



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE:**

Ms. Kimberly Vallani, Personal Care Administrator  
William Penn Health Care Associates, LP  
2030 Ader Road  
Jeannette, Pennsylvania 15644

JUN 11 2014

RE: William Penn Care Center  
1021 Walton Road  
Jeannette, Pennsylvania 15644  
License #444250

Dear Ms. Vallani:

As a result of the Department of Public Welfare's licensing inspection on November 20, 2013 and November 22, 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,

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



RECEIVED

JUN 11 2014

Violation Report: 44425 - 11/20/2013 - McConnell, Deb  
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has had thirteen recorded fall incidents from 10/8/12 through 11/13/13. The resident sustained various injuries including: abrasions, lacerations, skin tears and a fractured right hip. Resident #1's support plan, dated 12/12/12, was not updated to include the proper level of supervision to protect the resident.

Resident #1's recorded falls are as follows:

- \* 10/8/12 at 9 a.m. - "Lost balance. Abrasion on right outer knee."
- \* 10/20/12 (time not unknown) - "Fell in room. No injuries."
- \* 12/8/12 (time unknown) - "Fell in dining room. No injuries"
- \* 12/27/12 (time unknown) - "Fell in bedroom doorway, tripped over feet. No injuries."
- \* 2/22/13 at 7:30 p.m. - "Found on floor by bed. Laceration on left hand"
- \* 7/21/13 at 11 a.m. - "Resident reported falling, tripped over oxygen line. Hit head, emergency services called and resident refused treatment."
- \* 8/30/13 (time unknown) - "Fell exiting for a fire drill. Skin tear on left elbow and hand."
- \* 10/5/13 at 3:20 a.m. - "Found sitting on bathroom floor. Skin tear to right elbow."
- \* 10/23/13 (time unknown) - "Fell. Two skin tears to the right elbow."
- \* 10/30/13 at 8 p.m. - "Resident reported falling in bedroom then denied fall. Complained of right hip pain."
- \* 11/2/13 at 8 a.m. - "Found on floor, kneeling at bedside. Resident stated legs hurt too bad to stand up."
- \* 11/3/13 (a.m. shift) - "Found on floor. Five assist to lift. Large skin tear on left forearm, resident yells hips hurt"
- \* 11/3/13 at 10 p.m. - "Found on floor. Complained of pain. Emergency services transported to the hospital."

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.

2600.227(d)

Administrator and/or designee will monitor documented resident falls to ensure that the support plans are updated and consistent with proper level of supervision to protect residents.

All support plans will be reviewed to ensure that the proper level of care is accurate and current.

Resident 1 no longer resides in Personal Care. Resident 1 was transferred to SNF for high level of care on 11/11/13.

See page 2A for additional POC

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Kimberly M. Villani		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Kimberly VILLANI		6/11/14

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

The above plan of correction is approved as of 6-11-14  
(Date)

Plan of correction implementation status as of 6-11-14  
(Date)

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

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

Page 2A

RECEIVED

JUN 11 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.00.22(D)...continued POC for Violation Report: 44425-11/20/2013

Staff will be re-educated on completing initial and updated RASPs. Staff will be re-educated on recognizing signs of declining health and awareness of fall risks.

When a pattern of falls becomes evident, a fall prevention program shall be implemented. A fall prevention program can consist of physical therapy for such resident, or transferring the resident to a Skilled/Rehab facility in order to receive a higher level of care as necessary.

Signature of Legal Entity Representative:

Kimberly M. Villani

Printed Name/Title of Legal Entity Rep.:

Kimberly M. Villani, PC Administrator

6-11-14

Date:

6/11/14

7-10-14 - The review of support plans will include ensuring the proper level of supervision is identified and provided to each resident

6-11-14

8