



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Mr. Len Capuzzi, Vice President/Administrator  
East Deer Personal Care Home, Inc.  
East Deer Personal Care Home  
967 Freeport Road  
Creighton, Pennsylvania 15030

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on May 6, 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 19, 2013 to May 19, 2014 was issued on February 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: EAST DEER PERSONAL CARE HOME		License Number: 43078
Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		County: Allegheny
Administrator: LEN CAPUZZI		Region: WEST
Legal Entity Name: EAST DEER PERSONAL CARE HOME INC		
Legal Entity Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		
<b>Certificate(s) of Occupancy</b> C-2 LP 04/07/2006 Labor & Industry		
<b>Staffing Hours</b> Resident Support: 33.75                      Total Daily Staff: 79                      Waking Staff: 59		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/06/2013: Flinner-Alman, Lisa; Cutter, Jan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 43 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: 1 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1	

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MAY 30 2013

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Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
CH Name: EAST DEER PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 5/6/13, a very large stack of medication administration records and prescription ordering sheets which included numerous resident's names, dates of birth and prescribed medications were unlocked and accessible on the floor in the 2nd floor bathroom B.

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 files were removed on 5/6/13 after the inspection. They were placed in a closet that has a key lock on it, the charge person has access to the key. Also, the staff has been instructed that all confidential files must be kept in the locked closet when they are ready to be stored. This will be monitored on a regular basis by the charge person to ensure residents records are kept confidential and accessible only to those who are authorized to view them.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*  
Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Len Capuzzi, Administrator      Date 05/28/13

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

The above plan of correction is approved as of 5/30/13  
(Date)  
The above plan of correction was approved by [Signature]  
(Initials)  
Plan of correction implementation status as of 5/30/13  
(Date)  
 Fully Implemented *[Signature]*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

MAY 30 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
Facility Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 1/17/11, was not signed by the payer. The payer is not the resident.

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 payer named in the contract of resident #1 is scheduled to sign the contract on 5/28/13. In the future anyone named as the payer will sign the contract not just a power of attorney for the resident.  
A copy of the contract signed by the payer is enclosed.

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) Len Capuzzi, Administrator

Date 05/28/13

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The above plan of correction is approved as of 5/29/13  
(Date)

Plan of correction implementation status as of 5/30/13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 30 2013

WEST REGION FIELD OFFICE  
Human Services Licensing Page 4 of 11

Violation Report: 43078 - 05/06/2013 - Flinger-Alman, Lisa  
CH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

The orientation documentation for staff person A, whose first day of work was 9/20/12, is not dated and it cannot be determined if it was completed within the required time frame.

Ancillary staff person B, whose first day of work was 9/19/11, did not receive orientation in evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers and smoke detectors and fire alarms.

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 orientation documentation of staff person A was dated on 5/8/13. In the future the administrator will review documentation to ensure everything is signed and dated.  
Staff person B completed the orientation documentation in question on 5/7/13, a copy is enclosed. They had received the annual fire training by a fire safety expert on 6/2/12, a copy is enclosed. In the future all employees will be trained and the administrator will have it signed, dated and documented. It will be reviewed to ensure that everything is completed properly.

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) Len Capuzzi, Administrator Date 05/28/13

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

The above plan of correction is approved as of <u>5/30/13</u> (Date)	Plan of correction implementation status as of <u>5/30/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
CH Name: EAST DEER PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The orientation documentation for staff person B, whose first day of work was 9/20/12, is not dated and it cannot be determined if it was completed within the required time frame.

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.*

In the future the administrator will review the orientation documentation of all employees to ensure everything is signed and dated.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Len Capuzzi, Administrator* Date *05/28/13*

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The above plan of correction is approved as of 5/20/13  
(Date)

Plan of correction implementation status as of 5/30/13  
(Date)

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

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

MAY 30 2013

WEST REGION FIELD OFFICE Page 6 of 11

Human Services Licensing

Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
FACILITY Name: EAST DEER PERSONAL CARE HOME

**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.

**2a. DESCRIPTION OF VIOLATION**

A box of Anti-Bacterial Denture Cleanser, with a manufacturer's label indicating "In case of accidental ingestion, contact a poison control center right away", was unlocked and accessible to residents in room #107 and room #207's bathrooms. Residents of the home, including Resident #1, have not 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.*

The staff has been informed to monitor the resident rooms and remove anything that is labeled "in case of accidental ingestion, contact a poison control center right away" needs to be removed and locked at the nurses station. The families of the residents who had the items in their rooms have been told that the items are to be given to the charge nurse in the future who will keep the item locked at the nurses station. The letter dated 5/22/12 regarding items labled poisonous being prohibited in the residents rooms will be sent out with the July 2013 invoices. A copy of this letter is enclosed.

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)

Len Capuzzi, Administrator

Date 05/28/13

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5/30/13  
(Date)

Plan of correction implementation status as of

5/30/13  
(Date)

The above plan of correction was approved by

*LC*  
(Initials)

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

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MAY 30 2013

WEST REGION FIELD OFFICE Page 7 of 11  
Human Services Licensing

Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
Facility Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 5/6/13, at approximately 2:45 p.m., the temperature in the upright freezer located in the pantry was 10 degrees Fahrenheit.

On 5/6/13, at approximately 2:48 p.m., the temperature in the upright freezer located on the M level was eight degrees Fahrenheit.

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 freezer in question was recently thawed out and the dial was placed lower than it should have been. On 5/6/13 after the inspection it was corrected. From now on the temperature will be monitored on a regular basis by the kitchen staff. If it is not functioning properly the administrator will be informed, and place a service call at that time. An alternate freezer will be used till the one in question is repaired.

5/13/13

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) Len Capuzzi, Administrator Date 05/28/13

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Plan of correction implementation status as of 5/30/13 (Date)

The above plan of correction was approved by (Initials)

- Fully Implemented
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Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
PCH Name: EAST DEER PERSONAL CARE HOME

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

The preadmission screening form for Resident #2, admitted 2/25/13, is undated and it cannot be determined if it was completed within 30 days prior to admission.

The preadmission screening form for Resident #2, admitted 2/25/13, does not include a determination that the home can meet the service needs of the resident.

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 preadmission screening for resident #2 was corrected on 5/6/13. A copy is enclosed. The administrator will review all admission forms to ensure everything is completed, signed and dated, and that

*The preadmission screening is completed within 30 days of admission to the home.*

*Jue  
5/30/13*

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)

*Len Capuzzi, Administrator*

Date 05/28/13

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The above plan of correction is approved as of

*5/30/13*  
(Date)

Plan of correction implementation status as of

*5/30/13*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing Page 9 of 11

Violation Report: 43078 - 05/06/2013 - Finner-Alman, Lisa  
CH Name: EAST DEER PERSONAL CARE HOME

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.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 2/22/13, was not completed in the supervision, mobility and medication portion of the assessment.

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 assessment for resident #1 was completed on 5/6/13. A copy is enclosed. In the future, the administrator will review all forms upon completion to ensure they are completed, signed and dated.

*By 6/30/13 - The administrator will review the assessments of all current residents to ensure they are completed in full.*

*JWW  
5/30/13*

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) <i>Len Capuzzi, Administrator</i>	Date <i>05/28/13</i>
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(Date)

Plan of correction implementation status as of 5/30/13  
(Date)

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

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

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MAY 30 2013

WEST REGION FIELD OFFICE Page 10 of 11  
Human Services Licensing

Violation Report: 43078 - 05/06/2013 - Flinger-Alman, Lisa  
PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #3's family member participated in the development of the resident's support plan on 5/24/12. The resident's family member did not sign the support plan.

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.

In the future it will be noted if a resident's family member was scheduled to participate in the development of the support plan and assessment and then is unable to attend it will be documented.

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)

Len Capuzzi, Administrator

Date 05/28/13

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(Date)

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(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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MAY 30 2013

Page 11 of 11

Violation Report: 43078 - 05/06/2013 - Flinner-Alman, Lisa  
PCH Name: EAST DEER PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not include who is responsible for the records or who has access to them.

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.

A new policy for regulation 2600.54b was established on 5/15/13. A copy is enclosed. It includes the policy and procedures addressing record accessibility, security, storage, authorized use and release. Also who is responsible for the records.

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)

Len Capuzzi, Administrator

Date 05/28/13

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(Date)

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5/30/13  
(Date)

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(Initials)

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