



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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

Ms. Dorothy A. Whitehead, Owner/Administrator
Donald Whitehead
Whitehead Personal Care Home II
517 South 9th Street
Youngwood, Pennsylvania 15697

RE: Whitehead Personal Care Home II
428140

Dear Ms. Whitehead:

As a result of the Department of Public Welfare's licensing inspection on April 23, 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 stylized flourish at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing 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 Mc Lean		Region: WEST
Legal Entity Name: DONALD WHITEHEAD		
Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		RECEIVED
Certificate(s) of Occupancy C-2 LP 08/10/1989 Labor and Industry		SEP 12 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours	Total Daily Staff: 17	Waking Staff: 13
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Partial		
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/23/2014: Garrigan, Laurie; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 17	Number of Residents who:	
Number of Residents Served: 17	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 15	
Area:	Have Mental Illness: 12	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

SEP 12 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42814 - 04/23/2014 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The bottom of the screen in the kitchen window is not secure. There is an approximate 1" gap opening across the entire bottom

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

At the present time there is an air conditioner in the window. However, when we remove our conditioner we will replace screen, we will put a new screen in the window.

All screens and windows shall be checked in the future on the day that air conditioners are replaced.

This shall be done by the person holding title "House Manager"

Immediately: The administrator or designated staff person will conduct a physical site inspection of all windows, at least monthly, to ensure all windows are in good repair and have a secured screen present when open.

RM
9/16/14

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) Date 9-3-14

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

The above plan of correction is approved as of 9/16/14 (Date)

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

Plan of correction implementation status as of 9/16/14 (Date)

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

Violation Report: 42814 - 04/23/2014 - Garrigan, Laurie
PCH Name: WHITEHEAD PERSONAL CARE HOME II

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

On 2/6/14, resident #1 was prescribed wound care for a left leg ulcer. However, the resident's support plan, dated 1/15/14, does not include the services provided by Excelsa Health or the frequency of services for the wound care.

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.

In the future any ongoing services shall be added to Residents support plan. Support plans must be biennially reviewed quarterly by administrator or designee if new Resident #1 file had other supporting documentation, it will be added to support plan.


Resident #15 wound care was discontinued on 4/30/14.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all resident support plans to ensure accuracy and completion, to include wound care services.

RM
9/16/14

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)			Date
Kiana Wilson, Administrator			9-3-14

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

The above plan of correction is approved as of	9/16/14 (Date)	Plan of correction implementation status as of	9/16/14 (Date)
		<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	
The above plan of correction was approved by	 (Initials)		