



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 13 2014

Mr. Len Capuzzi, Administrator/VP  
East Deer Personal Care Home, Inc.  
967 Freeport Road  
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home  
License #: 430780

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on April 21, 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 19, 2014 to May 19, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: EAST DEER PERSONAL CARE HOME		License Number: 43078
Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		County: Allegheny
Administrator: Len Capuzzi		Region: WEST
Legal Entity Name: EAST DEER PERSONAL CARE HOME INC		
Legal Entity Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		
<b>Certificate(s) of Occupancy</b> C-2 LP 04/07/2006 L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 46                      Waking Staff: 35		
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> 04/21/2014: Marini, Michael; Miller-Linhart, Alden		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
RECEIVED MAY 27 2014 WEST REGION FIELD OFFICE Human Services Licensing		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 46 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	<b>Number of Residents who:</b> Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 46 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

MAY 27 2014

Violation Report: 43078 - 04/21/2014 - Marini, Michael  
PCH Name: EAST DEER PERSONAL CARE HOME

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 REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is a buildup of grease in the following areas of the kitchen:

- On the shelf next to the prep counter
- On the top of the stove
- On the shelf over the stove
- On the rubber mats in front of the stove
- On the lower shelf in front of the stove

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 rubber mats and shelf liners have replaced the old ones. When these start to show wear the Kitchen staff will alert the Administrators so they can be replaced. Also, monthly Kitchen inspections will be conducted.

The shelves have been wiped down and new liner has been put in place. The dietary aides will wipe the items on the shelf and the shelf itself weekly.

Repeat Violation: No	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)	Date
LEN CAPUZZI, ADMINISTRATOR	05/19/2014

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

The above plan of correction is approved as of <u>5-29-14</u> (Date)	Plan of correction implementation status as of <u>5-29-14</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 04/21/2014 - Marini, Michael

PCH Name: EAST DEER PERSONAL CARE HOME

MAY 27 2014

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A medical evaluation was completed for resident #1 on 9-20-12. However, the next medical evaluation was not completed until 10-10-13.

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.

Moving forward all DME's will be completed within a year of the date the resident was seen by the physician, not the date the DME was completed.

7-1-14 the administrator will develop a tracking system to ensure resident medical evaluations are completed at least annually. JSP 5-29-14

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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LEN CAPUZZI, ADMINISTRATOR

Date 05/19/2014

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(Date)

Plan of correction implementation status as of 5-29-14  
(Date)

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

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

MAY 27 2014

Violation Report: 43078 - 04/21/2014 - Marini, Michael  
PCH Name: EAST DEER PERSONAL CARE HOME

WEST REGIONAL 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

The Documentation of Medical Evaluation, dated 10-10-13, for resident #1 indicates the resident has the following diagnoses:

- Alcohol abuse
- Chronic obstructive pulmonary disease
- Degenerative joint disease
- Congestive heart failure
- Osteoarthritis
- Hypertension

However, the support plan, dated 10-17-13, for resident #1 does not address the services the home will provide related to these diagnoses.

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 Administrator will review the entire RASP before it is filed to ensure all items have been completed. A copy of the Support Plan for Resident #1 has been completed. A copy is enclosed.

7-14 All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the documentation of each resident's care, needs and services. Documentation of the training will be kept. JJP 5-29-14

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) **LEN CAPUZZI, ADMINISTRATOR**      Date **05/19/2014**

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- Partially Implemented - Inadequate Progress
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Violation Report: 43078 - 04/21/2014 - Marini, Michael  
PCH Name: EAST DEER PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers Ventolin 90 mcg- two times a days as needed for shortness of breath. However, the resident support plan, dated 10-17-13, does not indicate the resident's ability to self-administer this medication.

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.

Resident #1 has agreed to keep the Ventolin 90 mcg locked in the med cart. They will ask for it when needed. Moving forward they need to ask to use the Ventolin 90 mcg and it will be returned to the med cart and locked up. All residents medications are locked in the med cart. 7-1-14 In the future if a resident is assessed as capable of self administering medication, it will be documented on their support plan as such. JJP 5-29-14

Resident #1 was not agreeable to keeping the ventolin locked up in his/her room when not in use. JJP

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) LEN CAPUZZI, ADMINISTRATOR Date 05/19/2014

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