



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: FEB 10 2016**

Ms. Linda Howard, Administrator  
Perry South Personal Care Home, Ltd.  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home  
License #: 433731

Dear Ms. Howard:

As a result of the Department of Human Services' (Department) licensing inspection on November 16, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.


Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
25b	II	7	\$5	\$35	5 calendar days from mailing date of this letter
187a	II	7	\$5	\$35	5 calendar days from mailing date of this letter
187b	II	7	\$5	\$35	5 calendar days from mailing date of this letter
187d	II	7	\$5	\$35	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

Sincerely,



Matthew J. Jones  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**2a. DESCRIPTION OF VIOLATION**

The home provides financial management for residents #1 and #2; however, the home does not keep records of financial transactions including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**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 will create a financial record for residents #1 and #2. The financial records will include dates, amounts of deposits, amounts of withdrawals and the current balance.

Immediately: The administrator or designated staff person will devise and implement policies and procedures to ensure accurate resident financial management. At a minimum, this policy and procedures will include the following:

- Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

- The home will obtain a written receipt from the resident for cash disbursements at the time of disbursement. These receipts will include the date and amount of disbursement and the resident's signature. All receipts will be kept and documented on the resident's financial record.

- The home shall provide the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis. A copy of the itemized account will be kept in the resident's record. The home will provide the resident the opportunity to review their own financial record upon request during normal business hours.

- Resident funds and property shall only be used for the resident's benefit and shall be kept separate from home funds.

The policies and procedures shall be immediately implemented for all residents the home provides financial management for.

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

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

Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2's resident-home contract, dated 7/22/15, does not include the resident's signature.  
 Resident #3's resident-home contract, dated 5/20/15, does not include the resident's signature.

**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: A resident-home contract for residents #2 and #3 will be completed and signed in accordance with 2600.25(b). The contract will be reviewed and explained to the resident and the resident's designated person if any, prior to signing the document. The completed resident-home contracts shall be kept in the resident's record.

Within 15 days of receipt of the plan of correction: The administrator will review all resident records to ensure there is a resident-home contract completed and signed for all current residents residing in the home. Any resident identified through this review process as not having had a resident-home contract completed, reviewed, explained and signed, shall have a resident-home contract completed immediately upon discovery. Documentation of this review shall be kept.

Within 15 days of receipt of the plan of correction: The administrator will devise and implement a process and procedures to ensure all new resident documentation, to include the resident-home contract, will be signed and completed in accordance with 2600.25(b) within 24 hours of admission. A copy of the completed, signed resident-home contract shall be kept in the resident's record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2014		
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Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Mupirocin Ointment 2%-apply small amount topically twice a day as needed for scabs. However, direct care staff person A, indicated resident #6's Mupirocin Ointment 2% was applied twice a day from 11/1/15 through 11/16/15 to resident #2's toe.

Resident #2 is not prescribed Mupirocin Ointment 2%.

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: At no time or under any circumstance, shall a medication or treatment prescribed for a specific resident be administered to another resident.

Immediately: Resident #2 will be evaluated by a physician, physician's assistant or certified registered nurse practitioner to determine what prescribed medication or treatment the resident requires.

Immediately: At the home's expense, a replacement tube of Mupirocin Ointment 2% will be obtained for Resident #6. A pharmacy receipt shall be submitted to the Department.

Immediately: The administrator will interview all residents to ensure all medical needs are being met with medications or treatments specifically prescribed for each individual resident. If through this interview process a resident is identified as having a medical need that is being treated with a medication or treatment that is not prescribed, this medication or treatment will cease upon discovery and an evaluation with a physician, physician's assistant, certified registered nurse practitioner will be conducted to determine what prescribed medication or treatment the resident requires.

Immediately: The administrator will devise and implement policies and procedures to ensure all prescribed medications are available in the home for administration.

Within 15 days of receipt of the plan of correction: All staff qualified to administer medications will be reeducated on proper medication administration practices in accordance with regulation 2600.182(c) to include identifying the correct resident the medication or treatment has been prescribed for. Documentation of education shall be kept in the staff persons record and a copy submitted to the Department.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

### 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 #2's November 2015 Medication Administration Record (MAR) includes Desoximetasone 0.25% cream - apply topically to the affected area twice daily for skin irritation; however, this medication was discontinued by the Physician on 9/18/15.

Resident #3's November 2015 MAR includes Risperidone 4mg-take ½ tablet by mouth two times daily for mental health; however, the resident is prescribed Risperidone 4mg-take ½ tablet by mouth twice a day as needed for breakthrough symptoms, sleepiness, anxiety and irritability.

### 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: Resident #2's MAR will be updated to remove Desoximetasone 0.25% cream - apply topically to the affected area twice daily for skin irritation.

Immediately: Resident #3's MAR will be updated to include Risperidone 4mg-take ½ tablet by mouth twice a day as needed for breakthrough symptoms, sleepiness, anxiety and irritability.

Immediately: The administrator or designated staff person qualified to administer medications will review all resident MARs at least daily to ensure all prescribed and discontinued medications are documented accurately on the MAR. Documentation of review shall be submitted to the Department.

Immediately: The administrator or designated staff person qualified to administer medication will complete an initial and bi-monthly verification of prescription and discontinued medication orders to ensure all medications are accurately documented on resident MAR's as prescribed. Documentation of verification shall be submitted to the Department.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications will be reeducated on accurately documenting prescribed and discontinued medications accurately on the MAR. Documentation of reeducation shall be kept in the staff persons record and a copy submitted to the Department.

Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015	05/28/2014	03/20/2014
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Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 is prescribed Linzess 290mcg-take one capsule by mouth once daily 30 minutes before first meal. According to the November 2015 MAR this medication was initiated by staff persons as administered to the resident at 8:00 a.m. from 11/1/15 through 11/16/15; however, this medication was not available in the home for administration.

**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 review all MAR's daily on each shift to ensure proper documentation of medication administration is completed at the time of administration. In the instance where the medication is not available, the MAR will be appropriately documented identifying the medication was not available. If this occurs, the administrator or designated staff person will immediately notify the resident, resident's designated person and the prescriber. The prescriber's response to the notification of failure to administer a medication shall be kept in the resident's record. The home will submit a reportable incident to the Department within 24 hours of the failure to administer a medication. The incident report shall be kept in the resident's record. Documentation of reviews shall be submitted to the Department.

Within 15 days of receipt of the plan of correction; All staff persons qualified to administer medications will be reeducated on accurately documenting medication administration, to include properly documenting prescribed medications that are not available for administration or refused by the resident. Documentation of reeducation shall be kept in the staff persons file and a copy sent to the Department.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015	05/28/2014	03/20/2014
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- Not Implemented

Violation Report: 43373 - 11/16/2015 - Garrigan, Laurie

PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 9/17/15, resident #4 was prescribed Linzess 290mcg-take one capsule by mouth once daily 30 minutes before first meal; however, this medication has never been available in the home for administration.

Resident #5 is prescribed Vitamin D3 1000units-take 2 tablets by mouth daily for Cancer; however, this prescribed medication was not available in the home for administration from 11/10/15 – 11/16/15.

**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.*

Immediately: Resident #4's prescribed Linzess 290mg will be obtained. A pharmacy receipt shall be submitted to the Department.

Immediately: Resident #5's prescribed Vitamin D3 1000units will be obtained. A pharmacy receipt shall be submitted to the Department.

Immediately: The administrator or designated staff person qualified to administer medications will verify all resident prescription orders and medications on hand, for accuracy and bi-monthly thereafter, to ensure all prescribed medication is available in the home for administration. Documentation of verification shall be submitted to the Department.

Immediately: The administrator will devise and implement written policies and procedures to ensure all prescribed medications are available in the home for administration at prescribed times. All staff persons shall be educated on the newly implemented medication policy and procedures. Documentation of education shall be kept in the staff persons record. The written policies and procedures and documentation of education shall be submitted to the Department.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015		
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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented