



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** APR 2 2013

Ms. Carin Constantakis, Owner  
Ms. Suzie DeVore, Administrator  
Orion Personal Care Corporation  
Orion Personal Care  
2191 Ferguson Road  
Allison Park, Pennsylvania 15101

Dear Ms. Constantakis:

As a result of the Department of Public Welfare's licensing inspection on August 15, 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 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 86 Pa.Code Chapter 2800**

Page 1 of 4

PCH Name: ORION PERSONAL CARE		License Number: 43126
Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: MS. SUZIE DeVORE		Region: WEST
Legal Entity Name: ORION PERSONAL CARE CORPORATION		
Legal Entity Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 12/12/1998 Comm. of PA Dept. L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0                      Total Daily Staff: 45                      Working Staff: 34		
Type of Inspection: Partial                      BHA Docket Number: N/A                      Notice: Unannounced		
Reason(s) for inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 08/15/2013: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A                      Random Indicators: N/A		
<b>Resident Demographic Data as of Inspection Date</b>		
Licensed Capacity: 25 Number of Residents Served: 23 Secured Dementia Care Unit In Home: Yes Area: ALL Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 23 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0	

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PAGE 03/07

WEST REGION FIELD OFFICE Page 2 of 4  
Human Services Licensing

Violation Report 43125 - 02/10/2013 - Pollock, Susan  
PCH Name: ORION PERSONAL CARE

1. REGULATION SE Pa.Code §2900

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the secured dementia care home on 6/30/11. Resident #2's annual medical evaluation, dated 6/22/13, does not indicate the need for the resident to be in a secured dementia care unit; however, it does indicate the resident has a dementia/Alzheimer's type diagnosis. The resident did consent to reside in a secured unit on 6/29/11 and the resident's pre-screen dated 6/28/11 has the cognitive section completed for secured dementia unit placement.

Resident #3 was admitted to the secured dementia care home on 2/10/13. Resident #3's medical evaluation, dated 2/12/13, does not indicate the need for the resident to be in a secured dementia care unit; however, it does indicate the resident has a dementia diagnosis. The resident did consent to reside in a secured unit on 2/10/13 and the resident's pre-screen dated 2/8/13 has the cognitive screening section completed and dated 2/7/13 indicating the resident wanders and requires a secured dementia unit placement.

Resident #4 was admitted to the secured dementia care home on 5/2/12. Resident #4's annual medical evaluation, dated 4/28/13, does not indicate the need for the resident to be in a secured dementia care unit; however, it does indicate the resident has a dementia diagnosis. The resident's pre-screen dated 4/30/12 has the cognitive section completed indicating the resident requires secured care due to Alzheimer's.

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) see the attached admission checklist with the tabs
- 2) admission packet will be reviewed by administrator of the home
- 3) see the attached photograph - daily reminder of regulations
- 4) office staff were retrained on the admission process & a copy of the source unit regulations & a set is posted in the office.

See p 1 & 2

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)      Date

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The above plan of correction is approved as of <u>4-25-14</u> (Date)	Plan of correction implementation status as of <u>4-25-14</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>4-25-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43126 - 06/15/2013 - Poilock, Susan

PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa Code §2800  
2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the secured dementia care home on 6/30/11. Resident #2's annual medical evaluation, dated 5/22/13, does not indicate the need for the resident to be in a secured dementia care unit; however, it does indicate the resident has a dementia/Alzheimer's type diagnosis. The resident did consent to reside in a secured unit on 6/28/11 and the resident's pre-screen dated 6/28/11 has the cognitive section completed for secured dementia unit placement.

Resident #3 was admitted to the secured dementia care home on 2/10/13. Resident #3's medical evaluation, dated 2/12/13, does not indicate the need for the resident to be in a secured dementia care unit; however, it does indicate the resident has a dementia diagnosis. The resident did consent to reside in a secured unit on 2/10/13 and the resident's pre-screen dated 2/8/13 has the cognitive screening section completed and dated 2/7/13 indicating the resident wanders and requires a secured dementia unit placement.

Resident #4 was admitted to the secured dementia care home on 5/2/12. Resident #4's annual medical evaluation, dated 4/29/13, does not indicate the need for the resident to be in a secured dementia care unit; however, it does indicate the resident has a dementia diagnosis. The resident's pre-screen dated 4/30/12 has the cognitive section completed indicating the resident requires secured care due to Alzheimer's.

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.

2/15/14 - Resident's #2, #3 and #4 medical evaluations will be sent back to the medical professional completing the form and updated to include the resident's need to be served in a secured dementia care unit or an RN or LPN will contact the person who completed the medical evaluation, obtain permission to correct the medical evaluation form and will document the date, time and the person spoken to on the form next to the correction. *Completed 2-12-14 / 4-2-14*

2/15/14 - The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including documentation of the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

*will comply by FEB 15, 2014*

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) *M.S. DeVore Administrator* Date *1-27-14*

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The above plan of correction is approved as of 4-25-14 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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Violation Report: 43128 - 08/12/2013 - Polach, Susan  
POH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2800

2800.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia home on 7/8/13; however, the resident's initial support plan was not developed until 7/21/13.

Resident #3 was admitted to the secured dementia home on 2/10/13; however, the resident's initial support plan was not developed until 2/16/13.

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.

- 1) SEE THE ATTACHED CHECKLIST WITH TIMETABLES
- 2) ADMISSION PACKET WILL BE REVIEWED BY ADMINISTRATION OFFICERS
- 3) SEE PHOTOGRAPH DAILY EXAMINATION OF RESIDENTS
- 4) OFFICE STAFF WERE RETAINED IN THE OFFICE ADMISSION PROCESS - EMPHASIZING THE TIMETABLES
- 5) OFFICE STAFF WERE GIVEN A COPY OF THE SECURED UNIT REGULATIONS & A SET IS POSTED IN THE OFFICE.

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) M.S. DeVore      Date 1-8-14

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The above plan of correction is approved as of 4-25-14 (Date)

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

Plan of correction implementation status as of 4-25-14 (Date)

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

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Violation Report: 43126-08/15/2013 - Pollock, Susan  
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.23R - Each resident in a secured dementia care unit shall be considered to be a resident with mobility needs under § 2600.57(c) (relating to direct care staffing).

2. DESCRIPTION OF VIOLATION

Orion is a licensed secured dementia unit with a capacity to serve 25 residents.

On 8/10/13, there were 23 residents in the home, including 23 residents diagnosed with dementia, requiring the home to provide a minimum of 45 hours of personal care services to the residents in a 24-hour period, of which 33.75 hours of the personal care services were required to be provided during waking hours. However, on this date, only 39 of the required 45 hours of personal care service hours were provided during the 24 hour period and only 26 of the required 33.75 hours were provided during waking hours.

Staff report that none of the 22 residents could evacuate the home without assistance, all 22 residents are unable to utilize the keypad lock and all require supervision for safety.

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) In Compliance please see attached
- 2) Staff re-trained REGARDING MOBILITY STANDARDS / definitions + personal care vs secured dementia care.

see pgs 4A

Repeat Violation:	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)

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The above plan of correction is approved as of 4-25-14  
(Date)

Verification of Legal Entity Representative Signature 4-25-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Process 4-25-14
- Partially Implemented - Inadequate Process
- Not Implemented

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

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Violation Report: 43126 - 08/15/2013 - Pollock, Susan  
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.238 - Each resident in a secured dementia care unit shall be considered to be a resident with mobility needs under 2600.57(c) (relating to direct care staffing).

2. DESCRIPTION OF VIOLATION

Orion is a licensed secure dementia unit with a capacity to serve 25 residents.

On 8/10/13 there were 23 residents in the home including 22 residents diagnosed with dementia, requiring the home to provide a maximum of 45 hours of personal care services to the residents in a 24-hour period, of which 33.75 hours of the personal care services were required to be provided during waking hours. However, on this date, only 38 of the required 45 hours of personal care service hours were provided during the 24 hour period and only 28 of the required 33.75 hours were provided during waking hours.

Staff report that none of the 22 residents could evacuate the home without assistance, all 22 residents are unable to utilize the keypad lock and all require supervision for safety.

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.

2/15/14 - The administrator or designated staff person will develop and implement a staffing schedule that includes the availability of providing at least two hours per day of personal care services for each resident in a secured dementia care unit in order to meet the health, safety, wellbeing and protection of the residents. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency.

2/15/14 - The administrator will review the staff schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled.

2/15/14 - The administrator will observe a sleeping hour fire drill (or simulated sleeping hour fire drill) to ensure the home is properly staffed to evacuate all residents to a public thoroughfare or designated fire safe area within the time specified in writing by a fire safety expert.

Repeat Violation:

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)

M.S. DeVore ADMINISTRATION

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(Date)

Verification of Legal Entity Representative Signature \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Process
- Partially Implemented - Inadequate Process
- Not Implemented

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

(see attached)