



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 18, 2014**

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

RE: East Deer Personal Care Home  
# 430780

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on September 29, 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".

Jill Pezzino  
Regional Licensing Administrator

Enclosure  
Licensing 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		<b>RECEIVED</b>
Legal Entity Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		NOV 6 2014
Certificate(s) of Occupancy		WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/29/2014: Cutter, Jan		
<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: 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: 1		<b>Number of Residents who:</b> Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 46 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 43078 - 09/29/2014 - Cutter, Jan  
PCH Name: EAST DEER PERSONAL CARE HOME

WEST REGION  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

The following medications, for resident #1, were recorded as administered on the September medication administration record (MAR) at 3:15 PM on September 29, 2014 but were not yet administered:

- \* Prilosec 20 mg to be administered at 9:00 AM on September 30.
- \* Norvasc to be administered at 9:00 AM on September 30.
- \* Wellbutrin 15 mg to be administered at 9:00 AM on September 30.
- \* Lozal 2.5 mg to be administered at 9:00 AM on September 30.
- \* Cozaar 100 mg to be administered at 9:00 AM on September 30.
- \* Vitamin D 2,000 units to be administered at 9:00 AM on September 30.
- \* Aldactone 25 mg to be administered at 9:00 AM on September 30.
- \* Glipizide ER 5 mg to be administered at 5:00 PM on September 29 and 9:00 AM on September 30.
- \* Lopressor 100 mg to be administered at 9:00 PM on September 30.
- \* Colace 100 mg to be administered at 9:00 PM on September 29.
- \* Catapres to be administered at 9:00 PM on September 29 and 9:00 PM on September 30.
- \* Ativan .5 mg to be administered at 9:00 PM on September 29 and 9:00 PM on September 30.

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 nurse for resident #1 used the wrong day to initial the blocks when the medication was administered. I spoke with the nurse privately and they stated someone else was talking to them while they were signing. They continued to use the wrong row after that. It was reinforced that when passing medications to stay focused and always double check. This was reviewed with all employees that pass meds. In the future they will check that everything is signed in correct blocks for the actual date.

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) Len Capuzzi, Administrator

Date 11/3/2014

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

The above plan of correction is approved as of 11-10-14 (Date)

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

Plan of correction implementation status as of 11-10-14 (Date)

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