



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

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

Dear Ms. Whitehead:

As a result of the Department of Public Welfare's licensing inspection on February 25, 2013 and February 26, 2013, 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.

Your regular license for the period of May 28, 2013 to May 28, 2014 was issued on February 19, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: WHITEHEAD PERSONAL CARE HOME II		License Number: 42814
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		County: Westmoreland
Administrator: Donna Mc Lean		Region: WEST
Legal Entity Name: DONALD WHITEHEAD		
Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		
Certificate(s) of Occupancy C-2 LP 08/10/1989 Labor and Industry		RECEIVED MAY 29 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Working Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/25/2013: Garrigan, Laurie 02/26/2013: Garrigan, Laurie		
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: 16 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 14 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

MAY 28 2013

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 2/25/13, an audio monitor was in use in the lower hallway allowing conversations in this hallway to be heard by staff and residents who were in the kitchen.

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 baby monitor was removed. It was there for safety, so that residents could easily contact staff if they were on the top floor. The monitor was removed and is not going to be placed on either floor. This action was completed on 2-25-2013 by

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 *5-13-13*

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

The above plan of correction is approved as of 6/27/13 (Date)

Plan of correction implementation status as of 6/27/13 (Date)

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

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

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

MAY 29 2013

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff person [redacted] hired 4/5/12, and direct care staff person [redacted] hired 3/6/12, do not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.

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.

These requirements shall be reviewed prior to future hirings. All required documents shall be reviewed after hire, yearly within 30 days of hire date. This shall be done by administrators.

Immediately - staff persons [redacted] and [redacted] will not provide direct care services to include medication administration until approved documentation is obtained to indicate compliance with regulation 2600.54(a).

By 7/27/13 the administrator or designated staff person will develop a new hire document tracking system to ensure all direct care staff persons are qualified and documentation of qualifications is kept prior to the first day of work.
ms 6/27/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/22/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Doona McLean - Administrator* Date *5-13-13*

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Plan of correction implementation status as of 6/27/13 (Date)

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

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

MAY 28 2013

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervisor, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 4/5/12, is currently providing unsupervised ADL services. However, this staff person has not successfully completed the Department-approved direct care training course and passing of the competency test.

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.

All required documents shall be reviewed prior, during and after hire by Administrators

Direct care staff person [redacted] completed the Department-approved direct care training course on 3/15/13.

By 7/15/13 - the administrator will develop a tracking system for new hires to ensure requirements of this regulation are met prior to the staff person providing or supervised services. ms 6/27/13

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 *5-13-13*

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42814 - 02/25/2013 - Garigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

MAY 28 2013

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to the following:

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Direct care staff person: [redacted] hired in 1997, received only 5 hours of annual training in the 2012 training year.

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.

Administrators [redacted] and [redacted], attended a training course through Temple University entitled "Developing a Successful Annual Training Program" on April 26, 2013. (Please see attached certificates). We are also implementing the form that we received from the training entitled "Staff Training Master Key for Completed Trainings" (also attached) for each employee for each year to come. These forms shall be completed by May 22, 2013 for all employees current for training year 2013. This would be for all trainings for January through May of 2013, Any other trainings from June through December 2013 shall be added to the form as we go. Each January the form shall be initiated and filled out for each employee, this shall be done by [redacted]. We have also begun the process of revising our staff training plan to meet compliance. Please see attached entitled "Whitehead Personal Care Home Documents used for Residents". We are also reinventing our training processes (please refer to attached "Documents used for Residents.")
staff person C has received 9 hours of training so far in training year 2013.
ms 6/27/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/11/2012

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 *5-13-13*

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Violation Report: 42814 - 02/25/2013 - Garigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home serves residents with diagnoses of mental illness and intellectual disabilities. However, direct care staff person C, hired in 1997, did not receive training in care for residents with mental illness or mental retardation in the 2012 training year. Also, this staff person did not receive training in infection control and general principles of cleanliness and hygiene during the 2012 training year.

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 refer to previous page

Administrators [redacted] and [redacted], attended a training course through Temple University entitled "Developing a Successful Annual Training Program" on April 26, 2013. (Please see attached certificates). We are also implementing the form that we received from the training entitled "Staff Training Master Key for Completed Trainings" (also attached) for each employee for each year to come. These forms will be completed by May 20, 2013 for all employees current for training year 2013. This would be for all trainings for January through May of 2013. Any other trainings from June through December 2013 shall be added to the form as we go. Each January the form shall be initiated and filled out for each employee, this shall be done by [redacted]. We have also begun the process of revising our staff training plan to meet compliance. Please see attached entitled "Whitehead Personal Care Home Documents used for Residents". We are also reinventing our training processes (please refer to attached "Documents used for Residents.")

Staff person [redacted] received training in care for residents with mental illness and mental retardation on 6/15/13. Additional training is scheduled for September 2013. Infection control training is scheduled for September 2013.
ms 6/27/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5-13-13*

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Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary 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

Direct care staff person C, hired in 1997, did not receive the following training in the 2012 training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * Falls and accident prevention

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 refer to page 5 for corrective measures

Administrators and attended a training course through Temple University entitled "Developing a Successful Annual Training Program" on April 26, 2013. (Please see attached certificates). We are also implementing the form that we received from the training entitled "Staff Training Master Key for Completed Trainings" (also attached) for each employee for each year to come. These forms shall be completed by May 20, 2013 for all employees current for training year 2013. This would be for all trainings for January through May of 2013. Any other trainings from June through December 2013 shall be added to the form as we go. Each January the form shall be initiated and filled out for each employee, this shall be done by . We have also begun the process of revising our staff training plan to meet compliance. Please see a attached entitled "Whitehead Personal Care Home Documents used for Residents". We are also reinventing our training processes (please refer to attached "Documents used for Residents").

Staff person [redacted] received training in emergency preparedness on 2/26/13; training in falls and accident prevention on 6/15/13; fire safety training on 2/15/13. ms 6/27/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 - Admin* Date *5-13-13*

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The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 28 2013

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

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 first aid kit in the home does not include antiseptic.

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 antiseptic was added during the inspection.
To prevent this from occurring again, the house manager shall inspect the first aid kit the first week of the month. All items needing replaced will be added.

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 - Admin.

Date 5-13-13

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The above plan of correction is approved as of 6/27/13
(Date)

Plan of correction implementation status as of 6/27/13
(Date)

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

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

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

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1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month

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2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during June 2012.

WEST REGION FIELD OFFICE
 Human Services Licensing

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 administrator will check these quarterly and it will be added to the quarterly Management reports.

The home has had five drills as follows:

- 2/27/13 at 7 PM
- 3/15/13 at 10 AM
- 4/17/13 at 12 PM

By 7/15/13 - the administrator will monitor all fire drills and the fire drill record to ensure at least one unannounced fire drill is conducted monthly. MS 6/27/13

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 *5-13-13*

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Plan of correction implementation status as of 6/27/13
 (Date)

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

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

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill log for the following drills did not include the evacuation time in both minutes and seconds:

- * 3/22/12 at 1:00 pm - evacuation time was 2 minutes
- * 4/10/12 at 11:26 am - evacuation time was 2 minutes
- * 1/30/13 at 6:00 am - evacuation time was 2 minutes

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 Human Services Licensing

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 2 minutes recorded was exactly that 120 seconds on stop watch or 2 minutes. In the future we will record 2 minutes and 0 seconds. This will be done after each and every fire drill. Please refer to attached recent fire drill log.

The home has had five drills as follows:

- 2/27/13 at 7 AM with an evacuation time of 2 min. 10 sec.
 - 3/15/13 at 10 AM with an evacuation time of 2 min. 10 sec.
 - 4/17/13 at 12 PM with an evacuation time of 2 min. 5 sec.
- MS 6/27/13

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* Date *5-13-13*

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

Plan of correction implementation status as of 6/67/13 (Date)

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

MAY 28 2013

Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident [redacted] Hydrocodone APAP 5/500 expired on 12/25/12; however, it was still in the home on 2/26/13.

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 personal care home had a representative from Precision Care Pharmacy review all med carts on 3-20-13 @ 8:45AM. This shall be done biannually. In addition all medications shall be reviewed monthly by the med trainer. In addition to that medications will be reviewed bi weekly by House manager or supervisor.

Hydrocodone, belonging to resident [redacted] has been discarded. By 7/1/13 - the above mentioned medication cart audits will be compared to residents' current prescriptions and medication administration records to ensure no discontinued or expired medications are present in the home. ms 6/27/13

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 Admin* Date *5-13-13*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42814 - C2/25/2013 - Garrigan, Laurie
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

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MAY 23 2013

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident [redacted] is prescribed Lorazepam, 1 mg - take one tablet three times daily as needed. However, the label on the container of Lorazepam indicates Lorazepam, 1 mg - take one tablet once daily as needed.

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 refer to page 11

The personal care home had a representative from Precision Care Pharmacy review all med carts on 3-20-13 @ 8:45AM. This shall be done biannually. In addition all medications shall be reviewed monthly by the med trainer. In addition to that medications will be reviewed bi weekly by House manager or supervisor.

The label on the container of Lorazepam, belonging to resident [redacted] has been changed to reflect the current prescription. MS 6/27/13

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 - Admin* Date *5-13-13*

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Violation Report: 42814 - 02/25/2013 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident [redacted] is ordered Hydrocodone APAP 5/500 - take 1 tablet every 8 hours. This resident refused the medication on the following dates; however the February 2012 medication administration record does not include these refusals:

- * 2/01 at 8:00 pm
- * 2/02 at 8:00 am and 2:00 pm
- * 2/03 at 2:00 pm
- * 2/10 at 8:00 am
- * 2/11 at 8:00 am
- * 2/12 at 8:00 am and 8:00 pm
- * 2/13 at 8:00 pm
- * 2/14 at 8:00 am
- * 2/15 at 2:00 pm
- * 2/16 at 8:00 am and 2:00 pm
- * 2/17 at 8:00 am
- * 2/18 at 8:00 am, 2:00 pm and 8:00 pm
- * 2/21 at 8:00 pm
- * 2/22 at 8:00 pm
- * 2/23 at 8:00 am and 2:00 pm
- * 2/24 at 8:00 am and 2:00 pm
- * 2/25 at 8:00 am

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.

All medications that are refused shall be reported to prescriber immediately. Their recommendations shall be followed. All employees are instructed to notify administration with refusal ASAP. Administrators shall contact the physician

Hydrocodone for resident [redacted] has been discontinued.

By 7/15/12 - All staff persons administering medications will be educated concerning the procedure that will be followed in the event a resident refuses any medication. Documentation will be kept. MS 6/27/12

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) Donna McLean - Administrator Date 5-13-13

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

The above plan of correction is approved as of 6/27/13 (Date)

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

Plan of correction implementation status as of 6/27/13 (Date)

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