



JUL 28 2014

Ms. Dorothy A. Whitehead, Owner/Administrator  
Donald Whitehead  
517 South 9<sup>th</sup> Street  
Youngwood, Pennsylvania 15697

RE: Whitehead Personal Care Home II  
License #: 428140

Dear Ms. Whitehead:

As a result of the Department of Public Welfare's licensing inspection on March 4, 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.

Your regular license for the period May 28, 2014 to May 28, 2015 was issued on February 14, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

*MJ*

Enclosure  
License Inspection Summary

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

|   |  |   |
|---|--|---|
| PCH Name: WHITEHEAD PERSONAL CARE HOME II   |  | License Number: 42814                           |
| Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697  |  | County: Westmoreland                            |
| Administrator: Donna McLean   |  | Region: WEST                                    |
| Legal Entity Name: DONALD WHITEHEAD   |  |   |
| Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697   |  | <b>RECEIVED</b>                                 |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>08/10/1989<br>L&I   |  | WEST REGIONAL CLERK<br>Human Services Licensing |
| <b>Staffing Hours</b>   |  |   |
| Resident Support: 0   | Total Daily Staff: 15  | Waking Staff: 11                                |
| Type of Inspection: Full  | BHA Docket Number:   | Notice: Unannounced                             |
| <b>Reason(s) for Inspection(s)</b>  |  |   |
| Renewal   |  |   |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b>   |  |   |
| 03/04/2014: Mandock, Nancy  |  |   |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |  |   |
|   |  |   |
| <b>Other Details</b>  |  |   |
| Partial or Full Triggers:   |  | Random Indicators:                              |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |   |
| Licensed Capacity: 17<br>Number of Residents Served: 15<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 12<br>Are 60 Years of Age or Older: 11<br>Have Mental Illness: 12<br>Have an Intellectual Disability: 5<br>Have a Mobility Need: 0<br>Have a Physical Disability: 3 |   |

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 3/4/14, the home's violation reports for the inspections conducted on 2/25/13 and 8/1/13 were not posted in a conspicuous and public place in the home. The only violation report posted was dated 5/22/12.

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.

This was corrected during inspection. All VR's will be posted immediately. Current VR dated 2-25-13 & 8-1-13 is presently hung on board. Administrator will see that VR is hung upon receiving it.

8-15-14 The administrator will check the home weekly to ensure all required documentation including a copy of the current licensing inspection summary issued by the Department are posted in a conspicuous and public place in the home. JJP 7-8-14

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 - Admin -*      Date *6/19/2014*

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

The above plan of correction is approved as of 7-8-14 (Date)

Plan of correction implementation status as of 7-8-14 (Date)

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

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

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The resident-home contract, dated 2/5/13, for resident # 1 did not include the home's intended use for rent rebate revenues collected.

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.

Whitehead Personal Care Homes contract was outdated. A new contract with allocation of rent rebates is included in the new contract. For those that currently have a contract an addendum shall be added. Please see attached new contract and addendum.

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 McLean Admin Date 6/19/14

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

The above plan of correction is approved as of 7-8-14 (Date)

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

Plan of correction implementation status as of 7-8-14 (Date)

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

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
2600.54(a) - Direct care staff persons shall have the following qualifications:  
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
Direct care staff person A, hired 1/22/14, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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. The new hiring policy is that the diploma or GED must be in office prior to first day of hire. Please see attached for new hire. See attachment f

New staff hired 4/28/14 has a GED diploma. Immediately!

A new hire document tracking system will be developed and implemented to ensure all direct care staff persons are qualified and documentation of qualifications are kept. JHP 7-8-14

|                       |                                   |            |            |
|-----------------------|-----------------------------------|------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 02/25/2013 | 05/22/2012 |
|-----------------------|-----------------------------------|------------|------------|

Signature of Legal Entity Representative (Required on EVERY Page) *De M L*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donna McLean* Date *6/19/14*

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

|  |  |
|--|--|
| The above plan of correction is approved as of <u>7-8-14</u><br>(Date) | Plan of correction implementation status as of <u>7-8-14</u><br>(Date)   |
| The above plan of correction was approved by <u>JHP</u><br>(Initials)  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 2/26/14, direct care staff person A; who is not certified in first aid, obstructed airway techniques and CPR, worked unsupervised in the home while residents were present during the 3:00 PM to 11:00 PM shift.

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. All new hires shall have their CPR & First Aid prior to first shift. The administrator shall check all files prior to first day of work. ;

Immediately: A new hire document tracking system will be developed and implemented to ensure all direct care staff persons are trained in First aid and certified in obstructed airway techniques and CPR before working alone in the home. JJP 7-8-14

Immediately: The administrator will audit the schedule weekly to ensure staff persons meeting the requirement are scheduled and present in the home. JJP 7-8-14

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 McLean - Admin

Date

6/19/14

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(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

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

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

03/04/14

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.

WEST VIRGINIA INSTITUTE OF TECHNOLOGY  
HUMAN SERVICES PROGRAM

2a. DESCRIPTION OF VIOLATION

A 6 inch wide section of carpeting, located inside the exit door in the hallway on the upper level of the home, was not securely attached to the floor and posed a possible trip hazard to residents.

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 area concerned was fixed. Please see pic. All areas will be reviewed during walk throughs quarterly. See attachment labeled A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Donna McLean - Admin

Date

6-19-14

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7-8-14  
(Date)

Plan of correction implementation status as of

7-8-14  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

There were no emergency service numbers posted on or by the telephone in resident's #2's bedroom.

**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.


This was a residents personal telephone. The numbers were hung up during inspection. It has been noted that even residents private phones shall have the numbers posted. The administrator shall see that this is done when any resident adds a telephone line.

8-15-14 The administrator will check all telephones at least monthly to ensure all required telephone numbers are posted by each telephone. JJP  
 7-8-14

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)

Donna McLean - Admin

Date

6/19/14

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7-8-14  
 (Date)

Plan of correction implementation status as of

7-8-14  
 (Date)

The above plan of correction was approved by

JJP  
 (Initials)

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

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600  
2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION  
There were no drapes, shades, curtains or shutters on resident #3's bedroom window.

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.

This was fixed during inspection. The resident had knocked the shade down. Administrator shall check for shades quarterly. See attachment labeled B

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)      Date

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(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

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

RECEIVED

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION §5 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following food was opened and unsealed in the home's kitchen: a package of cookies located in the pantry, a bag of sugar in the freezer, and a small container of sugar on the kitchen counter.

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.

All food was immediately sealed. The house manager shall see that all foods stored in the kitchen are sealed properly. See attachments B, C, D, E

8-15-14 All staff persons will be educated regarding the safe storage of foods, including food stored in closed or sealed containers. Documentation will be kept. JJP 7-8-14

8-15-14 The administrator will check all food storage areas weekly for 4 weeks to ensure all food items are stored in closed or sealed containers. JJP 7-8-14

|                       |                                   |  |  |
|-----------------------|-----------------------------------|--|--|
| 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) Donna McLean - Admin Date 6/19/14

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(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

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

Violation Report: 42814 - 03/04/2014 - Mandock, Nancy

PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION, 55 Pa. Code §2600**

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The most recent fire safety inspection and drill observed by a fire safety expert was conducted on 1/15/14. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 7/18/12.

**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.

The fire inspection will be preformed yearly by the local fire department. The PCH shall begin 3 months prior to due date since it takes the local VFD time to complete it. For the year 2014-2015, the PCH shall begin in October 2014 to ask them to complete the annual fire inspection.

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)

Donna McLean

Date

6/19/14

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7-8-14  
(Date)

Plan of correction implementation status as of

7-8-14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JWP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JWP  
(Initials)