



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 23, 2014

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

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 January 17, 2014 and February 11, 2014, 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 that reads "Larry Mazza" with a checkmark at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 44426 - 01/17/2014 - Garrigan, Laurie
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 1/12/14 at approximately 6:00 am, staff person B was assisting resident #1 with morning care when the resident reported that staff person A was "too forceful" with him/her while providing care earlier in the shift. At that time, staff person A busted the door open and called resident #1 a "fucking liar." Staff person A began arguing with resident #1 and then stated "Don't you put your fucking hands on me." This incident was not reported to the Area Agency on Aging until 1/14/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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.

55 Pa. Code Section 2600.15(a)
Staff person A was terminated on 1/15/14
Within 30 days of receipt of the plan of correction an abuse reporting system will be developed and implemented to ensure all allegations of abuse are reported to all parties required under the Older Adult Protective Services Act.
The Administrator or designee will immediately submit information to OAPSA both by telephone and

written notification as required upon receiving information that consists of any potential abuse conflict involving any resident regardless of whether the information contained in the initial report is absent of alleged resident abuse or not. An immediate and thorough investigation consisting of conducting interviews with all staff persons, residents and witnesses present during the alleged incident will be included in the report. In the event that any staff person, resident or witness is unavailable for the immediate interview, those persons' names will be submitted in the report and noted as "unavailable", and to be followed up with updated information submitted to AAA and DPW after all interviews are complete.

The Administrator or designee will immediately re-educate staff on Regulation 2600.15(a), 2600.15(d), 2600.16(c) and 2600.42(b). The importance of immediate and mandatory reporting of any alleged abuse will be emphasized in the re-education.

Resident Rights/OAPSA Training conducted by County Ombudsman
on 1/22/14. 1/29/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Kimberly Villani

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Villani, PC Administrator Date 9/4/14

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

The above plan of correction is approved as of 9/11/14 (Date)

Plan of correction implementation status as of 9/11/14 (Date)

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

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

Violation Report: 44425 - 01/17/2014 - Garrigan, Laurie
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 1/12/14 at approximately 6:00 am, staff person B was assisting resident #1 with morning care when the resident reported that staff person A was "too forceful" with him/her while providing care earlier in the shift. At that time staff person A busted the door open and called resident #1 a "fucking liar." Staff person A began arguing with resident #1 and then stated "Don't you put your fucking hands on me." This incident was not reported to the resident's designated person.

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.

Staff person A was terminated on 1/15/14
2600.15(d) *for 9/11/14*

The Administrator of designee will immediately notify the resident's designated person of reported suspected abuse or neglect and document the notification. In the event that the designated person is unreachable or unavailable each attempt shall be documented. Attempts to reach designee will continue until the information is reported to designee. An account of attempts will be documented.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kimberly Villanov*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Villanov P.C. Administrator* Date *9/14/14*

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

The above plan of correction is approved as of *9/11/14*
(Date)

Plan of correction implementation status as of *9/11/14*
(Date)

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

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

Violation Report: 44425 - 01/17/2014 - Garrigan, Laurie
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/12/14 at approximately 6:00 am, staff person B was assisting resident #1 with morning care when the resident reported that staff person A was "too forceful" with him/her while providing care earlier in the shift. At that time, staff person A busted the door open and called resident #1 a "fucking liar." Staff person A began arguing with resident #1 and then stated "Don't you put your fucking hands on me." This incident was not reported to the Department until 1/14/14.

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.

Staff person A was terminated on 1/15/14.
55 Pa. Code Section 2600.16(c)

Date of incident is in error. The incident occurred on 1/13/14 between 3:30 and 6:00 am (not 1/12/14; Initial reporting error)

Resident Rights/OAPSA Training conducted by County Ombudsman on 1/27/14.

The Administrator or designee will immediately submit information to the Department both by telephone and written notification as required upon receiving information that consists of any potential abuse conflict involving any resident regardless of whether the information contained in the initial report is absent of alleged resident abuse or not. An immediate and thorough investigation consisting of conducting interviews with all staff persons, residents and witnesses present during the alleged incident will be included in the report. In the event that any staff person, resident or witness is unavailable for the immediate interview, those persons' names will be submitted in the report and noted as "unavailable", and to be followed up with updated information submitted to AAA and DPW after all interviews are complete.

The Administrator or designee will immediately re-educate staff on Regulation 2600.15(a), 2600.15(d), 2600.16(c) and 2600.42(b). The importance of immediate and mandatory reporting of any alleged abuse will be emphasized in the re-education.

Within 30 days of receipt of the plan of correction, an abuse reporting system will be developed and implemented to ensure all allegations of abuse are reported to all parties required under the Older Adult Protection Services Act.

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) Kimberly Vizzani, PC Administrator Date 9/4/14

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

The above plan of correction is approved as of 9/11/14 (Date)

Plan of correction implementation status as of 9/11/14 (Date)

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

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

Violation Report: 44425 - 01/17/2014 - Garrigan, Laune
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/12/14 at approximately 6:00 am, staff person B was assisting resident #1 with morning care when the resident reported that staff person A was "too forceful" with him/her while providing care earlier in the shift. At that time, staff person A busted the door open and called resident #1 a "fucking liar." Staff person A began arguing with resident #1 and then stated "Don't you put your fucking hands on me."

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.

Staff person A was terminated on 1/15/14.

2600.42(b)

Immediately, the Administrator or designee will re-educate all staff on neglect, intimidation, mistreatment, physical and verbal abuse against a resident.

Resident Rights/OAPSA training conducted by County Ombudsman on 1/22/14.

At least 4 residents will be interviewed by the administrator or designated person, on a monthly basis, to assess that the residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation of the interviews shall be kept. *km*
9/11/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Vicari*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Vicari, R.E. Administrator Date 9/4/14

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

The above plan of correction is approved as of 9/11/14 (Date)

Plan of correction implementation status as of 9/11/14 (Date)

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

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