



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: 08/01/2013

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 (Department) licensing inspection on August 1, 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,

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: WHITEHEAD PERSONAL CARE HOME II		RECEIVED	License Number: 42814
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697			County: Westmoreland
Administrator: Donna McLean		SEP 4 2013	Region: WEST
Legal Entity Name: DONALD WHITEHEAD		WEST REGION FIELD OFFICE	
Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		Human Services Licensing	
Certificate(s) of Occupancy C-2 LP 08/10/1989 L & I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Complaint			
On-Site Inspections Dates and Department Representatives On-Site			
08/01/2013: McConnell, Deb			
Off-Site Inspection Dates and Inspectors, if Applicable			
08/02/2013: McConnell, Deb			
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: 13 Are 60 Years of Age or Older: 8 Have Mental Illness: 13 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 42814 - 08/01/2013 - McConnell, Deb
PCH Name: WHITEHEAD PERSONAL CARE HOME II

SEP 4 2013

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 8/1/13, the half bathroom on the lower level of the home has a strong odor of urine and mold.

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.

It was discovered that this was caused from a leak under the sink. The plumbing under the sink has been fixed and the vanity and carpeting will be fixed by 9-13-2013. Pictures of completed project to follow.

By 9/30/13 - The administrator will monitor the home with a walk-through at least monthly to ensure sanitary conditions are maintained.

9/10/13

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 *9-4-13*

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

The above plan of correction is approved as of 9/10/13 (Date)

Plan of correction implementation status as of 9/10/13 (Date)

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

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

SEP 4 2013

Violation Report: 42814 - 08/01/2013 - McConnell, Deb
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are areas of rust under the bath mat in the tub in the lower level's shower room.

There is a ceiling tile missing and a portion of another ceiling tile hanging from the ceiling in the lower level shower room.

A piece of carpet, approximately 12"x10", is missing from the carpet in the lower level tv room. This is a potential trip/fall hazard.

There are ripped linoleum floor tiles by the toilet and sink in the upper level's full bathroom. This is a trip/fall hazard.

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.

- 1) The bath tub was refinished - See picture
- 2) The ceiling ~~tile~~ was fixed - Please see picture
- 3) A patch piece of carpeting was placed (glued securely) in the lower level television room.
- 4) Carpeting has been bought for the upper bathroom and will be replaced by 9-20-13. Photos to come.

In the future repairs will be made within two weeks of disrepair. By 9/30/13 - The administrator will monitor the home ^{monthly} by a walk-through to ensure home is in good repair.

Repeat Violation: No Date(s) of Previous Violation(s): good repair.

Signature of Legal Entity Representative (Required on EVERY Page) *Donna McLean* *J 9/10/13*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna McLean* Date *9-4-13*

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SEP 4 2013

Violation Report: 42814 - 08/01/2013 - McConnell, Deb
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The vacuum cleaner used for the lower level has two areas of exposed wire on the cord, each area approximately 1/2" long.

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 vacuum cleaner has been replaced. This was not reported to the office, as per procedure. We will check the vacuum cleaners during the administrator monthly walk throughs.

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 9-4-13

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(Date)

Plan of correction implementation status as of

9/10/13
(Date)

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The above plan of correction was approved by

DM
(Initials)

Violation Report: 42814 - 08/01/2013 - McConnell, Deb
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling in bedroom #6, on the upper level is leaking when it rains. Staff person A, the home's Owner and Administrator, indicates the roof is leaking.

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 roof was temporarily repaired (See attached receipt).
In addition the ceiling in bedroom 6 has been patched,
(See attached photo)

The roof will be reshingled in the near future. However,
when a repair is to be made it will be done within
two weeks of the disrepair.

By 9/30/13 - All staff will be instructed to
inform administrator immediately if roof
leaks water into home.

By 9/30/13 - The administration will monitor
ceilings in bedrooms on upper floor at least
weekly to ensure leaks do not recur.

9/30/13

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* Date *9-4-13*

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

Violation Report: 42814 - 08/01/2013 - McConnell, Deb
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600
 2000.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 8/1/13, there was no toilet paper for the toilet in the upper level's full bathroom and the lower level: half bathroom.

RECEIVED

SEP 4 2013

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.

WEST REGION FIELD OFFICE
 Human Services Licensi

Supplies were previously restocked during each shift. This will be moved to the end of each shift, so that the restocking is ready for the next shift. This will be communicated to all employees during the next meeting and added to shift sheets. Please see attached shift duty sheets

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna McLean* Date *9-4-13*

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Violation Report: 42814 - 08/01/2013 - McConnell, Deb
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

There are no paper towels, mechanical air dryer or individually labeled cloth towel in the upper level half bathroom.

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 page 6.

Supplies will be restocked at the end of each shift.

All staff will be educated on new procedures, and will be added to staff duty sheets,

DM
9/4/13

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

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(Required on EVERY Page) *Donna McLean*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Donna McLean* Date *9-4-13*

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(Date)

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(Initials)

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