



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: DEC 11 2012

Ms. Dorothy A. Whitehead, Owner/Administrator  
Donald Whitehead  
Whitehead's Personal Care Home II  
517 South 9<sup>th</sup> Street  
Youngwood, Pennsylvania 15697

Dear Ms. Whitehead:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 11, 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.

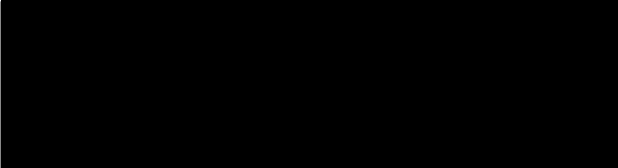
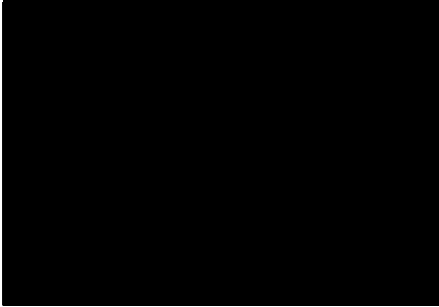
Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: WHITEHEAD PERSONAL CARE HOME II		License Number: 428140
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		County: Westmoreland
Administrator: Donna McLean		Region: WEST
Legal Entity Name: DONALD WHITEHEAD		<b>RECEIVED</b>  DEC 04 2012  WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/11/2012: McConnell, Deb; Perry, Carole		
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: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 42814 - 10/11/2012 - McConnell, Deb  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive 12 hours of annual training for 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.

Staff Training policies were readdressed and new policies were enacted to include all areas of required training. We did have a Resident Rights training with Area Agency on Aging on October 22, 2012. (Please refer to attached 2013 Staff Training Plan.) was the teacher/facilitator. All future training class signature pages will be retained in a single file for quick easy access. Also please refer to attached training on Support Plans, assessments, medical evaluation and pre admission screenings. These policies will be reviewed quarterly with the quarterly report to be sure that all staff persons are receiving the 12 hours required training. Also please see Attached signature training page for 10-22-2012

JJW  
12/10/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Donna McLean - Administrator

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

Donna McLean

Date

12-4-12

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

The above plan of correction is approved as of

12/10/12  
(Date)

Plan of correction implementation status as of

12/10/12  
(Date)

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

The above plan of correction was approved by

J  
(Initials)

Violation Report: 42814 - 10/11/2012 - McConnell, Deb  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

RECEIVED

DEC 04 2012

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed on 7/21/11.

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.

This was an oversight due to numerous admissions into the hospital. This will be evaluated by the administrators quarterly during the quarterly review. All oversights will be included in the quarterly review charts, to ensure that each resident has a medical evaluation, documented on the required form, at least annually.

J  
12/1/12

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Donna McLean*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Donna McLean - Administrator*      Date *12-4-12*

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

The above plan of correction is approved as of *12/1/12*  
(Date)

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

Plan of correction implementation status as of *12/1/12*  
(Date)

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

Violation Report: 42814 - 10/11/2012 - McConnell, Deb  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

DEC 04 2012

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 5/14/12, did not address the resident's behavioral concern as to thoughts of harming himself/herself as indicated in multiple notes from the resident to staff.

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.

Included for Departments Review is RASP - page 1 and Page 11 (with Signature). The highlighted section offers information as to the "Suicide Contract" and redirective steps the staff has taken. The PCH staff has never ignored a comment to harm [redacted]. In the future more information regarding negative behaviors will be mentioned throughout the RASP. This will be done by the administrator and updated as new information is made available.

By 12/15/12 - The administrator will update the assessment for resident #1 to include resident's thoughts and statements regarding harming self.

By 12/15/12 - The administrator will ensure all resident assessments are complete and include all required information.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Donna McLean*

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

Donna McLean - Administrator

Date 12-4-12

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(Date)

Plan of correction implementation status as of

12/10/12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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DEC 04 2012

Violation Report: 42814 - 10/11/2012 - McConnell, Deb  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, 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, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
The support plan for resident #1, dated 5/14/12, did not address the resident's behavioral concern as to thoughts of harming himself/herself as indicated in multiple notes from the resident to staff.

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.

Please see previous page.

By 12/12/12 - The administrator will update the support plan for resident #1 to include specific interventions for staff regarding resident #1's threats to harm self.

*[Handwritten signature]*  
12/12/12

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) Donna McLean Administrator      Date 12-4-12

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(Date)

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(Date)

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(Initials)