B SEGERS AND JOEL W SEGERS
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101

RE: LA CASA PERSONAL CARE HOME
1502 E. WASHINGTON STREET
NEW CASTLE, PA, 16101
LICENSE/COC#: 40211

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/23/2026 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: LA CASA PERSONAL CARE HOME **License #:** 40211 **License Expiration:** 04/02/2026
Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101
County: LAWRENCE **Region:** WESTERN

Administrator

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

Legal Entity

Name: LAURA B SEGERS AND JOEL W SEGERS
Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA, 16101
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/20/1996 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 12 **Waking Staff:** 9

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/23/2026

Inspection Dates and Department Representative

02/23/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13 **Residents Served:** 12

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 12 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

02/23/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/17/2026

03/20/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/27/2026

Inspections / Reviews *(continued)*

03/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/17/2026

04/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Direct care staff member A worked in the home alone while 13 residents were present in the home on 2/1/26 to 2/22/26 from 8:00 p.m. – 7:00 a.m.; however, the staff person first aide and CPR training expired 9/23/25

Plan of Correction

Accept (█ - 03/31/2026)

1. On 2/24/26, the Administrator called the local CPR Training Center and enrolled the Staff Member in the next available class, which was 3/11/26.
2. The Staff Member attended and successfully completed the class in CPR and First Aid on 3/11/26.
3. On 3/12/26 the Administrator made notes in her Planner to indicate when each Staff Member needs to re-take the CPR and First Aid Classes so this error should not occur again.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█ - 04/21/2026)

82a Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A clear 500ml spray bottle with a yellow liquid labeled "Awesome Household cleaner 12/8/25" was 1/10th filled in the staff cleaning closet on the main floor. However, the manufactures poison label was not placed on the spray bottle.

Plan of Correction

Accept (█ - 03/31/2026)

1. The clear spray bottle was removed from the home by the Administrator during the inspection on 2/23/26.
2. On 2/25/26, the Administrator trained the staff on the importance of only using cleaners that are in their original factory-labeled containers.
3. Beginning 3/03/26, the Administrator will check the cleaning supplies during the weekly walk-thru inspection of the home to ensure that they are in their factory-labeled containers.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█ - 04/21/2026)

101j7 Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 03/31/2026)

1. The Administrator replaced the wall light by the bed during the inspection on 2/23/26. (The light had been

101j7 - Lighting/Operable Lamp (continued)

temporarily removed when the wall was recently painted.)

2. The Administrator checked all the bedrooms on 2/23/26 to ensure that all had working lights next to their beds.
3. The Administrator will check each bedroom for the required items, including lights by the beds, during the weekly walk-thru inspection of the home, beginning 3/03/26.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/21/2026

187a - Medication Record**4. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

9. Administration times.

Description of Violation

Resident #4 is prescribed Insulin Lispro 100u/ml – inject 3 units subcutaneously before meals along with sliding scale 70-140 = 0 units, 141-180 = 2 units, 181-220 = 4 units, 221-260 = 6 units, 261-300 = 8 units, 301-340 = 10 units, 341-400 = 12 units, 401-500 = 14 units.

However, resident #4's February 2026 medication administration record (MAR) does not record the amount of insulin administered.

Repeat Violation: 2/25/25

Plan of Correction

Accept (█) - 03/31/2026

1. On the day of the inspection, 2/23/26, the Administrator and a staff member worked together to redesign the insulin MAR to clearly show all required information.

2. Staff was re-trained 2/25/26 on how to properly record the required information on the newly redesigned insulin MAR and reminded to not initial the MAR entry unless the insulin has actually been given, but instead to record an "R" for Refusal. The staff were reminded to contact the Administrator whenever a resident refuses a medication, who will then call the resident's doctor within 24 hours of the refusal for further instructions, which will be properly documented.

3. On the weekly walk-thru inspections of the home, the Administrator will check the insulin MAR to ensure that insulin administrations are recorded correctly.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/21/2026

187b - Date/Time of Medication Admin.**5. 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 #4 is prescribed Insulin Lispro 100u/ml – inject 3 units subcutaneously before meals along with sliding scale 70-140 = 0 units, 141-180 = 2 units, 181-220 = 4 units, 221-260 = 6 units, 261-300 = 8 units, 301-340 = 10 units,

187b - Date/Time of Medication Admin. (continued)

341-400 = 12 units, 401-500 = 14 units.

According to staff interviews and documentation, resident #4 refused the medication on multiple dates to include: 2/22/26 at 5:00 p.m., 2/20/26 at 12:00 p.m., 2/18/26 at 5:00 p.m. and 2/3/26 at 8:00 a.m. and 5:00 p.m.. However, the resident's MAR is initialed by staff as administering the medication.

Repeat Violation: 2/25/25

Plan of Correction

Accept (█) - 03/31/2026

1. On the day of the inspection, 2/23/26, the Administrator and a staff member worked together to redesign the insulin MAR to clearly show all required information.
2. Staff was re-trained 2/25/26 on how to properly record the required information on the newly redesigned insulin MAR and reminded to not initial the MAR entry unless the insulin has actually been given, but instead to record an "R" for Refusal. The staff were reminded to contact the Administrator whenever a resident refuses a medication, who will then call the resident's doctor within 24 hours of the refusal for further instructions, which will be properly documented.
3. On the weekly walk-thru inspections of the home, the Administrator will check the insulin MAR to ensure that insulin administrations are recorded correctly.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/21/2026

187c - Refusal of Medication**6. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 is prescribed Insulin Lispro 100u/ml – inject 3 units subcutaneously before meals along with sliding scale 70-140 = 0 units, 141-180 = 2 units, 181-220 = 4 units, 221-260 = 6 units, 261-300 = 8 units, 301-340 = 10 units, 341-400 = 12 units, 401-500 = 14 units.

According to staff interviews and documentation, resident #4 refused the medication on multiple dates to include: 2/22/26 at 5:00 p.m., 2/20/26 at 12:00 p.m., 2/18/26 at 5:00 p.m. and 2/3/26 at 8:00 a.m. and 5:00 p.m.. However, the resident's MAR is initialed by staff as administering the medication. However, the home did not notify the resident's prescriber of these refusals

Plan of Correction

Accept (█) - 03/31/2026

1. On the day of the inspection, 2/23/26, the Administrator and a staff member worked together to redesign the insulin MAR to clearly show all required information.
2. Staff was re-trained 2/25/26 on how to properly record the required information on the newly redesigned insulin MAR and reminded to not initial the MAR entry unless the insulin has actually been given, but instead to record an "R" for Refusal. The staff were reminded to contact the Administrator whenever a resident refuses a medication, who will then call the resident's doctor within 24 hours of the refusal for further instructions, which will be properly documented.
3. On the weekly walk-thru inspections of the home, the Administrator will check the insulin MAR to ensure that

187c Refusal of Medication (continued)

insulin administrations are recorded correctly.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/21/2026)

190a - Completion Medication Course**7. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Director care staff person B administered medication to all the resident to include #1, 2, 3 and 4 from 2/1/26 to 2/22/26. However, the staff person did not complete the department approved medication administration training prior.

Plan of Correction

Accept (█) - 03/31/2026)

1. This Direct Care staff person ("B") HAD successfully completed the Department approved Medication Administration course on 7/29/25, before administering medications to any residents. However, the Administrator had recorded the scores and information on a Medication Administration form that is no longer accepted by DHS.
2. On 2/23/26, the Administrator contacted the Med Admin "Help" line who responded with instructions of how to access the currently acceptable forms proving he had passed the course. This was then printed and emailed to the inspector on 2/25/26.
3. The Administrator will check to be sure the current proper forms are used in the future.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (█) - 04/21/2026)

190b - Insulin Injections**8. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct care staff person B administered diabetic medication and insulin to multiple residents including resident #4 from 2/1/26 to 2/23/26. However, the staff person did not complete diabetic training.

190b - Insulin Injections (*continued*)**Plan of Correction****Accept (█ - 03/31/2026)**

1. On the day of the inspection, 2/23/26, the Administrator checked the staff member's file and found the Diabetic Training Certificate which █ received on 1/14/26. This staff person ("B") had previously successfully completed the Department-approved Medication Admin Course on 7/29/25, as well as the Diabetic Education training on 7/01/25, prior to administering medication, including insulin, to any residents. (The Administrator then had █ repeat the Diabetic Education training on 1/14/26, only because the course was held at La Casa and all the other staff was receiving their annual Diabetic Education training at that time as well.) So, this staff person has certificates for █ Diabetic Education training on 7/01/25 and also for 1/14/26.
2. On 2/25/26 the Administrator placed the certificate from 7/01/25 in this staff member's file to clarify that █ had been fully trained prior to administering medications, including insulin, to residents.
3. The Administrator will check the staff files every 3 months, beginning 2/25/26, to ensure that all of their current certificates of training are present in their files.

Licensee's Proposed Overall Completion Date: 03/30/2026**Implemented (█ - 04/21/2026)**