



Mailing Date: **JAN 31** 2013

Ms. Romona Donahue, Administrator
Kevin & Romona Donahue
1143 Lapish Road
Pittsburgh, Pennsylvania 15212

RE: Donahue's Personal Care 1
1610 Hybla Street
Pittsburgh, Pennsylvania 15212

Dear Ms. Donahue:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 21, 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,


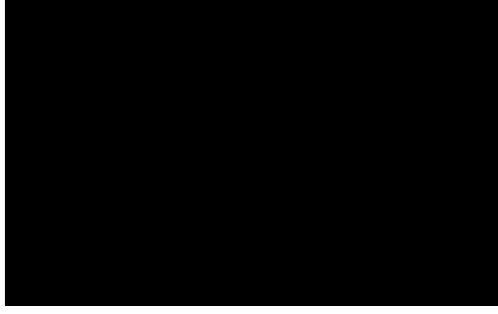
A handwritten signature in black ink, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

RECEIVED

PCH Name: DONAHUE S PERSONAL CARE I		License Number: 430342
Address: 1610 HYBLA STREET, PITTSBURGH, PA 15212		County: Allegheny
Administrator: Romona Donahue		Region: WEST
Legal Entity Name: KEVIN & ROMONA DONAHUE		Western Field Office Adult Residential Licensing
Legal Entity Address: 1143 LAPISH ROAD, Pittsburgh, PA 15212		
Certificate(s) of Occupancy Other 10/25/1985 City of Pittsburgh		
Staffing Hours Resident Support: 0		Total Daily Staff: 15 Waking Staff: 11
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 08/21/2012: Cutter, Jan; Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 17 Number of Residents Served: 15 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 43034 - 08/21/2012 - Cutter, Jan
PCH Name: DONAHUE S PERSONAL CARE I

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2 2012

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was a strong urine odor in the downstairs bathroom next to bedrooms #1 and 2.

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.

*There was a matt on floor
this was picked up + removed at time
of inspection. Staff has been instructed
to monitor bathroom areas frequently*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Romona Donahue

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

Romona Donahue

Date

9/28/12

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

The above plan of correction is approved as of

11-6-12
(Date)

Plan of correction implementation status as of

11-6-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 43034 - 08/21/2012 - Cutter, Jan
 PCH Name: DONAHUE S PERSONAL CARE I

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2 2012

2a. DESCRIPTION OF VIOLATION

Western Field Office
 Adult Residential Licensing

The wall mirror in bedroom #7 was broken exposing a 12 inch sharp edge.
 The arm rests and head rest of the red upholstered chair in the living room was black with dirt.

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.

Mirror was removed at time of Insp.
 There were no jagged edges. The mirror was cracked. Instructed staff to monitor equipment.
~~the mirror~~
 A designated staff person will conduct a daily physical health and safety inspection to ensure all furniture is clean, in good repair, and free of hazards.
 The administrator will conduct a weekly physical health and safety inspection to ensure all furniture is clean, in good repair, and free of hazards.
 11-6-12 JJP

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ramona Donahue*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ramona Donahue* Date *9/28/12*

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The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>JJP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43034 - 08/21/2012 - Cutter, Jan
PCH Name: DONAHUE S PERSONAL CARE I

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2 2012

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was no light bulb in the first lamp next to the bed opposite the door in bedroom #7.

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.

*Light bulb added at inspection
Educated Staff on checking equipment.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/24/2011

Signature of Legal Entity Representative
(Required on EVERY Page) *Rosemarie Donahue*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rosemarie Donahue* Date *9/28/12*

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The above plan of correction is approved as of 11-6-12
(Date)

The above plan of correction was approved by *JD*
(Initials)

Plan of correction implementation status as of 11-6-12
(Date)

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Violation Report: 43034 - 08/21/2012 - Cutter, Jan

PCH Name: DONAHUE S PERSONAL CARE I

1. REGULATION 55 Pa.Code §2600 :
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 3/16/2011.

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.

The Fire Dept of the City of Pgh is going thru a restructuring process for their Safety + Fire Drill Inspection for their Battalion Chief [redacted].
Talk to Battalion Chief [redacted] she informed me she will send an Inspector out as soon as she can, will send Documentation to State as soon as the Fire Safety Expert conducts the Inspection requesting an extension for the Fire Dept inspection.

A fire safety inspection and fire drill was conducted on 11/31/2011. JYP 11-6-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/24/2012	08/24/2011
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kevin Donahue*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kevin Donahue* Date *9/28/12*

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(Date)

The above plan of correction was approved by JYP
(Initials)

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(Date)

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Violation Report: 43034 - 08/21/2012 - Cutter, Jan
 PCH Name: DONAHUE S PERSONAL CARE I

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2 2012

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation, dated 1/27/2012, indicates that the resident has Hypothyroidism, Acid Reflux, Schizophrenia, Heart Murmur, and Sleep Apnea. These diagnoses are not addressed on the assessment dated 1/9/2012.

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.

*Diagnosis are added to the RAs.
 Administrator will ensure all appropriate
 information will be transferred from
 each document*

*The administrator or designated staff person will review
 all current resident assessments for accuracy and
 completion including diagnoses from the most current
 medical evaluation. 11-6-12 JJP*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ramonna Donahue*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ramonna Donahue* Date *9/28/12*

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RECEIVED

Violation Report: 43034 - 08/21/2012 - Cutter, Jan

PCH Name: DONAHUE S PERSONAL CARE I

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, ^{2, 2012} mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, ^{Western Field Office} determining the necessity of these services. _{Adult Residential Licensing}

2a. DESCRIPTION OF VIOLATION

Resident #1 is an individual living with Hypothyroidism, Acid Reflux, Schizophrenia, a Heart Murmur and Sleep Apnea. The Resident's support plan, dated 1/9/2012, does not address how the home will assist the resident in meeting these needs.

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.

Diagnosis are added to Raps
Administrator will ensure all appropriate information will be transferred from + to each document.

The administrator or designated staff person will review all current residents support plans to ensure completion and accuracy including each residents care, needs and services. 11-6-12 JJP

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/24/2011	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ramona Donahue*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ramona Donahue* Date *9/28/12*

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