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

August 15, 2025

[redacted], ADMINISTRATOR/CO-OWNER
ADVANCED PERSONAL CARE HOME INC
PO BOX 5, 245 CENTER STREET
CLARKSVILLE, PA, 15322

RE: ADVANCED PERSONAL CARE HOME
245 CENTER STREET, PO BOX 5
CLARKSVILLE, PA, 15322
LICENSE/COC#: 44048

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/26/2025 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: *ADVANCED PERSONAL CARE HOME* **License #:** *44048* **License Expiration:** *12/15/2025*

Address: *245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322*

County: *GREENE* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *ADVANCED PERSONAL CARE HOME INC*

Address: *PO BOX 5, 245 CENTER STREET, CLARKSVILLE, PA, 15322*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *11/16/1992* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *38* **Waking Staff:** *29*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Complaint* **Exit Conference Date:** *06/26/2025*

Inspection Dates and Department Representative

06/26/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served:** *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *31* **Are 60 Years of Age or Older:** *23*

Diagnosed with Mental Illness: *33* **Diagnosed with Intellectual Disability:** *3*

Have Mobility Need: *3* **Have Physical Disability:** *3*

Inspections / Reviews

06/26/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/10/2025*

07/15/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/21/2025*

Inspections / Reviews *(continued)*

07/22/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/14/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/15/2025*

08/15/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *08/14/2025*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's license inspection summary, dated 11/1/23, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept (- 07/15/2025)***

The homes license inspection summary for our most recent full inspection dated 11-1-23 was immediately placed in a conspicuous and public place by Administrator
A review of all required postings was completed by and on 6-30-25.
A weekly review of required postings will be completed by Administrative staff or on every Wednesday for one month, then a review will be done bi-weekly for one month, then a review will be done weekly. Documentation of required postings being checked will be kept.
A training of required postings and regulations 2600.3c will be held for all direct care staff on 7-22-25 by administrator Documentation of training will be kept.

Licensee's Proposed Overall Completion Date: *07/10/2025*

Implemented (- 08/15/2025)

18 - Compliance With Laws

2. 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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors and that batteries must be changed at least annually. However, the date of battery installation on the battery-operated carbon monoxide detector located in the 1st floor hallway indicated a date of "1-23".

Plan of Correction ***Accept (- 07/15/2025)***

The battery on carbon monoxide detector located on the first floor hallway was immediately removed/ replaced and dated correctly. A check of all batteries in all co2 and fire alarms was completed on 6-30-25 by administrators and Administrative assistant to assure all were dated correctly.
Documentation will be kept for battery checks. A training will be held on 7-22-25 by Administrator on proper replacement of batteries with month, date, year. Documentation of training will be kept.
We will add battery replacement review to a daylight savings time schedule. Documentation and tracking log will be kept, it will include date of battery replacement, installation dates and test results for each Co2 alarm.

Licensee's Proposed Overall Completion Date: *07/10/2025*

Implemented (- 08/15/2025)

42q - Compensation

3. Requirements

2600.
42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

According to numerous staff and resident interviews, resident #1 cleans the home's upstairs bathroom and sweeps and mops the staircase everyday, as well as removes weeds from the garden bed on a regular basis. Resident #1 indicated [redacted] spends approximately 30 minutes a day on this work and indicated staff person B pays him approximately $20 every 2 weeks for this work; however, this compensation is not in accordance with Pennsylvania minimum wage of $7.25/hour.

Plan of Correction ***Directed ([redacted] - 07/22/2025)***

Any resident who engages in any sort of voluntary compensation task by direct care staff was immediately sat down and explained by administrators [redacted] and [redacted] that they can no longer perform and task for compensation. There for no log of minutes to hours of work performed. No compensation owed will be collected. Direct care staff will complete their own task now and in the future.
All staff was immediately told to cease having any resident perform any task at all. There will be a training on 7-20-25 by administrators [redacted] and [redacted] on regulations 42q in regards to compensation of residents performing any task. Documentation of training will be kept.

Monthly interviews will be held by Administrator [redacted] with random samples of residents to assure no residents are doing any task. Documentation of interviews will be kept. Interviews will be done on 2nd Wednesday of each month. (DIRECTED: The monthly resident interviews shall begin on 8/13/25. The interviews shall be conducted in private and shall include at least 3 different resident interviews each month to ensure compliance with 2600.42q. Documentation of the resident interviews shall be kept for 1 month. [redacted] 7/22/25).

All residents were educated on 6-26-25 by administrators [redacted] and [redacted] that they no longer can perform any task or work in the home. Documentation of education will be kept.

Proposed Overall Completion Date: 07/21/2025

Directed Completion Date: *08/15/2025*

Implemented ([redacted] - 08/15/2025)

42s - Privacy

4. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At approximately 11:00am, no lock was present on the door at the far left toilet stall in shared bathroom #3.

Plan of Correction ***Accept ([redacted] - 07/15/2025)***

Immediately the broken lock was replaced. All other stalls were inspected by administrative staff [redacted]

42s - Privacy (continued)

[redacted] [redacted] *as well to ensure that their locks are in proper working order and meet privacy requirements. Documentation of checking locks on all doors will be kept.*
Administrators and or administrative assistant will conduct a weekly inspection to ensure all stall locks are functioning correctly and a maintenance record of inspection's, repairs, and corrective actions taken to demonstrate compliance and track performance. Documentation of lock inspection will be kept. Training held on 7-20-25 for all direct care staff on regulations 2600. 42.s on privacy requirements and procedures on reporting anything needing repaired.

Licensee's Proposed Overall Completion Date: *07/10/2025*

Implemented ([redacted] - 08/15/2025)

51 - Criminal Background Check

5. 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

Direct care staff person A was hired on [redacted] however, a Pennsylvania criminal background check was not completed until [redacted]

Plan of Correction ***Accept ([redacted] - 07/15/2025)***

Criminal background heck was done on staff person A immediately. A review of all staff employment harts was done on 6-30-25 by [redacted] [redacted] and [redacted] Documentation of employment charts will be kept. In the future criminal background [redacted] is will be done immediately upon all hires. A review of all staff employment charts will be done by 7-20-25. Then a review will be done monthly by [redacted] [redacted] and [redacted] Documentation of reviews will be kept.

Licensee's Proposed Overall Completion Date: *07/10/2025*

Implemented ([redacted] - 08/15/2025)

65d - Initial Direct Care Training

6. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted] has not successfully completed and passed the Department approved direct care training course and passed the competency test. Direct care staff person A provides unsupervised ADL services to numerous residents when working.

Plan of Correction ***Accept ([redacted] - 07/15/2025)***

Staff person A was never unsupervised. [redacted] was always supervised by another midnight staff person. [redacted] never

65d - Initial Direct Care Training (continued)

worked alone. Staff person A completed the direct care staff training and competency test on 7-1-25. A review of all staff employment charts will be done by 7-20-25. Then a review will be done monthly by [redacted] Documentation of reviews will be kept.

Licensee's Proposed Overall Completion Date: *07/10/2025*

Implemented ([redacted] - 08/15/2025)

81b - Resident Personal Equipment

7. 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

At 2:25pm, there was no cover present on resident #2's bedside mobility device, located at the top-right side of resident #2's bed, which had numerous openings measuring approximately 4" high by 15" wide, which poses a limb entanglement risk to the resident.

Plan of Correction ***Accept ([redacted] - 07/22/2025)***

A cover was immediately placed on resident number two's bed. Hospital bed rail safety cover was ordered. A check of all medical equipment used by all residents was done on 6-30-25 by [redacted] and [redacted] A weekly check on all equipment will be done by [redacted] and [redacted] to ensure all apparatus used by residents are clean , in good repair and free of hazards. Documentation will be kept. A check will be done monthly by [redacted] and [redacted] Documentation will be kept. A training for all direct care staff will be held on 7-20-25 by [redacted] on regulation 2600.81.b in regards to all medical equipment used by any resident that they are clean, in good repair and free of hazards. Documentation will be kept.

Safety cover was ordered for hospital bed rail on 7-10-25 and was delivered on 7-18-25. Safety cover was placed on immediately. Weekly checks began on 6-30-25.

Licensee's Proposed Overall Completion Date: *07/21/2025*

Implemented ([redacted] - 08/15/2025)

91 - Telephone Numbers

8. 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.

Description of Violation

There were no emergency telephone numbers posted on or by the telephone in the home's kitchen.

Plan of Correction ***Accept ([redacted] - 07/15/2025)***

Emergency numbers were immediately placed by telephone in the kitchen by [redacted] A review of all required postings was completed by [redacted] and [redacted] on 6-30-25.
A weekly review of required postings will be completed by Administrative staff [redacted] or [redacted] on every Wednesday for one month, then a review will be done bi-weekly for one month, then a review will be done weekly. Documentation of required postings being checked will be kept.

91 - Telephone Numbers (continued)

A training of required postings and regulations 2600.3c will be held for all direct care staff on 7-22-25 by administrator [redacted] Documentation of training will be kept.

Licensee's Proposed Overall Completion Date: *07/10/2025*

Implemented ([redacted] - 08/15/2025)

123b - Emergency Procedures Posted

11. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency preparedness plan and the local municipality's emergency preparedness plan were not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept ([redacted] - 07/22/2025)***

The homes emergency policy and procedures and emergency preparedness book was immediately placed in the front entrance hallway, which is public and conspicuous place. A review of all required things to be posted was done by [redacted] or [redacted]
A weekly review of required postings will be completed by Administrative staff [redacted] or [redacted] on every Wednesday for one month, then a review will be done bi-weekly for one month, then a review will be done weekly. Documentation of required postings being checked will be kept.
A training of required postings and regulations 2600.3c will be held for all direct care staff on 7-22-25 by administrator [redacted] Documentation of training will be kept.

The local municipality's emergency plan was posted immediately in the home. Monitoring begins on 6-30-25. Weekly checks will be done to include and ensure the post emergency preparedness plans are posted.

Licensee's Proposed Overall Completion Date: *07/21/2025*

Implemented ([redacted] - 08/15/2025)

182b - Prescription Medication

12. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff person C, medication technician, has administered GLP-1 (glucagon-like peptide-1) medications to

182b - Prescription Medication (continued)

numerous residents on numerous occasions, to include the following; however, direct care staff person C is not qualified to administer these medications:

- *Mounjaro-5mg/0.5ml to resident #3 on 6/1/25*
- *Ozempic-1mg to resident #5 on 6/1/25*

Direct care staff person D, medication technician, has administered GLP-1 (glucagon-like peptide-1) medications to numerous residents on numerous occasions, to include the following; however, direct care staff person D is not qualified to administer these medications:

- *Mounjaro-5mg/0.5ml to resident #3 on 6/8/25 and 6/22/25*
- *Ozempic-1mg to resident #5 on 6/8/25 and 6/22/25*
- *Trulicity-4.5mg/0.5ml to resident #6 on 6/2/25, 6/9/25, 6/16/25 and 6/23/25*

Direct care staff person E, medication technician, has administered GLP-1 (glucagon-like peptide-1) medications to numerous residents on numerous occasions, to include the following; however, direct care staff person E is not qualified to administer these medications:

- *Mounjaro-5mg/0.5ml to resident #3 on 6/15/25*
- *Ozempic-1mg to resident #5 on 6/15/25*

Plan of Correction ***Accept ([redacted] - 07/22/2025)***

Immediately direct care staff [redacted] or [redacted] and all others no longer administer GLP-1 medication to any residents. Until a waiver is approved, a physician authorizes, and direct care staff persons have specified training in 2600.190. A licensed "RPH" [redacted], will administer GLP-1 medication. On 7-16-25 direct care staff will have diabetic training. Documentation will be kept.

Currently there are three residents prescribed GLP-1 medications. Immediately [redacted] and all other DCS were instructed to no longer administer GLP-1 medication to any of the residents. Diabetic education and GLP & GIP education was conducted on 7/16/2025 by certified Diabetic Educator, [redacted], certification attached. Until a waiver is approved, and a physician authorizes, and DCS have specified training in my in 2600.190 a licensed "RHP" [redacted], certification attached, employed by [redacted] Pharmacy [redacted] has and will come weekly (Mondays) to the PCH to administer GLP-1 medication to residents. Practicum Observer, [redacted] will check weekly on Tuesdays to assure GLP-1 medications are administered by proper authorized administrators and documentation will be kept.

Licensee's Proposed Overall Completion Date: *07/21/2025*

Implemented ([redacted] - 08/15/2025)

185a - Implement Storage Procedures

13. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed blood glucose checks twice a day and as needed. On 6/22/25 at 8:37pm, resident #3's glucometer indicated a blood glucose reading of 172; however was documented on resident #3's June 2025 medication administration record (MAR) as 140.

Plan of Correction ***Accept (- 07/22/2025)***

On 7-16-25 direct care staff will have diabetic training, GLP-1 medication training as well as a re- training blood glucometer reading and documentation. Medication administration practitioner observer, [redacted] will conduct weekly checks to assure proper documentation is kept on daily glucose readings. Documentation will be kept.

Starting 7/20/2025 all residents prescribed blood sugar checks will have a weekly audit of meter to MAR blood sugar checks completed. DCS will review the past weeks blood sugar meter results to the MAR and documentation will be kept. On Tuesdays, practicum observer, [redacted] will check that tracking has been checked and documented. Diabetic education was completed on 7/16/2025 which included glucometer reading and documentation.

Licensee's Proposed Overall Completion Date: *07/21/2025*

Implemented (- 08/15/2025)

187a - Medication Record

14. Requirements

2600.

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

8. Frequency of administration.

Description of Violation

Resident #1 is prescribed, "Ondansetron HCL 4mg tablet-Take 2 tablets by mouth 2 times a day as needed for nausea"; however, resident #1's June 2025 MAR indicates, "Ondansetron HCL 4mg tablet-Take 2 tablets by mouth 2 times a day for nausea".

Resident #1 is prescribed, "Preparation H Ointment-Apply 1 gram 2 times a day as needed to hemorrhoids"; however, resident #1's June 2025 MAR indicates, "Preparation H Ointment-Apply 1 gram 2 times a day to hemorrhoids".

Plan of Correction ***Accept (- 07/22/2025)***

A mar to med review was conducted on 6-30-25 and 7-1-25. Any medication discrepancies were discussed with pharmacy and resolved. Pharmacist is scheduled to do a med to mar audit by 7-30-25. All direct care staff med administration will be retrained on medication administration by practicum observer, [redacted] will conduct weekly checks on mar to medication and documentation will be kept.

A MAR to MED review was conducted on 6/30/25 and 7/1/25. Any medication discrepancies were discussed with pharmacy and resolved. The medication to Mar was corrected on 6/25/25 for resident #1. All DCS with medication administration will be retrained on medication administration by practicum observer, [redacted] on 7/20/25, documentation of education will be kept. [redacted] will conduct weekly checks on MAR to Medication beginning 7/20/25 that will include 10 residents weekly to assure all potential 39 residents have been reviewed

187a - Medication Record (continued)

monthly with documentation kept.

Licensee's Proposed Overall Completion Date: *07/21/2025*

Implemented (- 08/15/2025)

187b - Date/Time of Medication Admin.

15. 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 #3 is prescribed, "Kerendia 20mg tablet-Take 1 tablet by mouth once a day for chronic kidney disease"; however, resident #3's June 2025 MAR does not include the initials of the staff person who administered this medication to resident #3 on 6/20/25 at 8:00am.

On 6/14/25, resident #4 was [redacted] not present in the home; however, resident #4's June 2025 MAR does not include documentation indicating resident #4 [redacted] is blank for numerous medications on 6/14/25, to include the following:

- *Lasix-20mg tablet-Take 1 tablet by mouth every day*
- *Toprol XL-100mg tablet-Take 2 tablets by mouth every day*
- *Folic Acid-1mg tablet-Take 1 tablet by mouth every day*

Plan of Correction ***Accept (- 07/22/2025)***

On 7-20-25 a medication administration training will be conducted by practicum observer, [redacted] which will include proper documentation charting. [redacted] will conduct a weekly review of MAR documentation. Documentation of MAR review will be kept.

All DCS with medication administration will be retrained on medication administration and proper recording of medication administration by practicum observer, [redacted] on 7/20/25, documentation of education will be kept. [redacted] will conduct weekly checks on MAR documentation beginning 7/20/25 that will include 10 residents weekly to assure all potential 39 residents have been reviewed monthly with documentation kept.

Licensee's Proposed Overall Completion Date: *07/21/2025*

Implemented (- 08/15/2025)

251b - Record Entries Legible

16. 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 fluid was used on resident #3's June 2025 MAR on the line under the result section under "One Touch

251b - Record Entries Legible (continued)

Ultra Test Strip-use to test blood sugar twice a day and as needed" and "y/n" was written over top of the correction fluid.

Plan of Correction ***Directed (- 07/22/2025)***

A MAR review was conducted on 6-30-25 and 7-1-25 and any MAR discrepancies were discussed with the pharmacy and working on being resolved. Now and in the future correction fluid will never be used on the MAR. Direct care staff will be trained on properly entering any entries to the MAR. A weekly review of the MAR will be conducted by [redacted] to assure no correction fluid is used on the MAR. Documentation will be kept on MAR review.

A MAR review was conducted on 6/30/25 and 7/1/25 and any MAR discrepancies were discussed with the pharmacy and resolution's being done. Now and in the future correction fluid will never be used on the MAR. All DCS with medication administration will be retrained on medication administration and proper recording on the MAR by practicum observer, [redacted] on 7/20/25, documentation of education will be kept. [redacted] will conduct weekly checks on MAR beginning 7/20/25 to assure no correction fluid has been used on any residents MAR. Documentation of education and MAR review will be kept. (DIRECTED: Beginning on 7/25/25: The administrator/designee shall review at least 3 resident records per month to ensure no corrective fluid is present on any resident documents. [redacted] 7/22/25).

Proposed Overall Completion Date: 07/21/2025

Directed Completion Date: *07/25/2025*

Implemented (- 08/15/2025)