



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUG 6 2013**

Mr. John D. Dougherty, Administrator  
Ms. Kathleen Dougherty, Administrator  
Washington Manor Personal Care Home, LLC  
Washington Manor Personal Care Home  
PO Box 1935, 320 South Washington Street  
Butler, Pennsylvania 16003

Dear Mr. and Ms. Dougherty:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 2, 2013; March 15, 2013 and April 18, 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. 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 "Jill Pezzino". The signature is fluid and cursive, with the first name "Jill" being particularly prominent.

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 44863 - 03/02/2013 - Marini, Michael

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 3/1/13, resident 1 reported to staff member A that resident 2 raped him/her. The home did not notify resident 1's designated person of the allegation of sexual abuse.

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. Residents #1 and #2 no longer live in the home. MS 5/5/13

2600.15

d. On March 2, 2013 new administrator, [redacted] instructed [redacted] (manager) that any abuse situation must be reported to the administrator and the resident's designated person. On March 27, 2013 a staff meeting was conducted by the administrator on abuse and resident's rights. The administrator will daily check the staff log and meet with manager [redacted] to ensure any abuse situations that may arise are handled promptly.

a, b, c. If a staff member is ever accused or potentially involved in abuse they will instantly be suspended and the home regional office [redacted] contacted. Annual resident rights / abuses trainings plus review at all staff meetings will prevent any incidents. Any evidence of involvement of abuse by a staff member will result in instant termination of their position by the administrator as specified in the application addendum.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty, Administrator

Date 06-04-13

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

The above plan of correction is approved as of

5/5/13 (Date)

Plan of correction implementation status as of

5/5/13 (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: 44863 - 03/02/2013 - Marini, Michael  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/1/13, resident 1 reported to staff member A that resident 2 raped him/her. The home did not notify the Department of the allegation of sexual abuse.

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.

2600.16(c) - On March 3, 2013 [redacted] administrator, reviewed with manager [redacted] pages 2600-11 through 2600-13 of the Pa Code manual on Reportable incidents and conditions and that the administrator plus DPW's Regional office must be contacted immediately on any potential incident.

2600.16 (a) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 (b), (c), (d), (e), (f).

On March 29, 2013 at the staff meeting all Reportable Incidents and conditions were covered with the entire staff to ensure that proper notification is done in a timely manner. Administrator, [redacted] will do this every staff meeting to include any new staff members plus review with current staff to make certain the violation does not occur in the future. Residents #1 and #2 no longer live in the home. MS 8/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty, Administrator Date 06-04-13

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

The above plan of correction is approved as of 8/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (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: 44863 - 03/02/2013 - Marini, Michael

JUN 7 2013

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident 1 is a person with schizoaffective disorder. Resident 1's assessment and support plan dated 9-5-13 indicates staff "...will make sure that all doctor appointments are made and kept" and "...will make sure that the resident sees [his/her] therapist at I.S. [Irene Stacey Community Mental Health Center] when scheduled."

On 9-5-12 resident 1 was discharged to the home from Butler Memorial Hospital. Resident 1's discharge instructions, which the home faxed to Mission Pharmacy on the day of admission, indicated the resident had an appointment at Irene Stacey Community Mental Health Center (ISCMHC) on 9-11-12 for basic case management, clozaril follow-up, and medication monitoring. The resident failed to keep this appointment and the home failed to make another appointment at ISCMHC.

On 3/1/13, resident 1 reported to staff member A that he/she had been raped by resident 2, and on 3/4/13 resident 1 was involuntarily committed to Butler Memorial Hospital. Staff at the home reported resident 1 was talking to himself/herself more and was digging in the dirt in the smoking area for cigarette butts. Hospital staff reported resident 1 lost 52 lbs. since his/her discharge on 9-5-12. Hospital staff also reported resident 1 was no longer taking clozapine or any other antipsychotic.

The home did not provide resident 1 the required services as documented in the support plan dated 9-5-12..

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. Residents 4 and 2 no longer live in the home. ms 8/5/13

Resident 1 did not attend his ISCMHC appointment on 09-11-12 but went to Kids Court instead seeing their psychologist whom did not order medications for him. Therefore Resident 1 did see a psychologist with a follow-up appointment, just not one from ISCMHC.

Resident 1 had see physician, Dr. [redacted] between Sept 12 - March 13 and Dr. [redacted] refused to renew his clozapine and other antipsychotic medications. Therefore psychologist, Dr. [redacted] and physician Dr. [redacted] had seen Resident 1 but didn't feel these medications were necessary. In the future the care home will review all support plans to make certain what the resident needs is being provided. To date the administrator and manager have reviewed all plans on 03-10-13 and 05-04-13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty, Administrator

Date

06-04-13

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The above plan of correction is approved as of

8/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(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: 44863 - 03/02/2013 - Marini, Michael  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUN 7 2013

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 A was hired by the home on 5/16/2006 and direct care staff person B was hired by the home on 6/30/08. Staff persons A and B did not received the following required annual training in training year January 2012 to December 2012:

- Resident Rights
- OAPSA
- Emergency Preparedness

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 persons A + B received resident rights and emergency preparedness training in 2013. OAPSA training is scheduled for 8/14/13. MS 8/5/13*

03022013  
*2600.65(g) - Direct care staff persons A & B have had Resident Rights; OAPSA and Emergency Preparedness in the years prior to 2012. To ensure that no trainings in regulation 2600.65g - 1, 2, 3, 4, 5, 6, plus (b) 1-4, (c), (d) 1-3, i-xvi, (e) 1-2, (f) 1-6, (h), (i) are omitted 2600.65g - 1, 2, 3, 4, 5, 6 have been permanently added to the annual training schedule while the above mentioned others will be reviewed at QMT meetings by the administrator and manager to make certain these trainings are completed for staff members that need it. To date we've had QMT meetings on 03-16-13 and 04-21-13.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty, Administrator*      Date *06-04-13*

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

The above plan of correction is approved as of 5/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

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

Violation Report: 44863 - 03/02/2013 - Marini, Michael  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUN 7 2013

1. REGULATION 55 Pa.Code §2600 .

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident 1 shared a room with two other residents, however only one chair was available in their bedroom.

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.

• 2600.101(j)(2) - Resident 1's chair was discovered under his bed while another roommate's chair was taken by him to the hallway to watch the television. A "physical site checklist" binder and check off sheet has already existed but was not being utilized by the staff. The administrator, [redacted] reviewed/introduced the physical site checklist and stressed that it must be completed daily for each room. The administrator/manager have done daily checks of the manual and staff is completing it since the March 27, 2013 meeting. This "physical site checklist" applies to regulation 2600.101 a-r. The physical site checklist will be reviewed at all staff meetings and be part of staff trainings for new members.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty, Administrator

Date

06-04-13

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

The above plan of correction is approved as of

7/5/13  
(Date)

Plan of correction implementation status as of

7/5/13  
(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: 44863 - 03/02/2013 - Marini, Michael  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident 1 did not have a source of light that could be turned on or off from his/her bedside.

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.

• 2600.101(j)(7) - A "physical site checklist" binder and check off sheet has already existed but was not being utilized by the staff. The administrator, [redacted] reviewed/introduced the physical site checklist and stressed that it must be completed daily for each room. The administrator and manager have done daily checks since the March 27, 2013 meeting and the staff has been completing it. This "physical site checklist" applies to regulation 2600.101 a-r. The physical site checklist will be reviewed at all staff meetings and be part of staff trainings for new members.

By 8/5/13 - A designated staff person on each shift will be instructed to check the home daily to ensure each resident has an operable bedside light and to report or replace missing bedside lights and light bulbs. ms 8/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D Dougherty*

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

John D Dougherty, Administrator

Date

06-04-13

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8/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(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: 44863 - 03/02/2013 - Marini, Michael

JUN 7 2013

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 3/1/13, resident 1 reported to staff member A that resident 2 raped him/her. Resident 1 did not receive medical attention until he/she was involuntarily committed to Butler Memorial Hospital on 3-4-13.

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.

2600.142(a), (b), (c), (d) - Resident 1 did receive medical attention prior to 03-04-13. I, [redacted], the administrator faxed the DPW Regional Office at 4:00 am on 03-03-13 that Resident 1 made another rape claim and the doctor at Butler Memorial Hospital refused to use a "rape kit exam" even though I requested it to be done to the ER's plus nurse that called me at the home that night. To ensure that staff in the future (see attached copy) provides medical attention in situations requiring medical care the code pages 2600-41 and 2600-45 were covered in the March 29, 2013 staff meeting and will be consistently dealt to review/intern with old & new staff members by the administrator [redacted]

Residents #1 and #2 no longer live in the home. ms 8/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty, Administrator

Date

06-04-13

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The above plan of correction is approved as of

8/5/13  
(Date)

Plan of correction implementation status as of

8/5/13  
(Date)

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

The above plan of correction was approved by

ms  
(Initials)

JUN 7 2013

Violation Report: 44863 - 03/02/2013 - Marini, Michael

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident 2 was admitted to the home on 2/11/13. The home did not complete a preadmission screening for resident 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. Resident #2 no longer lives in the home MS 8/5/13

2600.224(a)(2)(c) Resident 2 did not have a preadmission screening because despite numerous requests to Catholic Charities they wouldn't provide an MASL and Dr. [redacted] had yet to make his house visit. To ensure this doesn't occur again the administrator and manager will refuse to accept any resident until a proper assessment is conducted to make certain the home can meet the needs for the resident. This policy began on March 3, 2013 and has been followed strictly plus an updated "Services Provided by Washington Manor" has been completed by administrator, [redacted] and posted on all levels of the facility. By 9/5/13 - The administrator or designated staff person will develop and implement a new resident document tracking system to ensure all residents admitted to the home have a preadmission screening form completed within 30 days prior to admission and the home is capable of meeting the perspective care and needs of the residents. MS 8/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty, Administrator Date 06-04-13

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

The above plan of correction is approved as of 8/5/13 (Date)

Plan of correction implementation status as of 8/5/13 (Date)

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

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

JUN 7 2013

Violation Report: 44863 - 03/02/2013 - Marini, Michael  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident 2 was admitted to the home on 2/11/13. The home did not complete an initial assessment for resident 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.

2600.225 (a)(b)(c), 2, 3 & (d) - resident 2 did not have a pre admission screening / initial assessment because despite numerous requests to catholic charities they wouldn't provide an MASI and Dr. [redacted] had yet to make his house visit. To ensure this doesn't occur again the administrator and manager will refuse to accept any residents until a proper assessment is conducted to make certain the home can meet the resident's needs. This policy began on March 3, 2013 and has been strictly followed plus an updated "services provided by Washington Manor" has been completed by administrator [redacted] and posted on all levels of the facility. Resident #2 no longer lives in the home.  
By 8/5/13 - the administrator or designated staff person will develop and implement a new resident document tracking system to ensure all residents admitted to the home have an assessment completed within 15 days of admission to be completed in its entirety to include a mobility assessment.  
By 8/5/13 - the administrator or designated staff person will review all current resident records to ensure an assessment has been completed for each resident in its entirety to include a mobility assessment by 8/5/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty, Administrator*      Date *06-04-13*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>8/5/13</u><br>(Date) | Plan of correction implementation status as of <u>8/5/13</u><br>(Date)  |
| The above plan of correction was approved by <u>ms</u><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |