



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: JUN 03 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:

This letter replaces my letter dated May 24, 2016.

As a result of the Department of Human Services' licensing inspections on December 15, 2015 and January 11, 2016 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.

Sincerely,

A handwritten signature in cursive script that reads "Jay Bausch". There are some initials or marks above the signature.

Jay Bausch  
Deputy Secretary

Enclosure  
Licensing Inspection Summary



Violation Report: 43373 - 12/15/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

At 9:00 a.m., all resident records, including those belonging to residents #1, #3 and #4, medication administration records, assessments, support plans, and medications were unlocked and accessible to residents in the four drawer filing cabinet in the dining room on the first floor. Residents, #1 and #2 who are assessed as unable to self-administer medications per the most recent medical evaluations, were also on the first floor. There was no staff present on the first floor; the only staff person in the home was on the second floor.

**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 resident records and medications were locked.

Immediately - A designated staff person on each shift will monitor the home daily to ensure all resident records to include MARs, assessments and support plans are confidential, kept safe and locked.

Immediately - The administrator will monitor the home weekly to ensure all resident records to include MARs, assessments and support plans are confidential, kept safe and locked.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on the confidentiality of resident records to include MARs, assessments and support plans and the procedures for maintaining resident records in a secure location. Documentation of training shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015		
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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)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43373 - 12/15/2015 - 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 manages finances for resident #3. The resident's financial record shows a balance of \$85.02. However, only \$8.78 in cash was in the resident's account. Two receipts, dated 12/13/15, totaling \$76.24 were not deducted from resident #3's account.

**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 correct resident #3's financial record to include withdrawls and 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.

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

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Violation Report: 43373 - 12/15/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 A Department's poster of the list of resident's rights was not posted in a conspicuous and public place in the home. A copy of the resident rights poster was in a binder, labeled "Fire drills, City of Pittsburgh Emergency Preparedness, Health Department and Furnace Inspection." The binder was located on a table in the first floor hallway.

**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 Department's poster of the list of resident's rights was posted.

Immediately - The administrator or designated staff person will check the home weekly to ensure all required postings including the Department's poster of the list of resident's rights are posted in a conspicuous and public place in the personal care home.

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Violation Report: 43373 - 12/15/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**  
 There was no lid on the trash can located in the back yard. Also, there was trash in the yard to include, sheets of newspaper, Reese candy wrapper, white plastic grocery bag, empty 32.5 pound square plastic container of Wind fresh Laundry Detergent and a white garbage bag with a red draw string were under the pine tree.

**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 remove all trash from the home's grounds, and place in a covered receptacle.

Within 15 days of receipt of the plan of correction: The administrator or designated staff person will monitor the exterior grounds of the home at least weekly to ensure sanitary conditions are maintained, to include, keeping trash in covered receptacles

Within 15 days of receipt of the plan of correction: All staff persons will be educated on sanitary conditions, to include, keeping trash outside the home in covered receptacles.

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Violation Report: 43373 - 12/15/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**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 menu posted in the dining room, dated 12/1/15-12/31/15, only included the dinner meal.

**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: To involve the residents in meal planning, the administrator will meet with the residents at least monthly to obtain foods and recipes the residents would like to see on the menu. The administrator will create a current weekly menu and a menu for the following week indicating the specific food items served at each meal. These menus will be posted in a conspicuous and public place in the home.

Immediately: The administrator or designated staff person will check the home daily to ensure the menus for the current and following week are posted in a conspicuous and public place in the home. Any changes to the menu shall be posted in a conspicuous and public place in the home in accordance with 2600.162(e). Documentation of these checks shall be kept.

Immediately: The administrator will ensure the home has the specific foods identified on the menu available in the home. If there is a need to change the menu, this change will be posted, in advance of the meal, in a conspicuous and public place in the home in accordance with 2600.162(e). Past menus of meals that were served, including changes, shall be kept for at least one month in accordance with 2600.162(d).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015		
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Violation Report: 43373 - 12/15/2015 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

At 9:00 a.m., all resident medications, including those belonging to residents #1, #3 and #4, were unlocked and accessible to residents in the four drawer filing cabinet in the dining room on the first floor. Residents, #1 and #2 who are assessed as unable to self-administer medications per the most recent medical evaluations, were also on the first floor. There was no staff present on the first floor; the only staff person in the home was on the second floor.

**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: Medications were locked.

Immediately: The administrator or designated staff person will check the home daily to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked.

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Violation Report: 43373 - 12/15/2015 - 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**

The December 2015 medication administration records (MAR) for the seven residents served in the home does not include the names of staff administering medications and the home does not have a master key of staff who administer medications.

Resident #3's December MAR does not include a route of administration for Ultram 50mg-take 1 tablet three times daily.

Resident #4's December MAR does not include a route of administration for Acetaminophen 325mg-take two tablets two times daily.

**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: All residents MAR's, to include residents #3 and #4, will be reviewed to ensure all required contents in accordance with regulation 2600.187(a), to include route of administration for all currently prescribed medications and name and initials of the staff persons administering medications have been included.

Immediately: The administrator or designated person qualified to administer medication will review all resident MARs at least weekly to ensure all prescribed medications are documented on the MAR as prescribed, including the route of administration and initials of the staff persons administering medications. Documentation of review shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015	01/22/2015	
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Violation Report: 43373 - 12/15/2015 - 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 #1's December 2015 MAR does not include initials of staff administering 50mg tablet of Tramadol at 1:00 p.m. on 12/4/15.  
 Resident #4's December 2015 MAR does not include initials of staff administering 2mg tablet of Risperidone at 8:00 p.m. on 12/4/15.

**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: All staff persons qualified to administer medications will be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration.

Immediately: The administrator or designated staff person will review all MARs daily to ensure the proper documentation of medication administration. Documentation of reviews shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015		
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Violation Report: 43373 - 12/15/2015 - 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 12/11/15, resident #3 was prescribed Tramadol HCL 50 mg 1 tablet three times daily for two weeks. However, the December 2015 medication administration record (MAR) and staff interviews indicate the medication was only administered twice a day at 8:00 a.m. and 8:00 p.m., on 12/12/15, 12/13/15 and 12/14/15.

**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 -The administrator or designated staff will review all prescription orders for all residents to ensure all prescriptions orders are current and are accurately documented on all resident MAR's.

Immediately - The administrator will observe each medication administration at least three times a week ensure all resident medications are administered as prescribed and recorded on the MAR at the time of administration.

Within 15 days of receipt of the plan of correction, all staff persons qualified to administer medications will be reeducated on the proper procedures for medication administration to include following the directions of the provider.

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

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



Violation Report: 43373 - 01/11/2016 - Garrigan, Laurie				
PCH Name: PERRY SOUTH PERSONAL CARE HOME				
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 The hatchway cellar door from the basement steps leading to the back yard rubbed against the brick wall of the home approximately 4 inches at the top of the door causing resistance. Two agents from the Department could not open the door.				
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> Immediately: The basement door will be repaired so it will open freely.  Immediately: A designated staff person on each shift will check the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.  Within 15 days of receipt of the plan of correction: All staff persons will be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed.				
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 01/11/2016 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. **REGULATION 55 Pa.Code §2600**  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. **DESCRIPTION OF VIOLATION**  
 A sleeping hour fire drill was conducted on 3/15/15 at 8 p.m., another sleeping drill was not conducted until 10/8/15 at 9:37 p.m.

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.*

By 10/31/16: The home will conduct two unannounced sleeping hour fire drills.

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure a sleeping hour fire drill is conducted at least once every six months.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 01/11/2016 - Garrigan, Laurie  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 is prescribed Clonazepam 0.5 mg three times daily. Resident #1 goes to a Goodwill program Monday thru Friday. Staff from the home gives resident #1 his afternoon dose of Clonazepam 0.5 mg in his/her lunch to self-administer while he/she is at Goodwill. However, resident #1's medical evaluation, dated 10/10/15, indicates this resident cannot self-administer medications.

**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 #1 will not self-administer any medications until formally assessed by a physician, physician's assistant or certified registered nurse practitioner.

Immediately: An in person medical evaluation to determine the ability to safely self-administer medications will be scheduled for resident #1. The results of the evaluation shall be documented on the Department-approved medical evaluation. If it is determined that resident #1 can safely self-administer medications, the resident's assessment and support plan shall be updated to include the ability to self-administer medications.

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