

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ORION PERSONAL CARE CORPORATION
LEGAL ENTITY

To operate ORION PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 2191 FERGUSON ROAD, ALLISON PARK, PA 15101
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 25
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 20, 2013 until January 20, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431260

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 09 2013

Ms. Carin Constantakis, President
Orion Personal Care Corporation
Orion Personal Care
2191 Ferguson Road
Allison Park, Pennsylvania 15101

Dear Ms. Constantakis:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: ORION PERSONAL CARE		License Number: 431260
Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Suzie De Vore		Region: WEST
Legal Entity Name: ORION PERSONAL CARE CORPORATION		
Legal Entity Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		
Certificate(s) of Occupancy C-2 LP 11/08/1996 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/10/2012: Garrigan, Laurie; Stepanovich, Maria; Gearhard, Nancy		
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: 25 Number of Residents Served: 22 Secured Dementia Care Unit in Home: Yes Area: 1st floor Secured Dementia Unit Capacity, if Applicable: 25 	Number of Residents who: 	

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Residential Care Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

A tube of Aloe Vesta ointment, with a manufacturer's label indicating "If swallowed, get medical help or consult a poison control center right away", was unlocked and accessible to residents in the unlocked bathroom off the living room. Not all residents of the home, including resident #4, have been assessed capable of recognizing and using poisons safely.

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.

On November 10, 2012 the tube of Aloe Vesta was removed from the bathroom.

See the attached warning sign posted in the staff and visiting nurse area as a reminder to all of the dangers of such products with a warning of "If swallowed, get medical help or consult a poison control center right away" needing to be locked up or inaccessible to the residents.

A basket is now located in the laundry room for the storage of these products.

On 11/26/12, all staff were re-educated regarding the proper storage of poisonous materials. ms 11/26/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *M. S. DeVore* Date *11-7-12*

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

The above plan of correction is approved as of 11/26/12
(Date)

Plan of correction implementation status as of 11/26/12
(Date)

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

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

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie

PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600

2600.91 - 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.

2a. DESCRIPTION OF VIOLATION

The list of emergency phone numbers posted near the telephone in the office does not include the current personal care home complaint hotline number.

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.

See the attached sample label with the new Hot-line number that will be placed on each phone by November 9, 2012.

See the attached contract form with the new Hot-line number that will be added to each new contract and posted with the required forms starting November 9, 2012.

See the attached poster "If you Believe Your Rights Have Been Violated Contact" that was updated and is posted.

Orion was unaware of a new Hot-line number and was informed at the inspection. In the future Orion will update any paper work upon notification within one week.

Police 911 Fire 911 Ambulance 911
Passavant Hospital 412-367-6300
Poison Control 1-800-222-1222
Local Emergency Management
412-486-0400
Personal Care Home Hotline
877-401-8835

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

M. S. DeVore

Date

11-6-12

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(Date)

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

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit in the laundry room did not include tweezers.

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.

Tweezers were added to the First Aid box on 10/10/2012.

See the attached pictures showing the label /reminder on each First Aid Box stating to staff member to notify the office when an item is removed so that it can be replaced promptly.

Also see the attached First Aid Inventory Monthly Review that is used each month by the administrator which is used to check and replace missing items.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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(Initials)

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
 PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was an unsealed bag of pancakes in the large chest freezer. Also, there were several tears in this bag of pancakes.

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.

See the attached "Retraining of each Cook" and any future violations will be followed by written discipline.

See the attached signage that is hung in the kitchen reminding staff daily to bag and label with the item's name and the date. The container must be kept sealed and without tears.

See the attached picture of the sign hanging in the kitchen. There are a total of three signs hanging on the shelves throughout the kitchen.

See the attached updated job description for the Cook which now states that all food items must be labeled with a name and if that item is opened and resealed /re-bagged it must be labeled with name and the date it is stored.

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



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

M.S. DeVore

Date 11-6-12

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 (Date)

Plan of correction implementation status as of 11/26/12
 (Date)

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

- Fully Implemented MS
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- Partially Implemented - Inadequate Progress
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Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Western Field Office
Adult Recreational Licensing

2a. DESCRIPTION OF VIOLATION

The following undated and unlabeled foods were in the large, white chest freezer:

- * 2 packages of meat
- * 2 packages of luncheon meat
- * 1 large bag of poultry pieces
- * 1 bag with approximately 14 pieces of fish

The following undated foods were in the small chest freezer:

- * large bag of Texas toast
- * large bag of unlabeled breaded meat patties
- * large bag of hot dog buns
- * large bag of dinner rolls

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.

See the attached "Retraining of each Cook" and any future violations will be followed by written discipline.

See the attached signage that is hung in the kitchen reminding staff daily to bag and label with the item's name and the date. The container must be kept sealed and without tears.

See the attached picture of the sign hanging in the kitchen. There are a total of three signs hanging on the shelves throughout the kitchen.

See the attached updated job description for the Cook which now states that all food items must be labeled with a name and if that item is opened and resealed /re-bagged it must be labeled with name and the date it is stored.

The home utilizes a kitchen daily review checklist. MS 11/26/12

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

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

M S DeVore

Date 11-6-12

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Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was a broken latch on the gate in the fenced courtyard. An agent of the Department was unable to open the gate.

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 gate latch will be repaired by November 23, 2012, followed by photographs to the DPW that will show the repair.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

M.S. Devere

Date

11-7-12

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(Date)

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

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

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a maximum designated evacuation time, within the past year, from a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds for the following fire drills:

Date	Time	Evacuation Time
9/4/12	6:35 pm	4 minutes 4 seconds
8/7/12	3:42 pm	2 minutes 59 seconds
8/6/12	10:15 am	3 minutes 45 seconds
7/12/12	10:58 am	3 minutes 23 seconds
6/12/12	6:05 am	4 minutes 06 seconds
5/15/12	3:30 pm	3 minutes 37 seconds

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.

Attached is the current the Supervised Fire Drill and Fire Safety Inspection Form found on the DPW website. There is no longer the form available that Orion used the year prior which demonstrates the evacuation time and the fire safe areas.

Assistance was requested on November 6, 2012 from DPW, and [redacted] faxed a copy to Orion. An original copy will be placed in a plastic shelf and kept with the Fire Drill paperwork for the following years inspection.

The Fire Marshall modified the form for the sake of this correction. The form is attached.

on 10/5/12, a maximum safe evacuation time of 5 minutes was determined by a fire safety expert.
MS 11/26/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *M.S. DeVore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M.S. DeVore* Date *11-7-12*

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Plan of correction implementation status as of 11/26/12 (Date)

- Fully Implemented MS
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

NOV 8 2012

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 7/15/12, does not address allergies. The allergy section of the medical evaluation is blank.

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.

See the attached DME of Resident # 1 which was corrected.

In the future the forms will be reviewed prior to them being added to their file.

See the attached form that will prevent such an error in the future.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/02/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
M S DeVore	11-6-12

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Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
 PCH Name: ORION PERSONAL CARE

NOV 8 2012

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.
 Western Field Office
 Adult Protective Services

2a. DESCRIPTION OF VIOLATION
 The following bottles of medication for resident #3 were not labeled with the resident's name:
 * Arthritis Pain Reliever
 * Multivitamin

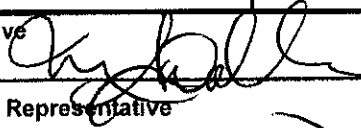
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See the attached picture which demonstrates the labeled reminders added to the medication cart.

See the attached form that was updated to reflect the need to use a label maker to add the first and last name to each OTC medication.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MTS DeVore	11-6-12

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Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie

NOV 8 2012

PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's October 2012 medication administration record does not include diagnoses for the following medications:

- * Dexamethasone 1 mg - 1 tablet daily
- * Ibuprofen 600 mg - 1 tablet twice daily
- * Morphine 15 mg - 1 tablet twice daily
- * Hydrocodone APAP 5/500 - 3 tabs daily

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.

On November 11, 2012 Resident # 2's diagnosis, for each medication, was updated on the MAR.

See the attached letter from Diamond Pharmacy addressing regulation 2600.187(a). Their Policy and Procedure has three check points to prevent future errors.

See the attached Orion Med Audit form where a column was added to check the MAR each week for any missing diagnosis.

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

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

MS DeVore

Date
11-6-12

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NOV 8 2012

Violation Report: 43126 - 10/10/2012 - Garrigan, Laurie
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted to the secured dementia care unit on 9/30/12, does not have a cognitive preadmission screening.

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.

On November 10, 2012, Resident #4's cognitive section of the preadmission screening was completed.

The cognitive section will be completed for any resident with a diagnosis of Dementia/Alzheimer's in the future.

See the attached Admission Check List where a reminder has been added "Cognitive Section completed with a Diagnosis of Dementia /Alzheimer's".

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/02/2011
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Signature of Legal Entity Representative (Required on EVERY Page)

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

M.S. DeLore

Date 11-6-12

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