



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 10, 2015

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 Human Services' licensing inspection on February 18, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig" with a checkmark at the end.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 5

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 S WASHINGTON ST POB 1935, BUTLER, PA 16003		County: Butler
Administrator: Kathleen 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		MAR 29 2015
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/18/2015: Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable 02/10/2015: Williams, Jason		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 22 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: 22 Are 60 Years of Age or Older: 15 Have Mental Illness: 22 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44863 - 02/18/2015 - Williams, Jason
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 12/1/14; however the medical evaluation was not completed until 2/17/15, more than 30 days after the admission date.

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 home was informed that we would receive the medical evaluation on 12/01/14 but it was never sent and Resident #1 was already admitted. After numerous requests the home finally received the evaluation on 02/19/15.

To keep this violation from reoccurring the administrator and manager will require all paperwork/medical evaluations to be received by the home at least 24 hours prior to admission.

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 *03-27-15*

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

The above plan of correction is approved as of <u>4/9/15</u> (Date)	Plan of correction implementation status as of <u>4/9/15</u> (Date)
The above plan of correction was approved by <u><i>JD</i></u> (Initials)	<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

MAR 28 2015

Violation Report: 44863 - 02/18/2015 - Williams, Jason
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
The home has not completed an initial assessment for resident #1, admitted 12/1/14.

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.

The home was informed that we would receive the medical evaluation on 12/01/14 but it was never sent and resident #1 was already admitted that day. As a result the home was unable to complete a proper initial assessment.

To keep this violation from reoccurring the administrator and manager will require all paperwork / medical evaluations to be received by the home at least 24 hours prior to admission.

Immediately the administrator will ensure that an initial assessment of each resident is completed within 15 days of admission, even if medical evaluation is not completed.

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 *03-27-15*

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