



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 29, 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
#430340

Dear Mr. Donahue:

As a result of the Department of Human Services' licensing inspection on September 22, 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 that reads "Jason Williams" with a stylized flourish at the end.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION

Resident #1's diabetic supplies, to include the glucometer, test strips, lancets, and alcohol pads were used in the testing of glucose levels for resident #2, #3 and #4 on 9/22/15 at 8:00 a.m., 12:00 p.m. and resident #2's blood glucose level at 2:35 p.m. Direct care staff person D indicated it has been a month or more that resident #1's glucometer and testing supplies were used to measure resident #3 and #4's blood glucose levels. Resident #1's and resident #2's glucometers were not labeled with the resident's names. Resident #2's glucometer was not operable.

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 education completed on 12/13/15. *11/27/16*

See page 2^a of 19

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 *Kevin Donahue, Designer* Date *12/11/15*
(Required on EVERY Page) *Romona Donahue, admin* *11/30/15* *KD*

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 *KL*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Donahue's Personal Care

2nd of 19

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.20(b)(4)

Donahue's Personal Care fully understands and values the need for Regulation 2600.20(b)(4).

We believe the root cause of this matter is lack of education with the staff as it pertains to Glucometer equipment and use.

Donahue's Personal Care has obtained the additional Glucometers from the pharmacy on September 25, 2015. The staff will ensure each Glucometer is correctly labeled with each resident's name.

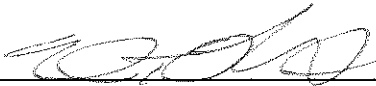
The Administrator will check weekly to ensure the new Glucometers are being used solely for designated resident. The Administrator will reimburse the resident for all associated loss of property.

The staff has been trained and is responsible to oversee the ordering of new or replacement Glucometers as needed.

The Administrator thoroughly educated the staff on December 13, 2015, in reference how to comply with Regulation 2600.20(b)(c). The education covered in detail the importance to ensure Glucometers is used for the designated resident. The Administrator provided education/training with educational material found on the CDC's website regarding best practice for Glucose testing and sanitary precautions.

Weekly MAR/medication/equipment audits began on October 12, 2015, following the approved medication administration training that was conducted on October 5 & 6, 2015.

The Administrator will monitor this activity weekly to ensure continued compliance.


Kevin Donahue

R.D. 4/27/16

12/11/15
Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident #5 empties the home's trash every night into the home's two outside trash receptacles. Resident #5 takes the home's two outside trash receptacles to the sidewalk in the front of the home for trash pick-up once a week. Resident #5 mops the kitchen, dining room and bathrooms floors at night. Resident #5 is only compensated \$10.00 every Thursday for this labor performed on behalf of the home.

Resident #6 occasionally helps resident #5 with taking the home's two trash receptacles to the sidewalk at the front of the home and is not compensated for this labor performed on behalf of the home.

Resident #3, #7, and #8 routinely wash and dry the dishes after meals, often rotating duties. On 9/21/15, resident #3 washed the dinner dishes and resident #8 reported drying the dishes. Residents #3, #7 and #8 are not compensated for this labor performed on behalf of the home.


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 interview at least 2 different residents on a weekly basis for 3 months to ensure no residents are performing labor on behalf of the home or if residents are performing labor on behalf of the home the residents meet the regulatory requirements of any ancillary staff person and are compensated in accordance with State and Federal labor laws. Documentation will be kept. JW, 4/27/16

See page 3 of 19

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 *12/11/15*
Romona Donahue, Admin *11/30/15 KO*

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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>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JW <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.42(q)

The staff's misperception of what constitutes "labor" was corrected on the day of the inspection and following further clarification from Bureau of Human Services. Following the inspection, a more in depth conversation was held with the staff and the residents. The residents involved were reminded by the Administrator on 9/27/2015 that labor on behalf of the home is strictly prohibited.


Residents were advised by the Administrator they may continue to stay busy (cleaning and organizing) only if it pertains to their personal space and personal belongings. The Administrator will proactively review the resident's rights individually with each resident of the home by 12/15/15.

The Administrator will clearly discuss with resident(s) Regulation 2600.42(q) emphasizing what constitutes labor on behalf of the home.

The staff was educated by the Administrator on 9/27/2015 as it relates to Regulation 2600.42(q). More detailed training with the staff is scheduled on 12/13/15.

The staff will ensure daily that compliance is being met.

The Administrator monitor this matter going forward by interviewing two residents each month until further notice to ensure continued compliance.


Kevin Donahue

9/27/16

12/11/15
Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen PCH Name: DONAHUE S PERSONAL CARE I	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 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
 At 2:35 p.m. staff person E tested resident #2's blood glucose level in the home's dining area in the presence of agents of the Department.

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.

Within 15 days of receipt of the plan of correction - The administrator or designee will monitor medical procedures in the home, including blood glucose monitoring, at least weekly to ensure that residents are provided privacy during all medical procedures. 11/17/16

Within 15 days of receipt of the plan of correction - The administrator will privately interview at least 2 different residents on a weekly basis for 3 months to ensure that residents rights are protected, including the right to privacy during medical procedures. Documentation of interviews will be kept. 11/17/16

See page 4^a of 19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2013
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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) <i>Rosanna Donahue, Admin</i>	Date <i>12/11/15</i> <i>11/30/15 RD</i>
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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>RD</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

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Human Services Licensing

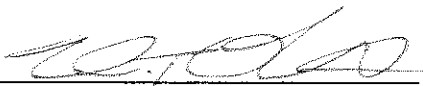
2600.42(s)

Donahue's Personal Care understands the need for Regulation 2600.42(s) and very much values the privacy of each resident we serve.

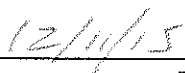
The Administrator will ensure all staff persons are fully aware that it is important to first ask the residents privacy preference for glucose testing. A private area inside the home has been designated for this task.

The staff receive detailed training on December 13, 2015 as it relates to compliance of Regulation 2600.42(s). The staff now has a better understanding of Regulation 26003.42(s) and best practice for the privacy of the residents.

The Administrator will monitor this matter weekly by observing the staff and ensuring privacy standards are met.


Kevin Donahue

12/27/16


Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

DEC 15 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A started working in the home on [redacted] 15 and works unsupervised with residents. The home does not have a completed PA State Police PATCH criminal history background check for staff person A.

Staff person B started working in the home on [redacted] 15 and works unsupervised with residents. The home does not have a completed PA State Police PATCH criminal history background check for staff person B.

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 person A's background check was completed on 10/5/15. nu. 4/27/16

Within 15 days of receipt of the plan of correction - The administrator or designee will review all resident records to ensure that a completed Pennsylvania State Police background check is completed and present in the record. nu. 4/27/16

Immediately - The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adult Protective Services Act, including completion of criminal background checks through the Pennsylvania State Police and performed one year prior to or 30-days after hire date, and completion of FBI background checks for employees who were not residents of Pennsylvania for the 2 years prior to the date of hire. nu. 4/27/16
See page 5 of 19

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
Kevin Conaway, Designee 12/11/15
Romona Donahue, Admin 11/30/15 KO

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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)

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

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

Donahue's Personal Care

5th of 19

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WEST REGION FIELD OFFICE
Human Services Licensing


2600.51

Donahue's Personal Care understands and values strict adherence to Regulation 2600.51.

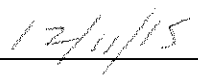
We believe the root cause of this matter is a misperception of the surveyor and an inaccurate recollection as it relates to "staff persons" listed for Donahue I. Staff person A, had no involvement at this location prior to September 22, 2015. Staff person B has not and will not have involvement or affiliation with Donahue I, Personal Care Home at this location.

The Administrator completed orientation for Staff Person A in November 2015. Staff person A has now received all necessary training and has logged 100 hours at the Butler Community College Personal Care Home Administrator Training Course. Staff person A has not performed direct care responsibilities or staff supervision duties at this time.

The Administrator started an employee folder for Staff person A in anticipation for Staff person A's future involvement in operations. All of Staff person A's credentials were faxed to BHS (412-565-5633) on November 23, 2015 along with a clear EPATCH criminal background report.


Kevin Donahue

g.u. 4/27/16


Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen

PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION

The Administrator/staff person C is responsible for two personal care homes licensed under this legal entity. The home has not provided documentation to support that the Administrator spends 20 hours a week as required. Resident/staff interviews indicate staff person A has been in the home for only a few hours since 8/31/15.

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.

The home has appointed a new administrator. The home is documenting the administrator's hours on a schedule. *pv. 4/27/16*

Immediately - The administrator will develop the schedule at least bi-weekly that includes a qualified administrator in the home at least 20 hours or more per week, each calendar month performing administrator duties. The administrator will be responsible for documenting actual time present in the home performing administrator duties on a bi-weekly basis. *pv. 4/27/16*

See page 6⁹ of 19

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

Printed Name and Title of Legal Entity Representative *Kevin Donahue, Designer*
(Required on EVERY Page) *Romona Donahue, Admin* Date *12/11/15*
11/30/15 RD

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

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

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

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

Donahue's Personal Care

G.F.19


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DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

5600.56

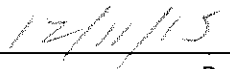
Donahue's Personal Care have made changes to scheduling and scheduling documentation to ensure the Administrator will be present in the home an average of 20 hours or more per week in each calendar month.

The Administrator has thoroughly reviewed Regulation 2600.56 as well as additional information in the Regulatory Compliance Guide (RCG) to develop a new Administrator schedule.

The Administrator will ensure that the new schedule is posted and document schedule changes for viewing purposes. The Administrator will monitor the schedule is available at all times and monitor documentation of possible schedule changes.


Kevin Donahue

12/11/15


Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person C became the homes administrator on [redacted] 15. The home has no documentation to demonstrate staff person C has completed the required Department-approved administrator orientation course to be qualified as an administrator.

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 has appointed a new administrator. The home is documenting the administrator's hours on a schedule. p.u. 4/27/16

Immediately - The administrator will develop the schedule at least bi-weekly that includes a qualified administrator present in the home at least 20 hours or more per week, each calendar month performing administrator duties. The administrator will be responsible for documenting actual time present in the home performing administrator duties on a bi-weekly basis. p.u. 4/27/16

See page 7 of 19

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 *Karen Conner, Designer* Date *12/11/15*
(Required on EVERY Page) *Romona Donahue, Admin* *11/30/15 X0*

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 *p.u.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Donahue's Personal Care

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DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing


2600.64(a)

Donahue's Personal Care has begun to take the necessary steps to gain full compliance to ensure prior to initial employment as an administrator, a candidate shall successfully complete an orientation program approved and administered by the Bureau of Human Services.

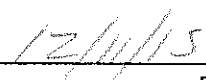
The Administrator made contact with the Bureau of Human Services, Western Region Office (412-565-5614), on Monday December 14, 2015, and registered for an upcoming approved orientation training.

The Administrator will complete the orientation class and will insert documentation of course completion into the Administrator's file.

The Administrator will monitor continued compliance by ensuring all requirements of regulation 2600.64(a) are fully met prior to the hiring of future Administrative personnel.


Kevin Donahue

7.11. 4/27/16


Date

DEC 15 2015

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen

PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A started working in the home on [redacted] 15. Staff person A did not complete any of the required orientation training in general fire safety and emergency preparedness.

Staff person B started working in the home on [redacted] 15. Staff person B did not complete any of the required orientation training in general fire safety and emergency preparedness.

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 person A completed the training on 9/28/15. *n.v. 4/27/16*

Within 30 days of receipt of the plan of correction - The administrator or designee will review all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons, including ancillary staff persons, substitute personnel and volunteers have completed an orientation in accordance with regulation 2600.65a. Documentation of the training will be kept in the staff records. *n.v. 4/27/16*

See page 8^a of 19

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)

Romona Donahue, Admin

Date *12/11/15*

11/30/15 KO

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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)

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

The above plan of correction was approved by

gls
(Initials)

Donahue's Personal Care

8⁹ of 19

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DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

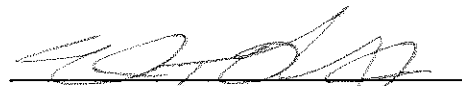
2600.65(a)

Donahue's Personal Care understands and values strict adherence to Regulation 2600.65(a).

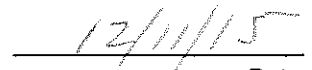
We believe the root cause of this matter is a misperception of the surveyor and an inaccurate recollection as it relates to "staff persons" listed for Donahue I. Staff person A, had absolutely no involvement at this location prior to [REDACTED] 2015. Staff person A has only begun orientation to the home beginning in [REDACTED] 2015. Staff person B has not and will not have involvement or affiliation with Donahue I, Personal Care Home at this location.

The Administrator has begun orientation for Staff Person A in November 2015. Staff person A has now received all necessary training and has logged 100 hours at the Butler Community College Personal Care Home Administrator Training Course. However, Staff person A does not perform direct care responsibilities or staff supervision duties at this time.

The Administrator has begun an employee folder for Staff person A in anticipation for Staff person A's future involvement. All of Staff person A's credentials were faxed to BHS (412-565-5633) on November 23, 2015 along with a clear EPATCH criminal background report.


Kevin Donahue

12.4/27/16


Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

DEC 15 2015

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

WEST REGION FIELD OFFICE
Human Services Licensing

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A started working in the home on [redacted] 15. Staff person A did not complete an orientation in: resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

Staff person B started working in the home on [redacted] 15. Staff person B did not complete an orientation in: resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

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 person A completed the training on 9/28/15. *g.w. 4/27/16*

Within 30 days of receipt of the plan of correction - The administrator or designee will review all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons, including ancillary staff persons, substitute personnel & volunteers have completed an orientation in accordance with regulation 2600.65b. Documentation of the training will be kept in the staff records. *g.w. 4/27/16*

See page 9^g of 19

Repeat Violation: No	Date(s) of Previous Violation(s):
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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) <i>Romona Donahue, Designee</i>	Date <i>12/11/15</i>
<i>Romona Donahue, 11/30/15</i>	<i>11/30/15</i>

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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.w.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.w.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

9th of 19

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Human Services Licensing


2600.65(b)

Donahue's personal care understands Regulation 2600.65(b) and strictly adheres to the new employee orientation requirements.

We believe the root cause of this matter is a misperception of the surveyor and an inaccurate recollection as it relates to "staff persons" listed for Donahue I. Staff person A, had no involvement at this location prior to [REDACTED] 2015. Staff person A has only begun orientation to the home beginning in [REDACTED] 2015. Staff person B has not and will not have involvement or affiliation with Donahue I, Personal Care Home at this location.

The Administrator has begun orientation for Staff Person A in [REDACTED] 2015. Staff person A has now received all necessary training and has logged 100 hours at the Butler Community College Personal Care Home Administrator Training Course. Staff person A does not perform direct care responsibilities or staff supervision duties at this time.

The Administrator has begun an employee folder for Staff person A in anticipation for Staff person A's future involvement. All of Staff person A's credentials were faxed to BHS (412-565-5633) on November 23, 2015 along with a clear EPATCH criminal background report.


Kevin Donahue

RW, 4/27/16

12/11/15
Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
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

Resident #1's diabetic supplies, to include the glucometer, test strips, lancets, and alcohol pads were used in the testing of glucose levels for resident #2, #3 and #4 on 9/22/15 at 8:00 a.m., 12:00 p.m. and resident #2's blood glucose level at 2:35 p.m. Direct care staff person D indicated it has been a month or more that resident #1's glucometer and testing supplies were used to measure resident #3 and #4's blood glucose levels. Resident #1's and resident #2's glucometers were not labeled with the resident's names.

On 9/22/15, there was a 1/4" layer of dust/dirt on the vent in the first floor common bathroom.

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 has replaced resident #1's diabetic supplies and have them labeled with the resident's name. n.w. 4/27/16

The bathroom vent has been cleaned. n.w. 4/27/16

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. n.w. 4/27/16

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. n.w. 4/27/16

See page 10^a of 19

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 *Kenn Donahue, Designer* Date *12/11/15*
(Required on EVERY Page) *Romone Donahue, Admin* *11/30/13 KO*

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

10^a.f.19

RECEIVED
DEC 15 2015
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 on September 25, 2015, and educated the staff in more detail on December 13, 2015 regarding such oversights. The staff immediately corrected the problem the day of the survey and compliance was immediately met.

The staff is responsible for daily compliance.

The Administrator will conduct more frequent building walk through and identify areas needing attention. The Administrator will perform weekly inspections 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

AD 4/27/16

12/14/15
Date

DEC 15 2015

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen

PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

Resident #9 and resident #10 share a bedroom. Resident #9 requires the use of a wheeled walker and resident #10 requires the use oxygen while sleeping. The total square footage of the shared bedroom only measures 155 square feet.

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 received a physician's order for #9 + #10 on 12/10/15 indicating the extra space is not necessary. gw. 4/27/16

See page 11^a of 19

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) *Kevin Donahue, Designer* Date *12/11/15*
Romona Donahue, Admin *11/30/15 KD*

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>JK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

11⁹ F 19

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

2600.101(c)

Donahue's Personal Care understands and values the need for Regulation 2600.101(c).

We believe the root cause of this problem was not getting documentation from the resident's doctor regarding mobility space needs.


The physician was recently contacted regarding this matter and necessary documentation has been obtained and saved in the resident's file.

The staff was educated on Regulation 2600.101(c) on December 13, 2015. The staff now better understands space requirements for residents with mobility needs.

The Administrator will ensure all residents using mobility equipment have at the required room space in accordance with Regulation 2600.101(c), unless directed differently by the physician.

The Administrator will also ensure that sufficient space requirements are available prior to admissions during the pre-admission screening process.

The Administrator will monitor compliance as it relates to Regulation 2600.101(c) going forward.


Kevin Donahue

RM: 4/27/16

12/17/15
Date

RECEIVED

DEC 15 2015

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 9/22/15, the rear emergency exit door would not readily open. The top right corner of the door sticks in the frame.

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.

Within 15 days of receipt of the plan of correction - a designated staff person will monitor the home daily, on each shift, to ensure that all exits and egress routes are unlocked and unobstructed. n.w. 4/27/16

See page 12^a of 19

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 *Romona Donahue, Admin* Date *12/11/15*
(Required on EVERY Page) *11/30/15*

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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>RD</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

12^a P 19

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

2600.121(a)

Donahue's personal Care understands the need for Regulation 2600.121(a) and strives to ensure fire safety standards and practices are held with the highest regard.


On September 28, 2015, the door and frame in question was shaved down a bit where it was rubbing with the door. The door has recently been tested on September 28, 2015. November 4, 2015 and again on December 13, 2015 for ease of open. The Administrator did not experience any problems on during testing.

The Administrator will continue to frequently check this egress route and all other egress routes to ensure all exit doors open with ease and are free from obstruction.

The Administrator is responsible to monitor continued compliance. The staff has been directed to immediately report to the administrator or the administrator designee any/all possible obstructions/disturbances regarding egress routes.

Administrator will check egress routes ~~monthly~~ to monitor continued compliance.

weekly 12/27/16


Kevin Donahue

12/27/16

12/11/15
Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #9's most recent medical evaluation was completed on 3/10/14.

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.

Resident #9 had a new medical evaluation completed on 12/28/15. *1/2/16 4/27/16*
Within 30 days of receipt of plan of correction - a designated staff person will review all resident records to ensure that all residents have an accurate + completed medical evaluation present in their records which are no more than 12 months old. *1/2/16 4/27/16*

See page 13^a of 19

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 *Kevin Donahue, Designer* Date *12/11/15*
(Required on EVERY Page) *Romona Donahue, Admin* *11/30/15 100*

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>1/2/16</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>1/2/16</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

139 of 19

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

2600.141(b)(1)

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 #9's Medical Evaluation.

The medical evaluation for Resident #9 is complete.

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/completed in December 2015.

The Administrator is responsible to ensure continued compliance going forward.


Kevin Donahue

9/27/16

12/11/15
Date

DEC 15 2015

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen

PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The only menu posted in the home was in the first floor hallway. The menu indicated September 13, 2015 to September 25, 2015. However, the week in advance menu was not posted.

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.

Within 15 days of receipt of the plan of correction - a designated staff person will check the home daily, and the administrator will check the home weekly, to ensure that the current week's menu and the upcoming week's menu are posted in a conspicuous and public place in the home. *g.w. 4/27/16*

See page 14^a of 19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/07/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Kevin Donahue, Designated
Ramona Donahue Admin

Date

12/11/15

11/30/15 *RD*

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 *g.w.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

g.w.
(Initials)

Donahue's Personal Care

14^a of 19

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.162 (c)


Donahue's Personal Care understands and value's regulation 2600.162(c), and is the reason to expand the length of the current schedule.

The menu week for the following week was labeled at the time of inspection. Compliance was immediately met the day of inspection and will continue to be monitored by the staff daily.

The Administrator is changing the menu process by completing a full month's menu and post at least one week prior to the start of the following month. The staff will ensure daily that a copy is posted for the residents. There will be extra copies of the menu to repost should the current one go missing for any reason. The residents will be educated to understand the posted schedule shall remain in place for all to see and that they can request a copy of the menu if they would like to keep one in their room.

The staff will ensure continued compliance daily. A more in depth training with the staff is rescheduled from 12/13/15.

The administrator will perform a weekly unannounced spot check to ensure staff's cooperation.



Kevin Donahue

R.D. 4/27/16

12/11/15

Date

DEC 15 2015

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Humalog 100units/ML Kwik pen - inject subcutaneously per sliding scale twice a day. However, the medication label indicates Humalog 100units/ML Kwik pen - inject subcutaneously per sliding scale four times a day.

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.

An updated label for resident #3's Humalog was obtained. *mu. 4/27/16*

Within 15 days of receipt of the plan of correction - a designated staff person, qualified to administer medication, will conduct an initial then monthly audit of all medication carts & medication storage areas to ensure all medications are labeled with a pharmacy label that includes all required information in accordance with regulation 2600.184a.

mu. 4/27/16

See page 15⁹ of 19

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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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.w.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.w.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

15^a of 19

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

2600.184(a)

The Administrator has spoken to all staff members regarding adhering to proper medication administration labeling and procedures.


We believe the root cause of this was the staff not requesting a new label from the pharmacy.

The administrator reached out to the pharmacy who facilitated in arranging additional medication administration training by an authorized trainer.

The administrator designee is auditing the MAR weekly to ensure all staff is applying the education and training received.

The staff has recently received Medication Administration Training on October 5 & 6, 2015, and has successfully passed to be qualified to administer medications.

The administrator is checking the MAR weekly as well to ensure all staff is applying the education and training received.



Kevin Donahue

n.v. 4/27/18

12/11/15

Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Humalog 100units/ML Kwik pen - inject subcutaneously per sliding scale twice a day. However, the September, 2015 MAR indicates Humalog 100units/ML Kwik pen - inject subcutaneously per sliding scale four times a day.

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 or designated staff person qualified to administer medications will complete an audit of all resident MARs and prescription orders to ensure all prescribed medication are properly documented on the MARs, including the frequency of administration in accordance with regulation 2600.187a. p.v. 4/27/16

See page 16^a of 19

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)

Romona Donahue, Admin

Date *12/11/15*
11/30/15 KD

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 *g.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Donahue's Personal Care

16^a of 19

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing

2600.187(a)

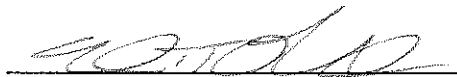
The administrator has spoken to all staff members regarding adhering to proper medication administration procedures.

We believe the root cause of this was the staff not requesting a new label from the pharmacy.

The administrator reached out to the pharmacy who facilitated in arranging additional medication administration training by an authorized trainer.

The administrator designee is auditing the MAR weekly to ensure all staff is applying the education and training received. Staff has recently received Medication Administration Training on October 5 & 6, 2015, and has successfully passed to be qualified to administer medications.

The administrator is checking the MAR weekly as well to ensure all staff is applying the education and training received.



Kevin Donahue

90, 4/27/16

12/11/15
Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

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 #9's most recent assessment was completed on 3/10/14.

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.

Resident #9 had a new assessment completed on 1/6/16. per 4/27/16

Within 15 days of receipt of the plan of correction - The administrator or designee will review all resident documentation to ensure a current assessment is completed, accurate and present in each resident's record. per 4/27/16

Within 15 days of receipt of the plan of correction - The administrator will develop and implement a policy and procedure to ensure all residents have an assessment completed at least annually and present in each resident's record. per 4/27/16

See page 17 of 19

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, Designee
Korona Donahue, Admin

Date 12/11/15
11/30/15 KO

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)

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

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

Donahue's Personal Care

17^a of 19

2600.225(c)

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

The Administrator discussed with the staff and the Administrator Designee the oversight regarding resident #9's assessment.

The assessment for resident #9 is complete.


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 Assessments, RASP's and DME's to ensure all records are properly completed.

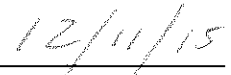
The Administrator will have all resident Assessments, RASP's and DME's reviewed/completed in December 2015.

The Administrator is responsible to ensure continued compliance going forward.

RECEIVED
DEC 15 2015
WEST REGION FIELD OFFICE
Human Services Licensing


Kevin Donahue

ND, 4/27/16


Date

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen PCH Name: DONAHUE S PERSONAL CARE I	WEST REGION FIELD OFFICE Human Services Licensing
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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
Resident #10's assessment, dated 1/9/15 indicates the resident requires minimal assistance with mobility, has diagnoses of depression and anxiety. However the resident's support plan, dated 1/9/15, does not include the description of mobility need or the plan to meet the resident's mobility need. This section was left blank. The support plan does not include the care and services the home will provide for the resident's diagnoses of depression or anxiety. The support plan only indicates "Visits with physician every 4 - 6 weeks in the home."

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 #10 had a new support plan completed on 1/6/16. n.v. 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 & accuracy of support plans including the care and services the home will provide. Documentation of education will be kept. n.v. 4/27/16

See page 18^a of 19

Repeat Violation: No	Date(s) of Previous Violation(s):	
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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) <i>Kevin Donahue, Designee</i> <i>Romona Donahue, Admin</i>	Date <i>12/11/15</i> <i>11/30/15 100</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>PLS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

18^a of 19

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 #10's support plans.

We believe the root cause of this citation is lack of attention and the need for a second set of eyes to review Support Plans and Medical Evaluations.


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

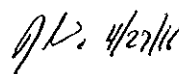
The Administrator and the Administrator Designee will review all resident RASP's and DME's to ensure all records are properly completed.

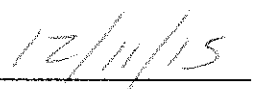
The Administrator will have all resident RASP's and DME's reviewed/completed in December 2015.

The Administrator is responsible to ensure continued compliance going forward.

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Human Services Licensing


Kevin Donahue


JK. 4/27/11


Date 12/11/15

Violation Report: 43034 - 09/22/2015 - Georgoulis, Karen
PCH Name: DONAHUE S PERSONAL CARE I

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1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident #9's medical evaluation, dated 1/8/15, in the box of "Date resident was evaluated", has "14" indicating the year written over with the year "15" the day and month were also written over; however was unidentifiable.

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 #9 had a new medical evaluation completed on 12/28/15. *n.v.* 4/27/16

Immediately - If a correction needs to be made to a resident's record, the erroneous entry will have a single line drawn through it so that the original entry can still be read. The correction will then be initialed and dated by the staff person making the correction. *n.v.* 4/27/16

See page 19^a of 19

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) *Kevin Donahue, Designer* Date *12/11/15*
Ron Donahue, Admin *11/30/15 KO*

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>n.v.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>n.v.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Donahue's Personal Care

19^a of 19

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2600.227(g) 251b 9p. 4/27/16

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 #9's medical evaluation and support plan.

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 and Administrator designee will ensure any/all changes are legible, initialed and dated.

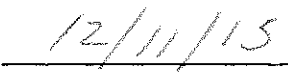
A more detailed training was conducted with all staff persons on December 13, 2015.

The Administrator will have all resident RASP's and DME's reviewed/completed in December 2015.

The Administrator is responsible to ensure continued compliance going forward.


Kevin Donahue

9p. 4/27/16


Date