



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 23 2016

Ms. Rebecca L. Brady, COO/Administrator  
Reformed Presbyterian Women's Association  
2344 Perrysville Avenue  
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home  
License #: 429660

Dear Ms. Brady:

As a result of the Department of Human Services' annual licensing inspection on April 7, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: REFORMED PRESBYTERIAN HOME		License Number: 42986
Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		County: Allegheny
Administrator: Patty Wilson		Region: WEST
Legal Entity Name: REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION		
Legal Entity Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		
Certificate(s) of Occupancy C-2 LP 10/10/1983 City of Pittsburgh		<b>RECEIVED</b>  JUN 16 2016  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A                      Total Daily Staff: 11                      Working Staff: 8		
Type of Inspection: Full                      BHA Docket Number: N/A                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2016: Park, Beth; Sedford, Katie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 56 Number of Residents Served: 10 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 10 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 42066 - 04/07/2016 - Park, Belh  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 2006, did not have training required during the 2015 training year to include: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan; and personal care service needs of the resident.

Direct care staff person B, hired on [redacted] 2011, did not have training required during the 2015 training year to include: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan; and personal care service needs of the resident.

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.

- We will identify person-centered training vital to fulfill residents' needs. Staff persons A+B were retrained on 6/28/16. *AK: 8/12/16*
- Personal care administrator will conduct a comprehensive survey of our unit's care needs, including each resident's unique treatment requirements, common or repeated themes then identifying essential education.
- A thorough assessment starts immediately and will be completed in thirty days, 7-16-16.
- We will explore relevant training media and educational avenues & opportunities. We will schedule staff to participate and complete trainings.
- Future training goals will be geared to residents' person-centered-care, not to staff's interests or staff's personal education.
- Staff receives copy of this report. Residents support plans and screening will match training more specifically than current trainings. *see below \**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Patricia Wilson RN, PCA*

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

PATRICIA WILSON RN, PCA

Date 6-15-16

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

The above plan of correction is approved as of 8/12/16  
(Date)

Plan of correction implementation status as of 8/12/16  
(Date)

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

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

\* Within 30 days of receipt of the plan of correction, a designated staff person will review all training records to ensure that all direct care staff persons have annual training in all topics required under regulation 2600.65P AK

Violation Report: 42968 - 04/07/2016 - Park, Beth  
PCH Name: REFORMED PRESBYTERIAN HOME

JUN 16 2016

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's bedroom smelled strongly of urine. There was a large, yellow colored stain approximately 10 inches across, on resident #3's bedspread that appeared to be urine.

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.

*This resident is quite alert and oriented. We have addressed personal hygiene and room conditions many times. Resident is completely resistant to friends' and staff's offers of help and suggestions. [redacted] considers this interference with [redacted] personal space.*

- Resident's bedspread is washed by this time, then replaced with new.
- Personal Care Administration will provide written notification to residents of planned random weekly inspections addressing sanitation, hoarding and any unhealthy conditions.
- Letter of note will be sent to resident and/or responsible party this month starting June 17, 2016.
- Personal Care Administrator will begin random weekly room inspections the first week of July, 2016.
- If unhealthy conditions are identified, Personal Care Administrator will bring these to resident's attention and/or responsible party for resolution.
- Staff will be instructed to notify the Personal Care Administrator of any additional concerns. We will also add training specifically related to hoarding and how to respond.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Patricia Wilson RN, RCHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *PATRICIA WILSON RN, RCHA*      Date *6-15-16*

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

The above plan of correction is approved as of 7/12/16  
(Date)

Plan of correction implementation status as of 8/12/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.P.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by 8/12/16  
(Initials)

RECEIVED

JUN 16 2016 Page 5 of 8

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/07/2016 - Park, Beth  
PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no lamp or other source of lighting within reach of resident #2's bed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- A lamp within resident's reach will be available for resident.
- Resident's family wants to provide appropriate lamp that will be within resident's reach.
- Resident's son will install lamp by Friday, June 24, 2016.
- Resident's family will purchase and install lamp of their choice.
- Weekly room inspections plus staff will identify any instances of regulatory noncompliance.
- Staff education will be instituted as to expectations of Regulation 55 Pa. Code 2600.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Patricia Wilson RN, RHA*

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

PATRICIA WILSON RN, RHA

Date 6-15-16

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

The above plan of correction is approved as of 8/12/16  
(Date)

Plan of correction implementation status as of 8/12/16  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *P.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42988 - 04/07/2016 - Park, Beth  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The evacuation time for the fire drill held on 10/3/15 at 6:05 a.m. was 6 minutes and 5 seconds. However, the maximum safe evacuation time, determined by a fire safety expert on 9/29/15, is 4 minutes.

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.

*We failed the four minute limit for evacuation due to one alert and oriented individual. This is noted resident # 3. [redacted] refused to participate. With staff assistance and intervention, resident was moved to safety zone, but not within the four minute safe evacuation time.*

- Resident will receive information and a letter notifying that failure to participate in fire drills will jeopardize residence here.
- said letter will be written by administration of Reformed Presbyterian Home, Personal Care Unit.
- Letter will be issued and mailed by Friday, June 17, 2016.
- Staff and Personal Care Administrator will monitor resident's participation in all future fire drills.
- If resident refuses to participate with fire drill time limits, [redacted] will review conditions stated in the letter. Action may be needed to remind the admission agreement, then provide relocation assistance.
- Staff will review the Residents' Rights, admission agreement, and other information of the Regulation 55 Pa. Code 2600 and discuss these facts as training each year.

*Fire drills conducted on 5/19/16, 6/29/16 + 7/29/16 were all completed in less than 4 minutes.*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Wilson RN, RHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PATRICIA WILSON RN, RHA*      Date *6-15-16*

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

The above plan of correction is approved as of <u>8/12/16</u> (Date)	Plan of correction implementation status as of <u>8/12/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 16 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42966 - 04/07/2016 - Park, Beth  
PCH Name: REFORMED PRESBYTERIAN 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 March medication administration record (MAR) does not include the initials of the staff person who administered Norvasc 5mg, take 1 tablet daily, on 3/28/16, 3/29/16, 3/30/16 and 3/31/16.

Resident #2's March MAR does not include the initials of the staff person who administered Atorvastatin 20mg, take 1 tablet daily at bedtime, on 4/4/16.

Resident #2's March MAR does not include the initials of the staff person who administered Lantus 100u, inject 5 units subcutaneously at bedtime, on 4/6/16.

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.

- Weekly audits of monthly MARs will be conducted.
- Personal Care Administrator or a designated person-staff will do audits of MARs checking for complete compliance.
- Audits of MARs will begin week of June 20, 2016.
- Any errors will be made evident to staff via written, verbal, or e-mail notices.
- MAR audits will continue weekly, and results documented then reviewed.
- All medication pertified staff will be re-educated on the 5 Rights of medication and documentation. Random medication pass observations will be done as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Wilson RN, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PATRICIA WILSON RN, RCHA* Date *6-15-16*

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The above plan of correction is approved as of 8/12/16  
(Date)

Plan of correction implementation status as of 8/12/16  
(Date)

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

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

Violation Report: 42966 - 04/07/2016 - Park, Beth  
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 3/10/16, was not signed by the resident and did not indicate if the resident refused to sign or was unable.

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's signature or refusal to sign will be obtained on support plan.
- Personal Care Administrator will attend to securing resident's signature or refusal after a review of support plan.
- Documentation will be acquired on resident's support plan by Friday, June 17, 2016
- All residents' support plans will be examined for accuracy, timeliness, and completeness of signatures
- All Personal Care Staff will be educated on requirements of regulation 55 Pa.Code 2600.227 (h). Discussion and questions will be encouraged.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Patricia Wilson RN, RCHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *PATRICIA WILSON RN, RCHA* Date *6-15-16*

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The above plan of correction is approved as of 8/12/16  
(Date)

Plan of correction implementation status as of 8/12/16  
(Date)

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

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