



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 6, 2014

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor
Personal Care Home, LLC
License # 448630

Dear Mr. and Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on July 14, 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, appearing to read "Jill Pezzino". The signature is written in a cursive style and is positioned above a horizontal line.

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 S WASHINGTON ST POB 1935, BUTLER, PA 16003		County: Butler
Administrator: Kathy Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy C-2 LP 07/24/1985 L&I		RECEIVED SEP 24 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 25 Waking Staff: 19
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/14/2014: Williams, Jason; Mandock, Nancy; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable 07/16/2014: Williams, Jason; Mandock, Nancy 08/22/2014: Williams, Jason 08/28/2014: Williams, Jason 09/08/2014: Williams, Jason		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 25 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: 0	Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 8 Have Mental Illness: 22 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 44883 - 07/14/2014 - Williams, Jason
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

SEP 24 2014

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST HATFIELD FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 was ordered Norvasc 5 mg (one tablet by mouth daily), and Keppra 500 mg (one tablet by mouth twice daily) on 5/16/14. These medications were not started as ordered and do not appear on the May 2014 medication administration record.

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 #3 - left our home 09/20/14

Resident #3 was ~~the~~ own payee and would not pay ~~the~~ pharmacy bills. The care home informed resident #3 numerous times about the need to pay ~~the~~ pharmacy bill plus had a representative from Protective Services on Resident #3's situation. Protective Services then negotiated a deal with Mission Pharmacy on Resident #3's behalf for a lower payment but Resident #3 did not keep ~~the~~ side of the agreement. I feel the care home is not in violation of Pa Code 2600.187(d) since the resident (#3) was in charge of their own finances, the home contacted Protective Services with our concern and did all we could. The home will now establish a policy that residents that do not pay their pharmacy bills will face eviction if not resolved.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 09-24-14

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

The above plan of correction is approved as of

11-4-14
(Date)

Plan of correction implementation status as of

11-4-14
(Date)

The above plan of correction was approved by

JDP
(Initials)

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

Violation Report: 44863 - 07/14/2014 - Williams, Jason
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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
 The support plan, dated 9/4/13, for Resident #3, does not address the weekly Amedysis mental health nursing visits that the resident has been receiving since 4/11/14.

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.

The care home established a "Weekly Resident Medical Evaluation Review Form" binder beginning 07-27-14 after the 07/14/14 inspector visit. The weekly evaluations are done by the administrator and manager checking DME's plus support plans to avoid this violation from reoccurring.

Within 30 days of receipt of the approved plan of correction, all staff persons completing support plans will be educated regarding the completion and accuracy of the support plans including the care and services the home will provide. Documentation of education was kept JSP 11-4-14

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current resident support plans for accuracy and completion including the care and services the home provides. JSP 11-4-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) John D. Dougherty Date 09-24-14

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

The above plan of correction is approved as of 11-4-14
 (Date)

Plan of correction implementation status as of 11-4-14
 (Date)

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

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