



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222**

**ADULT RESIDENTIAL LICENSING**

Phone: (412) 565-5616/5614  
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[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Mailing Date: **OCT 14 2011**

Ms. Kathleen Dougherty, Administrator  
Washington Manor PCH, LLC  
320 S. Washington Street, PO Box 1935  
Butler, Pennsylvania 16003

Dear Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on September 8, 2011, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino".

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 09/08/2011		REGIONAL REPRESENTATIVE Jason Williams, Brenda McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathleen Dougherty, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathleen Dougherty</i>	DATE 9/30/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe L. Peggins (JLP)</i>	DATE 10-12-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
181c A resident who desires to self-administer his 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.	Resident #1 self-administers his/her Advair Discus inhaler but has been assessed as unable to self-administer medications on his/her most recent medical evaluation of 1/19/11 as well as the home's most recent assessment of 10/28/10.  <p style="text-align: center; font-size: 1.2em;">Western Region</p>  Adult Residential Licensing	09-08-11 <i>change made</i>  09-09-11 <i>all staff informed</i>	<p>1. <u>What specific change will be made?</u> <i>Resident informed due to [redacted] MA-51 doctor's report that [redacted] can only have [redacted] inhaler at prescribed times ordered by [redacted] doctor then the inhaler will be locked in the med cart.</i></p> <p>2. <u>Who will make the change?</u> <i>Administrator and manager have already informed all staff of the change to inhaler and procedure to lock it in med cart outside of times for prescribed use by the physician.</i></p>	10-12-11 <i>JLP</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 09/08/2011		REGIONAL REPRESENTATIVE Jason Williams, Brenda McAfee	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kathleen Dougherty</i>	DATE <i>9/30/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10-12-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b 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.	At 2:30pm on the day of inspection, a prescription Advair Discus 250/25 inhaler prescribed to Resident #1 was sitting unattended on a table in the dining room of the home. This medication was accessible to other residents of the home.  Repeated Violations: 05/05/2011  <p style="text-align: center; font-size: 1.2em;">Western Region</p>  <p style="text-align: center;">Adult Residential Licensing</p>	<i>09-08-11</i>  <i>09-09-11</i>  <i>09-08-11</i>	<i>3. When will the change be made? Change was made immediately after the inspection on 09-08-2011.</i> <i>4. How will the change be made? Staff all informed by 09-09-11 of change made to securing inhaler.</i> <i>5. What system have you implemented to make sure that the same violation will not occur again? Administrator and manager will under the Quality Management Team make reviews of all resident MAS/SS updates/changes to ensure enforcement of medical charges.</i>	<p style="text-align: center; font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right; font-size: 0.8em;">Date <u>10/12/11</u> Initials (BPW) <u>[Signature]</u></p>