



Mailing Date: **SEP 25 2012**

Ms. Honey Nunez, Owner
Paraclete Group, LLC
421 Cottage Lane
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home
108 Water Street
New Stanton, Pennsylvania 15672

Dear Ms. Nunez:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 10, 2012, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive style and includes a vertical line to the right of the name.

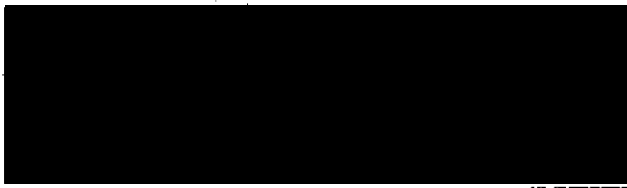
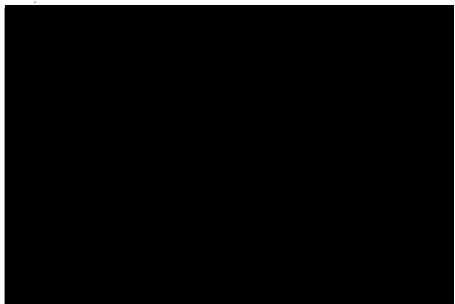
Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa. Code Chapter 2601

RECEIVED

PCH Name: GEORGE S PERSONAL CARE HOME		License Number: 440670
Address: 108 WATER STREET, NEW STANTON, PA 15672		County: Westmoreland
Administrator: Renee Good		Region: WEST
Legal Entity Name: PARACLETE GROUP LLC	Western Field Office Adult Residential Licensing	
Legal Entity Address: 421 COTTAGE LANE, MANDALAYVILLE, PA 15146		
Certificate(s) of Occupancy C-2 LP 05/15/1996 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 18 Working Staff: 14		
Type of Inspection: Partial OHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/10/2012: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable 07/10/2012: Whitney, Diane		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who:	
		

Violation Report:

PCH Name: GEORGE S PERSONAL CARE HOME

SEP 7 2012

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, and other staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B did not receive training in fire safety and resident rights during training year 2011.

Staff person C did not receive training in fire safety and resident rights during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In the future the administrator and owner will review staff files for any upcoming staff training. Administrators will use a tracking system noting dates of expiration and renewal of training on front of file of each employee and schedule training a month ahead of time. So this violation won't happen again, owner will monitor closely. I have enclosed the training for staff B & C on resident rights for year 2011.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Renee Good</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
RENEE Good Administrator	9-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/25/12</u> (Date)	Plan of correction implementation status as of <u>9/25/12</u> (Date)
The above plan of correction was approved by <i>Jh</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report:

PCH Name: GEORGE S. PERSONAL CARE HOME

SEP 7 2012

1. REGULATION 55 Pa. Code §2600

2600.144(d) - Smoking outside of the smoking room is prohibited.

Western Field Office
Adult Protective Licensing

2a. DESCRIPTION OF VIOLATION

On 7-10-2012, at approximately 9:05 am, an unidentified resident was observed smoking on the ramp leading to the side door entrance. A 'no smoking' sign is posted on the door of this entrance. The designated smoking area is at the gazebo near the parking lot of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administration re-educate residents on smoking at Gazebo only. All residents said they understood and have signed form. Also a form was made for residents for smoking outside smoking area they will be given a warning, the fourth violation. Staff has a checklist to check grounds on each shift to ensure that no residents are smoking outside the designated area. Staff to give warning if outside designated smoking area and report to Administration, owner. Owner has put multiple no smoking signs in various places at facility. Policy had implemented July 21 2012, 9-4-12. Administration and owner will also, whenever, to randomly check and look for any smoking outside smoking area.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Renee Good Administration*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENEE Good Administration* Date *9-6-12*

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7-2012

Violation Report:

PCH Name: GEORGE S PERSONAL CARE HOME

Western Field Office

1. REGULATION 55 Pa.Code §1903

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in a locked container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 7-10-2012, at approximately 9:10am, the medication cart located in the 1st floor dining room was unlocked and accessible to residents. Staff was not present on the first floor of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administration will advise staff to be sure all drawers are locked after every med pass and opening of chest. Administration demonstrated and had each staff demonstrate to me the proper way to ensure chest is locked. Also administration has implemented a check off sheet for staff after opening/cleaning chest and then POCs to ensure chest is locked. This is for anytime chest is opened for any reason. Administrator/owner will, when here, will check chest multiple times to ensure chest is locked.

Administration will have continued every 2 months to a full rement and demonstrated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Good Administration

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Renee Good Administration

Date 9/6/12

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(Date)

Plan of correction implementation status as of 9/25/12
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report:

7 2012

PCH Name: GEORGE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §1110

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medication 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.

Western Field Office
Pennsylvania Licensing

2a. DESCRIPTION OF VIOLATION

According to the medication administration record, on 7-4-2012 and 7-6-2012 at 4:00pm and 8:00pm, staff person B, who has not completed a Department-approved diabetes patient education program within the last 12 months, administered insulin to resident #1.

3. PLAN OF CORRECTION (FOUR) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff educated the benefits and importance of diabetes training. Any staff training including diabetes training will be monitored monthly by administrator and supervisor. Administrator will make a TRACKING sheet to be put on front of staff files so it is planned. Administrator/supervisor will know when training is done. The training will be scheduled and monitored in advance. Any staff person without their yearly diabetes training is not permitted to administer insulin until recertification is complete. Supervisor will review staff files for any upcoming training that is due and schedule. Staff person B completed the required training attached certificate of completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Renee Good Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Renee Good Administrator

Date

9-6-12

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Violation Report:

PCH Name: GEORGE S PERSONAL CARE HOME

Western Field Office

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.222 - Residents shall be encouraged and assisted in the access to and use of social services in the community which may benefit the resident, including a county mental health and mental retardation program, a drug and alcohol program, a senior citizens center, an area agency on aging or a home health care agency.

2a. DESCRIPTION OF VIOLATION

Resident #2 has alleged a sexual assault and would benefit from counseling. The home has not encouraged and assisted the resident to access these services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In the future the administrator/owner, in the event of repeat assault or abuse will contact RAA, mental health consultation, ^{ARMC ASSISTANT} home health agency or counselor. The administrator, owner, staff will encourage resident to counsel with any above agency.

Staff educated on recognizing of any of the above agency for any resident that has alleged repeat abuse.

By 9/30/12 - The administrator will encourage resident #2 to access counseling services.

Jr 9/25/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Renee Good Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Renee Good Administrator

Date

9-6-12

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- Not Implemented

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Jr (Initials)