



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Ms. Honey Nunez, Owner  
Paraclete Group, LLC  
421 Cottage Lane  
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home  
108 Water Street  
New Stanton, Pennsylvania 15672  
License #: 440570

Dear Ms. Nunez:

As a result of the Department of Human Services' licensing inspection on February 3, 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 February 22, 2015 to February 22, 2016 was issued on November 13, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director  
*/s/*

Enclosure  
License Inspection Summary

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

PCH Name: GEORGE S PERSONAL CARE HOME		License Number: 44057
Address: 108 WATER STREET, NEW STANTON, PA 15672		County: Westmoreland
Administrator: Renee Good		Region: WEST
Legal Entity Name: PARACLETE GROUP LLC		<b>RECEIVED</b>
Legal Entity Address: 421 COTTAGE LANE, MONROEVILLE, PA 15146		MAR 23 2015
Certificate(s) of Occupancy		WEST REGION FIELD OFFICE Human Services Licensing
C-2 LP	I-2	
05/15/1996	01/23/2009	
Dept. of L&I	Borough of New Stanton	
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/03/2015: Rosol, Jennifer		
<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: 18 Number of Residents Served: 16 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		<b>Number of Residents who:</b> Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 8 Have Mental Illness: 8 Have an Intellectual Disability: 2 Have a Mobility Need: 8 Have a Physical Disability: 0

MAR 23 2015

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer  
PCH Name: GEORGE S PERSONAL CARE HOME

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

At 9:20 a.m., the following confidential resident information was unlocked and accessible to residents, staff and visitors on top of the cabinet in the dining room:

- \* A script for a psychological evaluation, dated 9/12/11, for resident #1
- \* "Westmoreland County AAA-HIPPA authorization/consent to disclose health information" for resident #2, that included the resident's social security number, date of birth, medications, reason for visit and diagnoses
- \* A completed medical evaluation, dated 9/29/11, for resident #3
- \* A prescription to discontinue resident #4's Zolof, dated 11/3/10
- \* Resident privacy coding for the violation report, dated 11/26/13, that included resident #1

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.

All resident's confidential information was removed from cabinet in the dining room on 02/03/15.

Administrator and staff have read Health Insurance Portability and Accountability Act (HIPAA) pamphlet to refresh memory of what is confidential and the importance of keeping all resident's confidential information locked in filing cabinet.

Administrator and staff will check monthly to be sure any confidential information found in the open will be placed in a locked filing cabinet at all times.

Attached HIPAA checklist for page 2 of 8.

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)

*GENE Good Administrator*

Date

*3-16-15*

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

The above plan of correction is approved as of 3-26-15  
(Date)

Plan of correction implementation status as of 3-26-15  
(Date)

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

The above plan of correction was approved by 3-26-15  
(Initials)

MAR 16 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer  
PCH Name: GEORGE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION  
At 2:45 p.m., the temperature in resident #5's bedroom measured 62° Fahrenheit.  
At 3:05 p.m., the temperature in resident #7's bedroom measured 68.5° Fahrenheit.

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.

On 02/03/15 owner adjusted the thermostat to 72° F. Owner moved the cabinet that was blocking the heater vent in bedroom #5 and advised the residents in bedroom #5 and #7 to close all windows all winter long. Owner instructed the staff to check bedrooms #5 and #7 to make sure temperature is at least 70° F, all windows closed and heater vents is not block.

Owner put sealer or sealant around all drafty windows and installed heavy winter curtains in rooms #5 and #7 on 03/14/15.

Staff will check daily home indoor temperature in areas used by residents to make sure the temperature is at least 70° F.

Attached page 3 of 8 Indoor temperature checklist. Curtains and Sealant receipt.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Renee Good*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *RENEE Good, Administrator*

Date *3-16-15*

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

The above plan of correction is approved as of <u>3-26-15</u> (Date)	Plan of correction implementation status as of <u>3-26-15</u> (Date)
The above plan of correction was approved by <u>gmo</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SA</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 16 2015

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer

PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The home's front, outside emergency exit did not have operable lighting.

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.

Light bulb was changed in homes front outside emergency exit on 02/03/15.

Staff, administrator will monitor all lights to be sure none are burnt out. More light bulbs were purchased on 02/06/2015.

A checklist will be made for all staff to check and replace bulb promptly on a daily basis.

Attached Light bulb receipt and Lighting checklist.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Renee Good*

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

*RENEE Good Administrator*

Date *3-16-15*

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The above plan of correction is approved as of 3-26-15  
(Date)

Plan of correction implementation status as of 3-26-15  
(Date)

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

The above plan of correction was approved by *SNP*  
(Initials)

RECEIVED

MAR 10 2015

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer  
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:30 a.m., the hot water temperature at the 2nd floor common bathroom "old side" sink measured 125.7° Fahrenheit.

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 hot water temperature at the second floor common bathroom was turned down on 02/03/15.

A checklist will be implemented daily to check the water temperature and if above 120°F staff will turn temperature down until appropriate degree is noted on thermometer. Administrator will monitor hot water temperature and do periodic check.

Staff was educated the importance and risk factor to the residents if hot water is above 120°F.

Attached Water temperature checklist.

Immediately - The administrator or designated staff person will monitor the water temperature on a daily basis at different areas of the home, to ensure the water temperature does not exceed 120°F. *sup*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Renee Good*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *RENEE GOOD Administrator* Date *3-16-15*

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

The above plan of correction is approved as of <u>3-26-15</u> (Date)	Plan of correction implementation status as of <u>3-26-15</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>sup</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer  
PCH Name: GEORGE S PERSONAL CARE HOME

MAR 13 2015

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the basement does not indicate when it was inspected by a fire safety expert.

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 fire extinguisher in the basement was inspected again by a fire safety expert. He told home staff person that no problem was found and that the tag was pounced out for January 2015. He left staff a second tag pounced for February 2015 and gave his phone number 724-834-3649 ABCO if state needed to talk to him.

Attached copy of second tag. and checklist. and Certificate of Inspection 1/23/15

Staff will check all fire extinguishers after <sup>FIRE</sup>safety expert annual check to be sure the date pounced out is correct.

Within 30 days of the plan of correction, the administrator or designated staff person will develop and implement a process and procedure to ensure all fire extinguishers in the home are inspected and approved annually by a fire safety expert. <sup>SAR</sup>

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Rosol*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Rosol Good Administration* Date *3-16-15*

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The above plan of correction was approved by <u>Smo</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SAR</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer  
PCH Name: GEORGE S PERSONAL CARE HOME

MAR 18 2015

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

According to staff person A, the home's administrator, he/she will transport residents in his/her vehicle if a resident has a medical appointment; however, there is no first aid kit in the vehicle.

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.

A first aid kit was put in administrator vehicle that is used for transporting resident on 02/06/15.

Administrator will check first aid kit every 6 months to be sure all supplies that are required are in kit.

Attached First aid kit receipt and administrator checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Rosol*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *JENNIFER GOOD administrator* Date *3-16-15*

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(Date)

Plan of correction implementation status as of 3-26-15  
(Date)

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

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

MAR 13 2015

Violation Report: 44057 - 02/03/2015 - Rosol, Jennifer  
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #5's annual assessment, dated 10/1/14, does not include diagnosis Chronic Obstructive Pulmonary Disease (COPD) as indicated on the resident's medical evaluation, dated 10/1/14.

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.

Any new diagnosis of residents must be reviewed and added to RASP, DME and MAR. Administrator upon learning of new diagnosis will immediately note the change.

A checklist of updating new diagnosis will be checked when MD examines monthly or discharge from hospital and be changed on RASP, DME and MAR.

Attached DX Checklist.

Resident #5's assessment was updated on 2/3/15, to include diagnosis Chronic Obstructive Pulmonary Disease (COPD).

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including all diagnoses.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Renee Good*

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

*RENEE Good Administrator*

Date

*3-16-15*

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The above plan of correction is approved as of

3-26-15  
(Date)

Plan of correction implementation status as of

3-26-15  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *Sup*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*SGM*  
(Initials)