



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935, 320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor Personal Care Home, LLC
License #: 448630

Dear Mr. and Ms. Dougherty:

As a result of the Department of Human Services' annual licensing inspections on April 20, 2016 and September 8, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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.Codo Chapter 2600**

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44883
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		County: Butler
Administrator: Kathleen Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		RECEIVED
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy C-2 LP 07/24/1985 Dept L&I		OCT 02 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Dully Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/20/2016: Barry, Courtney; Summers, Vicky		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 24 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: 22 Are 60 Years of Age or Older: 12 Have Mental Illness: 20 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1

OCT 02 2016

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Violation Report: 44883 - 04/20/2016 - Barry, Courtney
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
 Human Services Licensing

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
 The following confidential resident records were unlocked, accessible and unattended on a desk shelf in the kitchen:
 *Emergency medical information for every current resident, including social security numbers, medical insurance, date of birth, and DNR orders.
 *Home health and hospice information from January 2015 thru March 31, 2016. The documentation included temperature, heart rate, blood pressure, pulse ox and weight for 19 residents, including resident #1, #4, #5, #6. Also, a folder containing resident #7's home health records, hospital discharge records and prescriptions.

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.

Administrator has moved the binders with these records into the locked office area.
The binders I was informed were fine by a prior inspector as long as the information is not sitting open to view. All hospice and home health staff that visits the home must have direct care staff escort them into the private office to view their records & documentation.
IMMEDIATELY - All staff persons will be reeducated on this requirement.

Repeat Violation: No Date(s) of Previous Violation(s):
 Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-04-16*

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

The above plan of correction is approved as of 11/29/16 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 11/29/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

** Unacceptable portion of plan*

11/29/16

Immediately - The administrator will monitor the home at least 3 times per week to ensure resident records are kept locked. 11/29/16

OCT 02 2016

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home in [redacted] 2015. In March 2016, police found that checks totaling approximately \$21,937.00 from resident #1's bank account were made payable to staff person A, the home's manager, and deposited into his/her personal bank account. On 4/6/16, according to the police, staff person A admitted to the theft. Staff person A was arrested on 51 counts of forgery and 1 count of theft by unlawfully taking - moveable property.

On 4/9/16, staff person B asked staff person A about resident 2's nonpayment of rent. Staff person A left the home and returned with only \$400.00 of \$1,107.30 of resident #2's rent. Staff person A had access to his/her bank card since the resident was admitted to the home in [redacted] 2016, including his/her PIN number for ATM withdrawals.

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 NO LONGER EMPLOYEE OF HOME AS OF [redacted] 2016 - DC 11/29/16
As a plan of correction Washington Manor is requiring two signatures when it pertains to resident allowances or any money involvement. The home also is encouraging, as always, residents to have a representative payee. The home has had a policy for years regarding staff involvement with resident money, gifts etc which staff person A knew of and ignored. Residents #1 and #2 both used their legal right to handle their own money and refused to obtain a payee representative. Washington Manor will continue our policy of encouraging payee representatives and reminding staff of our longstanding policy (attached) plus the new policy of two signatures.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-04-16*

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

The above plan of correction is approved as of 11/29/16 (Date)

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

Plan of correction implementation status as of 11/29/16 (Date)

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

STAFF REEDUCATED ON HOME'S GIFT/MONETARY POLICY ADDN RESIDENTS' RIGHTS AND MANDATORY REPORTING REQUIREMENTS REGARDING ABUSE INCLUDING ANY SUSPECTED FINANCIAL EXPLOITATION OF A RESIDENT.

OCT 02 2016

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On 4/20/16 the dishwasher in the kitchen has black stains.

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 Care Home disagrees with this violation:*

The dishwasher in the Kitchen had not be in operation since February 2016 and was to be replaced and removed from the facility. The dishwasher was removed shortly after the 04-20-16 inspection. The inspector claimed it had black mold embedded in the white hard plastic that was unremovable. My appliance repair specialist informed me this is a hard-water stain not mold and common in old dishwashers. The care home already has a physical site checklist which has the dishwasher as an item to be cleaned daily.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-04-16*

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

The above plan of correction is approved as of <u>4/29/16</u> (Date)	Plan of correction implementation status as of <u>4/29/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 02 2016

Violation Report: 44883 - 04/20/2016 - Barry, Courtney

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 05 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The following bathrooms had inoperable exhaust fans:

*Main floor, across from the medication room

* 2nd floor, outside of room 11

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 administrator showed both inspectors in the closure / review meeting at the day's end both brand new exhaust fans that had already been purchased to replace the defective fans. On 04-22-16 electrician, [redacted], replaced the two fans. [redacted]

did the 2nd floor across from room 11 with one fan but being misinformed by staff put the other fan in the staff basement bathroom. The bath-fan across from the old medication room since has also been replaced.

IMMEDIATELY AND AT LEAST MONTHLY THEREAFTER - The administrator or designee will monitor the home to insure all bathroom fans are operable. *JK 4/29/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *04-04-16*

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

The above plan of correction is approved as of 4/29/16 (Date)

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

Plan of correction implementation status as of 4/29/16 (Date)

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

OCT 02 2016

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
There was no soap in the bathroom across from the medication room.

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.

Part of the direct care staff's routine is to clean the bathrooms and reload the soap dispenser daily. This is completed during the 7 to 3 shift daily; staff member had yet to reach that bathroom. Care home has added the night-shift staff the duty of checking all soap dispensers to assist day staff and ensure soap is available at all times - this will correct from any future violations.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-08-16*

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

The above plan of correction is approved as of 11/29/16 (Date)

Plan of correction implementation status as of 11/29/16 (Date)

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

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

RECEIVED

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

OCT 02 2016

1. REGULATION 55 Pa.Code §2800
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The ramp, front, and kitchen exits were used for all monthly fire drills from January 2015 to April 2016.

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.

Home disagrees with this violation

Administrator had been informed by Butler City's Fire chief that all exits are to be used for quickest exit of the facility during a fire/fire drill. On April 20, 2016 inspector indicated that only one exit of the three should be used during a fire drill which I still don't understand since it makes it more difficult to evacuate all residents quickly. I disagree with this violation. * unacceptable portion of plan

The care home as a plan of correction is now using ^{BLOCKING} only one exit when conducting monthly fire drills starting May 2016 in the log.

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 08-04-16

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

The above plan of correction is approved as of 11/29/16 (Date)

Plan of correction implementation status as of 11/29/16 (Date)

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

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

OCT 02 2016

Violation Report: 44863 - 04/20/2016 - Barry, Courtney

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

There are only 1 or 2 staff persons working in the home; however, the fire drill logs indicate that 3 have participated in all fire drills from March through November 2015 and January through April 2016.

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.

As a plan of correction the care home will now only have the staff person or persons on duty conduct the fire drill.

The reason that the fire log indicates three staff participating is because the administrator and manager counted themselves in the staff column as they were present for every drill.

As previously stated only staff on duty will conduct drills in the future.

Other staff in the home may observe and/or time the fire drills.

John D. Dougherty

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 08-04-16

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

The above plan of correction is approved as of 6/29/16
(Date)

Plan of correction implementation status as of 6/29/16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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OCT 02 2016

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on [redacted] 16. The resident's medical evaluation was completed on [redacted] 15, more than 60 days prior to admission.

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 administrator, as the plan of correction, is handling all new admissions and proper completion of all medical evaluations. This duty was on the manager prior to this change. Resident #3 is no longer at Washington Manor.

All new residents will have a medical evaluation completed within 60 days prior to admission or 30 days after admission.

J whole

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/18/2015

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-04-16*

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

The above plan of correction is approved as of 12/20/16 (Date)

Plan of correction implementation status as of 12/20/16 (Date)

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

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

OCT 02 2016

Page 10 of 12

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.161(c) - Additional portions of meals and beverages at mealtimes shall be available for the resident.

2a. DESCRIPTION OF VIOLATION
Additional portions of meals at mealtimes are not regularly available to residents.

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 care home disagrees with this violation:
The administrator conducts bi-weekly interviews of residents to listen to any ideas for improvement or hear concerns/complaints. Not in one interview is there a complaint regarding this issue but a few compliments on dinner were provided. During the inspection apparently this was mentioned during breakfast as a concern by a resident(s). I found out from staff that the former manager was not generous with seconds on cereal.
The home as a plan of correction will continue with bi-weekly resident interviews and also continue receiving staff input/concerns in monthly meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 08-04-16

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

The above plan of correction is approved as of 12/28/16 (Date)

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

Plan of correction implementation status as of 12/28/16 (Date)

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

OCT 02 2016

Violation Report: 44863 - 04/20/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC 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
The April 2016 medication administration record (MAR) for resident #2 does not include a diagnosis or purpose for Vimpat 50 mg tablet, one tablet by mouth twice daily, or Clonazepam 1 mg tablet, 1 tablet by mouth twice daily.
The April 2016 MAR for resident #3 does not include a diagnosis or purpose for Adapalene 0.1% gel, apply topically to face.

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.
MAR updated with diagnoses. & 12/20/16
The administrator, as the plan of correction, is handling all medication records and removing this duty from the manager's position completely.
Immediately - all staff who administer medications will be reeducated on contents of MAR.
Immediately - at least monthly, the administrator or designee will review the MAR to ensure all required contents are present. On 12/20/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *08-04-16*

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

The above plan of correction is approved as of 12/20/16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 12/20/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		County: Buller
Administrator: Kathy Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		RECEIVED
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy C-2 LP 07/24/1985 Dept L & I		NOV 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 25 Waking Staff: 19
Type of Inspection: Interim - POC		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 09/08/2016: Barry, Courtney; Eveses, Joseph		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 25 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: 23 Are 60 Years of Age or Older: 12 Have Mental Illness: 25 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44863 - 09/08/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on [redacted] /16; however, the initial medical evaluation was completed on [redacted] 15.
Resident #2 was admitted to the home on [redacted] /16; however, the initial medical evaluation was completed on [redacted] 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 administrator had been misinformed by the Area Agency on Aging that if a resident arrives from another home in Butler County with a current medical evaluation (less than a year old) it was good and no new medical evaluation needed done. * unacceptable portion of plan

The plan of correction is that the home, as a new policy, will do medical evaluations on every new resident whether they were previously at a Butler County licensed home or not. This initial medical evaluation will be scheduled by the administrator (B) and completed no more than 60 days prior to, or 30 days after admission.

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty 11/29/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 11-29-16

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

The above plan of correction is approved as of 11/29/16 (Date)

Plan of correction implementation status as of 11/29/16 (Date)

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

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

RECEIVED

NOV 29 2016

Page 3 of 3

Violation Report: 44863 - 09/08/2016 - Barry, Courtney
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 16; however, an assessment was not completed.

The assessment for resident #2, admitted [redacted] 16, does not include the date it was completed. Also, the assessment is blank in the following sections: Dental, Dietary, Sensory Needs, Mental Health and the Behavioral or Cognitive Care Needs section, recreational, summary and determination.

Resident #4 was admitted to the home on [redacted] 16; however, an assessment was not completed.

Resident #5 was admitted to the home on [redacted] 16; however, an assessment was not completed.

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.

As a plan of correction the administrator (B) and staff member C will both be in charge of completing new resident paperwork, assessments and medical evaluations, which will be completed within 15 days of admission.

Assessments for all identified residents completed.

Immediately - The administrator or designee will review all resident records to ensure a current, complete, and accurate assessment is present in each resident's record.

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 11-29-16

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

The above plan of correction is approved as of 11/29/16 (Date)

Plan of correction implementation status as of 11/29/16 (Date)

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

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

11/29/16