

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEVIN & ROMONA DONAHUE  
LEGAL ENTITY

To operate DONAHUE'S PERSONAL CARE I  
NAME OF FACILITY OR AGENCY

Located at 1610 HYBLA STREET, PITTSBURGH, PA 15212  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 17  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 20, 2013 until November 20, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430340

Robert E. Robinson  
ISSUING OFFICER

*Matthew J. [Signature]*  
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 26 2013

Ms. Romona Donahue, Administrator  
Kevin & Romona Donahue  
1143 Lapish Road  
Pittsburgh, Pennsylvania 15212

Law Office of Louis Blauth  
Two Gateway Center  
603 Stanwix Street, Suite 1799  
Pittsburgh, Pennsylvania 15222

RE: Donahue's Personal Care I  
1610 Hybla Street  
Pittsburgh, Pennsylvania 15212

Dear Ms. Donahue:

On November 20, 2012, Kevin & Romona Donahue entered into a Stipulated Settlement Agreement (Agreement) with the Department of Public Welfare, Bureau of Human Services Licensing (Department). As of November 20, 2013, the Agreement provisions have been met and are no longer in effect.

As a result of the Department of Public Welfare's (Department) licensing inspection on August 7, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones  
Acting Director



Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki  
PCH Name: DONAHUE S PERSONAL CARE I

SEP 10 2013

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 8/7/13, residents #1 and #2 were not afforded privacy during a medical procedure. A Quest Diagnostics staff person asked identifying information and performed blood draws for residents #1 and #2 at the home's kitchen table while other residents were present.

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 have been educated on the importance of the resident privacy rights. In the future the staff will explain to the Quest Diagnostic staff to draw their blood work in their room with no one around.

The administrator will make sure that all procedures are done in their own privacy in the home.

10-30-13 - The Administrator or designated staff person will inform any person providing medical procedures of the requirement of privacy for all residents in accordance with regulation 2600.425.

10-30-13 - The Administrator or designated staff person will monitor medical procedures performed in the home at least monthly to ensure privacy is provided in accordance with 2600.425.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Romona Donahue*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Romona Donahue - Donahue I PCH*      Date *9-4-13*

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

The above plan of correction is approved as of 10-7-13 (Date)

Plan of correction implementation status as of 10-7-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *10-7-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki

PCH Name: DONAHUE S PERSONAL CARE I

SEP 10 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 8/7/13, there was a strong smell of urine in the first floor bathroom located near the two resident bedrooms.

On 8/7/13, there was a buildup of a white soap scum type substance along the entire bottom of the shower curtain in the first floor bathroom off of the living room. There was a 2"X1/2" strip of brown build up along the bottom of same shower curtain.

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 have been educated on the importance of keeping the bathroom area clean & free of odor  
The administrator will check frequently of cleanliness & free of odor*

*10-30-13 - The Administrator or designated staff person will correct the strong odor of urine in the first floor bathroom. 9-12-13g*

*10-30-13 - The Administrator or designated staff person will clean or replace the first floor bathroom shower curtain. 9-12-13g*

*10-30-13 - A designated staff person will check the home daily to ensure sanitary conditions are maintained. 9-12-13g*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/21/2012

Signature of Legal Entity Representative  
(Required on EVERY Page) *Rosanna Donahue*

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

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

The above plan of correction is approved as of 10-7-13  
(Date)

Plan of correction implementation status as of 10-7-13  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *10-7-13g*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki  
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 8/7/13, at 9:00 a.m., there was no lid on the kitchen trash receptacle.

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 have been educated on the importance of keeping trash receptacles cover at all times

The residents have been educated on keeping the trash lid put back on when tossing something out

10-30-12 - The Administrator or designated staff person will check all Trash receptacles at least daily to ensure compliance with regulation 2600.85d. 9-12-13

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Samara Donahue - Donahue I PCH* Date *9-4-13*

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

The above plan of correction is approved as of <u>10-7-13</u> (Date)	Plan of correction implementation status as of <u>10-7-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>10-7-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

OCT 02 2013

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki PCH Name: DONAHUE S PERSONAL CARE I		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.			
2a. DESCRIPTION OF VIOLATION On 8/7/13, at 8:35 a.m., there were 6 bags of trash setting at the roadside curb. The trash bags were not in covered receptacles.			
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.			
<p>The trash is kept in a trash bin in the back of the home &amp; covered.</p> <p>The procedure with Vogel Disposal Service is to put the trash on sidewalk curb the day of garbage pickup.</p> <p>Trash will be put in containers on pickup day.</p> <p>10-30-13 - All STAFF persons will be educated that trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents. Documentation of education will be kept 10-2-13.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Donahue S Personal Care I</i>		<i>9-4-13</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>10-7-13</u> (Date)		Plan of correction implementation status as of <u>10-7-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>10-7-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki  
PCH Name: DONAHUE S PERSONAL CARE I

SEP 10 2013

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/7/13, the home's census was 17 residents and the home maintains 3 1/4 gallons of bottled water onsite. The home's emergency water supply letter from Marburger Farm Dairy, dated 8/7/13, does not state that water will be delivered immediately upon request 24 hours a day and does not guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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 home will keep 17gal on hand also have a new letter from dairy company stating they will deliver immediately upon request 24hrs a day even in the event of a regional general emergency*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/24/2012		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

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

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>10-7-13</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 9/13/11. Resident #1 did not have a medical evaluation completed until 1/27/12.

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.

*Med Eval was completed put in wrong section,  
Administrator will ensure all documents are put in appropriate section  
Staff also educated on the importance of documents being place in its proper place  
Adm will audit resident files monthly to ensure Compliance*

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)

*Donna Donahue - Donahue PCH*

Date

*9-4-13*

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

The above plan of correction is approved as of

*10-7-13*  
(Date)

Plan of correction implementation status as of

*10-7-13*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *10-7-13*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Initials]*  
(Initials)

SEP 10 2013

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki  
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 8/7/13, there was a two-week menu posted in a glass frame on the wall in the rear hallway of the home. There are no dates on the menus and no indication which menu is the current menu being used by the home.

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.

*Menu has been dated for the appropriate week of what is being served  
Staff Educated on the importance of keeping the menu up date.*

*Administrator will keep menu updated*

*10-30-13 - The Administrator or designated staff person will check at least weekly to ensure the current menu and the menu for one week in advance is posted. 9-12-13*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ramona Donahue - Supervisor PCH* Date *9-4-13*

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(Date)

Plan of correction implementation status as of 10-7-13  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *10-7-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

OCT 02 2013

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki PCH Name: DONAHUE S PERSONAL CARE I		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.		Resident #3 was admitted to the home on 12/7/12. The home did not complete a preadmission screening for resident #3.	
2a. DESCRIPTION OF VIOLATION			
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.			
<p><i>The admission has been completed</i>  <i>A new <del>admission</del> has been completed</i>  <i>When residents are moved w/in the company</i>  <i>Adm. will ensure a new <del>admission</del> will</i>  <i>be completed</i></p> <p><i>10-30-13 - The Administrator or designated staff person will review</i>  <i>All new resident admission documentation to ensure</i>  <i>each new resident has a pre-admission screening completed</i>  <i>in accordance with regulation 2600.224a. 10-213</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Donahue - Director PCH</i>		Date <i>9-4-13</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>10-7-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 54303 - 08/07/2013 - Pfaff, Vicki  
PCH Name: DONAHUE S PERSONAL CARE I

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 #3 was admitted to the home on 12/7/12. The home did not complete an assessment for resident #3 until 1/11/13.

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.

*New assessment was completed.  
Adm will ensure a new assessment  
when a resident was move w/in  
the company*

*10-30-13 - The administrator or designated staff person will review all  
resident records to ensure all residents have a current assessment  
completed. 9-12-13y*

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) *Donna Donahue - Director PCH*      Date *9-4-13*

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

The above plan of correction is approved as of 10-7-13 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 10-7-13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *10-7-13y*  
 Partially Implemented - Inadequate Progress  
 Not Implemented