



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**FEB 10 2015**

Ms. Suzie DeVore, Administrator  
Orion Personal Care Corporation  
2191 Ferguson Road  
Allison Park, Pennsylvania 15101

RE: Orion Personal Care  
License #: 431260

Dear Ms. DeVore:

As a result of the Department of Human Services' licensing inspection on October 20, 2014 and January 26, 2015, 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 January 20, 2015 to January 20, 2016 was issued on October 7, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

5H

Enclosure  
License Inspection Summary



Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

DEC 16 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 6/11/14 at 3:50 PM, Resident #1 was found in the bedroom of Resident #2. Resident #2's was on the bed with his/her shirt pulled up exposing a breast. Resident #1 was leaning over Resident #2. Resident #1 has a history of inappropriate sexual touching of other residents. The home did not report this incident to the Area Agency on Aging until 6/13/14.

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.

Response to 2600.15(a)

Frequently Occurring Situations Flow Chart (section of Regulatory Compliance Guide 55 Pa. Code Chapter 260)0 will be addressed at December 10 (see Agenda) staff training, and will become part of annual staff training on Abuse and Abuse Reporting.

Additionally, Abuse Reporting Flow Chart and file folder with appropriate references and contact numbers have been posted on office wall. See Photo 5.

Immediately - The administrator will ensure that all reportable incidents are reported to the appropriate agencies, by the required reporting method and in the required timeframes.

for 1/5/15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/18/2013

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
M.S. DeVore Administrator      12-11-14

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

The above plan of correction is approved as of 11/27/15 (Date)

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

Plan of correction implementation status as of 1/5/15 (Date)

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

DEC 18 2014

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/20/14 at 3:49 PM, the sunporch where the medication cart is stored was unlocked and unoccupied. On the shelf under the medication refrigerator was a black binder with Leechburg Pharmacy delivery sheets listing medications ordered for Residents #2, #3 and #4. A white binder on the same shelf contained face sheets for emergency room visits and listed social security numbers, physician names and medical diagnoses for many residents including Residents #5 and #6. Another black binder on the same shelf contained daily weights for Residents #6 and #7.

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.

Response to 2600.17

All referenced binders have been relocated to shelf in secured kitchen area; only authorized personnel are permitted. See photo 1.

Staff has been instructed on importance of confidentiality. Confidentiality training will be formally included in yearly staff training.

By 2/15/15 - A designated staff person, daily and on each shift, will monitor the home to ensure confidential records are kept locked.

By 1/31/15 - The administrator will monitor the home at least weekly, to ensure confidential records are kept locked.  
a. 1/31/15

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) *M.S. DeVore Administrator*      Date *12-11-14*

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Plan of correction implementation status as of 1/27/15 (Date)

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

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

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

DEC 16 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The top half of the divided bedroom door for room 2 swings outward and has the hardware for locking it on the outside of the door only. This is a privacy issue for the two residents residing in this room.

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.

Response to 2600.42(s)

Dutch door slide bolt was repositioned to inside of door on day of inspection. See photos 2 and 3.

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)

MS DeVore Administrator

Date

12/11/14

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

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1/27/15  
(Date)

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1/27/15  
(Date)

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(Initials)

DEC 16 2014

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

There was a spray bottle filled with a purple liquid on a shelf in the laundry area. A small sticker on the bottle said "PineSol diluted". The PineSol original label indicates to drink a glass of water and call a physician or poison control center if ingested.

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.

Response to 2600.82(a)

Bottle was emptied and disposed of day of inspection.

Orion will only have cleaning products that display original labels

By 2/28/15 - All staff will be reeducated on keeping poisonous materials in their original containers.

By 2/28/15 - The administrator or designee will monitor the home, at least weekly, to ensure all poisons are stored in their original, labeled containers.

JL  
11/5/15

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)

K.S. DeLoraine

Date

12-11-14

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(Date)

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1/27/15  
(Date)

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The above plan of correction was approved by

(Initials)

DEC 16 2014

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The floor vent in the first floor sitting room with the fire place had a heavy accumulation of dust, dirt and debris visible inside of it.

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.*

Response to 2600.85(a)

Vent has been cleaned. It was discovered that volunteer had been sweeping floor debris into vent. Volunteer has been trained on proper floor care procedure.

Vents have been added to maintenance monthly inspection audit. See photo 4 and audit sheet.

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)

MS D - Home Administration

Date

12-11-14

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1/27/15  
(Date)

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1/27/15  
(Date)

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(Initials)

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

DEC 16 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The large chest freezer in the kitchen measured 4 degrees Fahrenheit at 10:07 AM and measured 6 degrees Fahrenheit at 4:07 PM.

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.

Response to 2600.103(f)

Freezer had excess ice build up. Ice was removed and freezer is currently maintaining even temperature at or below zero degrees.

Ice removal has been added to maintenance monthly inspection audit. See temperature log and maintenance monthly inspection audit forms.

*12/11/14 - A designated staff person is logging temperatures of refrigerators and freezers daily. J. Williams*

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)

*M.S.D. - Home Administration*

Date

*12-11-14*

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*11/27/15*  
(Date)

Plan of correction implementation status as of

*11/27/15*  
(Date)

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- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

According to staff interviews, staff person A, the administrator, informs staff on duty ahead of time on days when fire drills are conducted.

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.

Response to 2600.132(a)

It is never the intent of the administrator to alert staff to an upcoming fire drill, however, it happened.

In the future planned fire drill times will be kept confidential.

Immediately, the administrator will develop a system to ensure fire drills are unannounced to any staff person prior to conducting them.

The administrator will observe the fire drills for February, March and April 2015 to ensure they are unannounced and evacuation is properly conducted. Documentation will be kept on the fire drill record.

JR/12/15

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) M.S.D. - Lead Administrator Date 12/11/14

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

Plan of correction implementation status as of 12/15 (Date)

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Violation Report: 43126 - 10/20/2014 - Williams, Jason

PCH Name: ORION PERSONAL CARE

DEC 16 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's van contained a package of Tylenol 325mg which expired 5/2012, a package of Motrin 200mg which expired 4/2011 and a package of Immodium 2mg which expired 6/2011.

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.

Response to 2600.183(f)

Medication was disposed of on day of inspection. It was not replaced.

No OTC analgesic medications will be kept in first aid kit.

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)

M.S. DeVore ADMINISTRATION

Date

12-11-14

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11/27/15  
(Date)

Plan of correction implementation status as of

11/27/15  
(Date)

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The above plan of correction was approved by

(Initials)

Violation Report: 43126 - 10/20/2014 - Williams, Jason  
PCH Name: ORION PERSONAL CARE

DEC 16 2014

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The assessment, dated 4/3/14, for Resident #2, does not contain the diagnosis of depression as indicated on the medical evaluation, dated 4/3/14.

The assessment, dated 6/27/14, for Resident #8, does not contain the diagnosis of venous insufficiency as indicated on the medical evaluation, dated 6/25/14.

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.

Response to 2600.225(c)

Resident #2's assessment was amended to include the diagnosis of depression and support issues were addressed.

Resident #8's assessment was likewise amended to include the diagnosis of venous insufficiency. Please see attached copies of assessment pages.

A step has been added to Orion's approach to RASP development. Office Manager will review all assessments to ensure they are accurate and complete. Signature acknowledgement will be required. Please see Resident File Checklist form.

Additionally, a monthly resident file audit process has been instituted ensuring periodic RASP review. Staff member has been assigned this duty; it has been reflected in employee's job description.

By 2/26/15 - The administrator or designee will review all assessments of current residents to ensure they are complete and indicate all care needs, and services.

1/15/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>W.S. DeLoach Administrator</i>	<i>12-11-14</i>

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

The above plan of correction is approved as of 1/27/15 (Date)

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

Plan of correction implementation status as of 1/27/15 (Date)

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

Violation Report: 43126 - 10/20/2014 - Williams, Jason

PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 11/4/13. The resident's cognitive preadmission screening, dated 10/24/13, was completed more than 72 hours prior to admission.

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.

Response to 2600.231(c)

Prior to 2013, Orion operated and was approved by DPW, to function as an integrated program; approved as both Personal Care and as a Secured Dementia Unit (dependant on the individual resident's diagnosis.) As a Personal Care Home, Orion had 30 days prior to admission to complete the prescreening.

Following the approval of the 2013 plan of correction on January 6, 2014, Orion agreed to comply with all regulations under the SDU regulations for all residents. Orion's Policy and Procedure Manual was updated to establish Orion as a Secure Dementia Unit. Preadmission screenings are now to be completed within the 72 hours prior to admission. See copy of policy and Procedure page and current Resident File Checklist Form.

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)

*RESIDENT CARE ADMINISTRATOR*

Date

*12-11-14*

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

The above plan of correction is approved as of

*12/11/15*  
(Date)

Plan of correction implementation status as of

*12/11/15*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 43126 - 10/20/2014 - Williams, Jason

DEC 16 2014

PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

(1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.

(2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.

(3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the SDCU on 9/8/14. The resident's medical evaluation, dated 9/7/14, does not indicate a diagnosis of Alzheimer's disease or other dementia. The resident cannot independently operate the locking mechanism to exit the secure dementia unit.

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.

Response to 2600.231(g)

Resident was trained on the keypad system and has satisfactorily demonstrated ability to exit building. See attached consent form and RASP Update

Residents residing at Orion voluntarily, without a primary diagnosis of Alzheimer's disease or other dementia, will be given training on the keypad system and will have to demonstrate the ability to exit the building.

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)

M.S. DeLoia - Administrator

Date

12-11-14

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

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1/27/15  
(Date)

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(Initials)