



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Mr. Kevin Donahue, Administrator
Kevin & Romona Donahue
1143 Lapish Road
Pittsburgh, Pennsylvania 15212

RE: Donahue's Personal Care I
1610 Hybla Street
Pittsburgh, Pennsylvania 15212
License #: 430340

Dear Mr. Donahue:

As a result of the Department of Human Services' annual licensing inspections on June 9, 2015 and April 4, 2016 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,

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: DONAHUE S PERSONAL CARE I		License Number: 43034
Address: 1610 HYBLA STREET, PITTSBURGH, PA 15212		County: Allegheny
Administrator: Romona Donahue		Region: WEST
Legal Entity Name: KEVIN & ROMONA DONAHUE		
Legal Entity Address: 1143 LAPISH ROAD, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy C-2 LP 10/25/1985 City of Pittsburgh		RECEIVED DEC 7 5 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/09/2015: Whitney, Diane; Park, Beth		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 17 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		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 13 Have Mental Illness: 16 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

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Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management reviews dated 4-4-13, 6-8-14 and 5-20-15, did not address reportable incident and condition reporting procedures, complaint procedures, staff person trainings or licensing violations and plans of correction.

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.

Immediately - The administrator will participate in the quality management reviews or ensure all topics in accordance with regulation 2600.26b are reviewed as part of the quality management reviews. *g.v. 4/27/16*

See page 2^o of 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Kevin Donahue, Designee</i>		<i>12/11/15</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/27/16</u> (Date)		Plan of correction implementation status as of <u>4/27/16</u> (Date)	
The above plan of correction was approved by <u>g.v.</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.v.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Donahue's Personal Care I

2600.26(b)

WEST REGION FIELD OFFICE
Human Services Licensing

Donahue's personal Care now better understands Regulation 2600.26(b) and the value that can be gained by performing periodic quality management reviews. We believe the root cause of this citation stems from a poor understanding of the requirements of Regulation 2600.26(b).

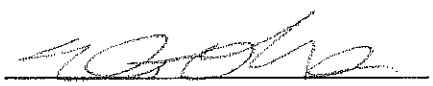
Donahue's Personal Care was able to recently obtain additional information and consultation regarding the needs/requirements of an effective Quality Management Plan. Additional information and clarification of the Quality Management Plan policy, Quality Management review process and the follow-up action plan was recently acquired during recent Personal Care Home Administration Training courses held this semester at the Butler County Community College. The college instructor provided individualized consultation and education help us better meet the needs of an effective Quality Management program.

Donahue's Personal Care has revised the home's Quality Management Plan Policy. We believe the revised policy meets the needs of Regulation 2600.26(b). Donahue's Personal Care is prepared to fully adhere to the provisions to ensure management/staff are using a systemic tool for identifying, analyzing and addressing problems with care and overall management of the home.

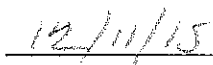
In preparation for the 2016 periodic Quality Management reviews, the Administrator has scheduled a Quality Management review meeting for December 20, 2015. The goal is to hold a Quality Management review meeting and then develop a follow-up action plan that will be implemented and monitored for the first quarter of 2016. We believe this will enable us to begin a more useful Quality Management review practice that can be monitored and used for the upcoming Quality Management review in March 2016.

The Administrator is responsible and has already taken necessary steps to correct this citation. Once corrected, the Administrator will ensure bi-annual reviews are held and follow-up action plans are developed. Following the meeting on December 20, 2015, The Administrator will document the progress achieved in preparation for the March 2016 Quality Management review. The March 2016 Quality Management review is tentatively scheduled for March 14, 2016.

The administrator will ensure continued compliance with Regulation 2600.26(b) and that an effective and useful Quality Management plan and review is utilized as a systemic tool for identifying, analyzing and addressing problems with care and overall management of the home.


Kevin Donahue

11/22, 4/27/16


Date

Revisions approved by: Romona Donahue, Administrator

Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired [redacted]02, staff person B, hired [redacted]01, staff person C, hired [redacted]94, and staff person D, hired [redacted]92, did not receive annual training in the following areas during the 2014 training year:

- *Meeting the needs of the residents based on the preadmission screening, medical evaluation, assessment and support plan
- *Infection control and general principles of cleanliness and hygiene in areas associated with immobility, prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- *Caring for residents with mental illness and intellectual disabilities.

The home currently serves 16 residents with mental illness and 1 resident with an intellectual disability.

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.

Staff persons A, B, C + D completed the required training. *11/27/16*


Within 30 days of receipt of the plan of correction - The administrator will review all current staff training records to ensure all direct care staff persons have completed the required training in accordance with regulation 2600.65f during the 2015 training year and documentation is maintained in the staff record. If any of the required training is not completed, it will be completed immediately. *11/27/16*

Immediately - The administrator or designee will review all required staff training in accordance with regulation 2600.65f and a record of all training is maintained in the staff records. *11/27/16*

See page 3⁹ of 10

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)	Date
<i>Kern Donahue, Designer</i>	<i>12/11/15</i>

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

The above plan of correction is approved as of <u>4/27/16</u> (Date)	Plan of correction implementation status as of <u>4/27/16</u> (Date)
The above plan of correction was approved by <u><i>AW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Donahue's Personal Care I

2600.65(f)

Donahue's Personal Care understands and values the need to properly educate all staff regarding:

- a) Meeting the needs of the residents based on the pre-admission screening, medical evaluation and residential assessment support plans.
- b) Infection control and general principles of cleanliness and hygiene in areas associated with immobility, prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- c) Caring for residents with mental illness and intellectual disabilities.


Donahue's personal care believes the root cause of this citation is less than favorable record keeping practices. Donahue's Personal Care is in the process of revamping the home's recording, copying and filing of staff training documents.

The Administrator will achieve continued compliance by revamping the filing system, create an Administrator master training file and ensure a copy of all training is inserted directly into each employee file.


The Administrator scheduled training for the staff members listed in this citation. The anticipated training date is schedule for December 13, 2015.

The Administrator is responsible to coordinate training activities and ensure copies of training documents are filed in the Administrator's master training file and in the individual employee file as well. The Administrator will apply better concentration monthly to ensure ongoing compliance.

Each employee file will be reviewed monthly for training needs and address any or all training matters during the home's Quality Management review meetings. The Administrator will address and correct possible training shortfalls in the Quality Management review follow-up action plan.


Kevin Donahue

RD, 4/27/16


Date

Revisions approved by: Romona Donahue, Administrator

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Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for the 2015 training year.

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.

See Page 4⁹ of 10

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) *Kevin Donahue Designer* Date *12/15/15*

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

The above plan of correction is approved as of 4/27/16
(Date)

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

Plan of correction implementation status as of 4/27/16
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Donahue's Personal Care I

2600.66(a)

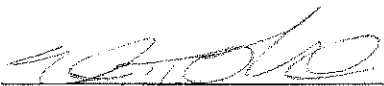
Donahue's Personal Care recognizes the need and value for the development of an annual training plan.

Donahue's Personal Care believes the root cause of this citation is less than favorable record keeping practices. The Administrator recognizes that the home's recording, copying and filing staff training documents and annual training plans need revamped.

The Administrator has begun revamping the entire filing system for the home. The Administrator will implement a double check system to ensure all training records and annual training plans are available and easily to locate. The Administrator will achieve continued compliance by revamping the filing system, create an Administrator master training file and ensure a copy of annual training plans is inserted directly into each employee file.

The Administrator is responsible to remedy this problem. The Administrator has located the annual 2015 training plan for the staff. A training plan has been created for the 2016 calendar year.

The Administrator will double the required staff training hours for 2016. The Administrator will be responsible to coordinate and schedule staff training. The Administrator will also review staff training files monthly in preparation to address training needs in the bi-annual Quality Management reviews.



Kevin Donahue

12/11/15
4/27/16

Date

Revisions approved by: Romona Donahue, Administrator

Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Cobwebs and a layer of dust coated the top of the door frame and 2' x 3' sections of the wall on each side of the door in resident #1's bedroom.

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 #1's bedroom was cleaned, 11/27/16

Within 30 days of receipt of the plan of correction - All staff persons will receive education on maintaining sanitary conditions and immediately correcting or reporting any unsanitary conditions found. Documentation of education will be kept. 11/27/16

Within 30 days of receipt of the plan of correction - A designated staff person will monitor the home at least daily to ensure sanitary conditions are maintained. 11/27/16

See page 5^a of 10

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) Date 12/11/15

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

The above plan of correction is approved as of 4/27/16
(Date)

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

Plan of correction implementation status as of 4/27/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 11/27/16
- Partially Implemented - Inadequate Progress
- Not Implemented

Donahue's Personal Care I

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.85(a)


Donahue's Personal Care understands and values maintaining favorable sanitary conditions for our residents. The staff and the Administrator strive to ensure the home maintains daily compliance with Regulation 2600.85(a).

The Administrator spoke with the staff and educated the staff regarding such oversights. The staff immediately corrected the problem and compliance was immediately met.

The staff is responsible for daily compliance.

The Administrator will perform a weekly building walkthrough to ensure continued compliance and favorable sanitary conditions.

The Administrator will monitor the staff's performance and address employees who are not meeting expectations.



Kevin Donahue

RD. 4/27/16

12/11/15

Date

Revisions approved by: Romona Donahue, Administrator

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Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The last fire safety inspection and fire drill observed by a fire safety expert were conducted on 6-25-13.

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 fire safety inspection and fire drill were conducted by a fire safety expert on 2/26/16. *n.w. 4/27/16*

Immediately - The administrator or designee will develop and implement a process and procedure to ensure a fire safety inspection + fire drill are conducted by a fire safety expert annually. *n.w. 4/27/16*

See page 6^a of 10

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)

Kevin Donahue, Designer

Date

12/15/15

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

The above plan of correction is approved as of

4/27/16
(Date)

Plan of correction implementation status as of

4/27/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *n.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

n.w.
(Initials)

Donahue's Personal Care I

Ga of 10

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Human Services Licensing

2600.132(b)

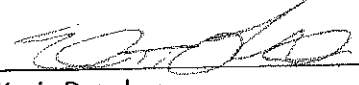
Donahue's Personal Care home understands and values the importance of Regulation 2600.132(b).

Donahue's Personal Care believes the root cause of this citation is less than favorable record keeping practices. The Administrator recognizes that the home's recording, copying and filing system needs revamped.

The staff is scheduled to have fire safety training by a fire safety expert on December 28, 2015.

The Administrator has added a calendar reminder to ensure the home performs a fire safety inspection and a fire drill with a fire safety expert in November in each calendar year.

The Administrator is responsible to coordinate the fire safety inspection observed fire drill. The Administrator will ensure continued compliance as well as properly record, maintain and file all pertinent fire safety documentation.


Kevin Donahue

RM. 4/27/16

12/11/15
Date

Revisions approved by: Romona Donahue, Administrator

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Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #2, dated 1-8-15, indicates "mental health" as a diagnosis but does not identify the specific diagnosis(es).

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 #2 had a new medical evaluation completed on 12/28/15. p.p. 4/27/16
Within 30 days of receipt of the plan of correction - all staff persons involved in the medical evaluation process will be educated on the required contents of the medical evaluation in accordance with regulation 2600.141a2 including diagnoses. Documentation of education will be kept. p.p. 4/29/16

see page 7^a of 10

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) Date

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

The above plan of correction is approved as of 4/27/16
(Date)

Plan of correction Implementation status as of 4/27/16
(Date)

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

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

Donahue's Personal Care I

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.141(a)(2)

Donahue's Personal Care understands and values properly completing medical evaluations.

The Administrator discussed with the staff and the Administrator Designee the oversight regarding resident #2's Medical Evaluation.


The Administrator and the Administrator Designee have developed a two person check system to ensure all information is completed accurately and in its entirety.

Resident #2's Medical Evaluation has been updated to reflect the diagnosis.

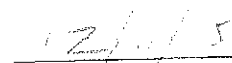
The Administrator and the Administrator Designee will review all resident RASP's and DME's to ensure all records are properly completed.

The Administrator will have all resident RASP's and DME's reviewed/completed in December 2014 prior to year-end.

The Administrator is responsible to ensure continued compliance going forward.


Kevin Donahue

012. 4/27/14


Date

Revisions approved by: Romona Donahue, Administrator

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Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
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
The first aid kit in the van used to transport residents does not contain eye coverings.

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.

See page 8^o of 10

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) Date 12/4/15

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

The above plan of correction is approved as of 4/27/16
(Date)

The above plan of correction was approved by JW.
(Initials)

Plan of correction implementation status as of 4/27/16
(Date)

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

Donahue's Personal Care I

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RECEIVED

DEC 15 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2600.171 (b)(5)


Donahue's Personal Care recently purchased the missing content(s) for the traveling first aid kit that can be used should there be a need to provide transportation for a resident with a personal vehicle.

The Administrator has confirmed the traveling first aid kit has all contents.


The Administrator has educated the staff on December 13, 2015, regarding 2600.171(b)(5).

The staff will be responsible to ensure volunteers and persons providing transportation with personal vehicles use/take the traveling first aid kit.

The Administrator will monitor weekly that the traveling first aid kit is on site going forward and utilized for transportation provided by the home.


Kevin Donahue

R.D. 4/27/16


Date

Revisions approved by: Romona Donahue, Administrator

Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

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 1-9-15, for resident #3, does not indicate how the home will meet the resident's needs for the diagnosis of hepatic encephalopathy, as indicated on the medical evaluation, dated 1-8-15.

The support plan, dated 1-9-15, for resident #4, does not indicate how the home will meet the resident's needs for the diagnosis of schizophrenia, as indicated on the medical evaluation, dated 1-8-15.

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.

Residents #3 and #4 had new support plans completed on 1/9/16 - n.w. 4/27/16
Within 30 days of receipt of the plan of correction - All staff persons completing support plans will receive education regarding the completion and accuracy of support plans including the care and services the home will provide. Documentation of education will be kept. n.w. 4/27/16

See page 9^a of 10

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 *Romona Donahue, Designer* Date *12/11/15*
(Required on EVERY Page) *Romona Donahue 11/17/15*

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

The above plan of correction is approved as of 4/27/16
(Date)

Plan of correction implementation status as of 4/27/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *n.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Donahue's Personal Care I

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DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

2600.227(d)

Donahue's Personal Care understands and values properly completing RASP's and DME's.

The Administrator discussed with the staff and the Administrator Designee the oversight regarding resident #3 and #4's support plans.

The Administrator and the Administrator Designee have developed a two person check system to ensure all information is completed accurately and in its entirety.


The Administrator and the Administrator Designee will review all resident RASP's and DME's to ensure all records are properly completed.

The Administrator will have all resident RASP's and DME's reviewed in December 2014 before year end.

The Administrator is responsible to monitor this practice and ensure continued compliance going forward.


Kevin Donahue

RM 4/27/16


Date

Revisions approved by: Romona Donahue, Administrator

Violation Report: 43034 - 06/09/2015 - Whitney, Diane
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plans, all dated 1-9-15, for residents #2, #3, #4, #5 and #6, are not signed by the residents. There is no indication of the residents' inability or refusal to sign.

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.

Residents #2, #3, #4, #5 + #6 had new support plans completed on 1/9/16 and all signed their support plans. *qu. 4/27/16*

Immediately - all residents will be provided with the opportunity to participate in the development of their support plan and to sign it once completed. If a resident declines or is otherwise unable to sign their support plan, the declination or inability to sign will be recorded on the support plan along with the initials of the staff person making this documentation. *4/27/16*

See page 10^a of 10

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)

Kevin Donahue, Resident

Date

12/15/15

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The above plan of correction is approved as of

4/27/16
(Date)

Plan of correction implementation status as of

4/27/16
(Date)

The above plan of correction was approved by

qu.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *qu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Human Services Licensing

Donahue's Personal Care I

2600.227(g)

Donahue's Personal Care understands and values properly completing RASP's and DME's.

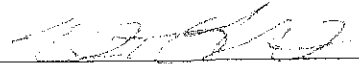
The Administrator discussed with the staff and the Administrator Designee regarding resident signatures and or properly notating the resident's refusal to sign.

The Administrator and the Administrator Designee have developed a two person check system to ensure all information is completed accurately and in its entirety.

The Administrator and the Administrator Designee will review all resident RASP's and DME's to ensure all records are properly completed. The Administrator will ensure all resident's sign or that a notation of refusal to sign is made.

The Administrator will have all resident RASP's and DME's reviewed/completed in December 2014 with resident signatures should the resident wish to participate and sign the support plans.

The Administrator is responsible monitor this practice to ensure continued compliance going forward.



Kevin Donahue

Rev. 4/27/16

12/11/15
Date

Revisions approved by: Romona Donahue, Administrator

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

PCH Name: DONAHUE S PERSONAL CARE I		License Number: 43034
Address: 1610 HYBLA STREET, PITTSBURGH, PA 15212		County: Allegheny
Administrator: Kevin Donahue		Region: WEST
Legal Entity Name: KEVIN & ROMONA DONAHUE		
Legal Entity Address: 1143 LAPISH ROAD, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy Other 10/26/1985 City of Pittsburgh		RECEIVED APR 21 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A Total Daily Staff: 16		Working Staff: 12
Type of Inspection: Interim - POC BHA Docket Number: N/A		Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2016: Park, Beth; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 17 Number of Residents Served: 16 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 10 Have Mental Illness: 13 Have an Intellectual Disability: 1	
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	Have a Mobility Need: 0 Have a Physical Disability: 0	

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Human Services Licensing

Page 2 of 2

Violation Report: 43034 - 04/07/2016 - Park, Beth PCH Name: DONAHUE S PERSONAL CARE I	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	
2a. DESCRIPTION OF VIOLATION Resident #1's mattress has multiple cracks and splits in the cover, one as long as 18". There is a hole in it approximately 2" in diameter with an exposed coil spring which is sharp to the touch. Resident #2's mattress has multiple cracks and splits in the cover, one as long as 17". There is a hole in it approximately 1" in diameter with the foam exposed.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<i>See page 2⁹ of 2</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue</i>	
Date <i>4/21/2016</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/27/16</u> (Date)	Plan of correction implementation status as of <u>4/27/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue – Wolford Personal Care

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2600.101(j)1

Donahue – Wolford Personal care understands and values that each resident shall have the following in the bedroom: A bed with a solid foundation and a fire retardant mattress that is in good repair, clean and supports the resident.

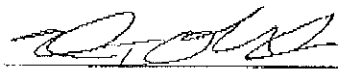
The mattress for resident #1 and #2 two were immediately corrected on April 4, 2016, with spare mattresses from storage. Compliance was met the same day of the survey.

The staff was educated on April 4, 2016, regarding the standards to meet compliance as it relates to 2600.101(j)1. The mattress tears were on the underneath side of the mattress and the staff admitted during the meeting they were not in the habit of flipping the mattress during linen changes. The Administrator advised the staff of the importance to check both sides of the mattress. Both sides of all mattresses in the home were check on April 7, 2016.

The Administrator has contacted the medical equipment company to order additional mattresses for storage. Mattress inspections will be added to a monthly check sheet and replacements will be made as needed during the internal monthly inspection process.

The staff is responsible to be more conscious of inspecting both sides of the mattress weekly during linen changes. The Administrator and or Administrator designee will also check mattress conditions when performing the monthly building and grounds inspections reports. The monthly inspection reports are currently a work in progress at this moment and should be available for use beginning May 15, 2016. The plan going forward is to internal inspect a number of different items each week on a regular basis that will result in a monthly 120 point building and grounds check point. We believe implementing this new check point process will enable Donahue – Wolford Personal Care to be more proactive and reach full compliance on an ongoing basis.

The Administrator is responsible to complete the development of the new internal inspection process/check sheets and to have the check sheets ready for use no later than May 15, 2016.

 4/21/16

Kevin Donahue, Administrator

AW 4/21/16