



JUL 19 2016

Ms. Honey Nunez, Owner  
Paraclete Group LLC  
421 Cottage Lane  
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home  
108 Water Street  
New Stanton, Pennsylvania 15672  
License #: 440570

Dear Ms. Nunez:

As a result of the Department of Human Services' annual licensing inspection on May 10, 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 "Jay Bausch", written in a cursive style.

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2610**

FCR Name: GEORGE'S PERSONAL CARE HOME		License Number: 44057
Address: 106 WATER STREET, NEW STANTON, PA 15872		County: Westmoreland
Administrator: HONEY NUNEZ		Region: CENTRAL
Legal Entity Name: PARACLETE GROUP LLC		
Legal Entity Address: 421 COTTAGE LANE, MONROEVILLE, PA 15146		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 05/15/1996 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 15	Waiting Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/10/2016: Bomberger, Cybil		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Trigger:	Reason Indicator:	
Resident Demographic Data as of Inspection Date		
<b>Licensed Capacity: 18</b>	<b>Number of Residents who:</b>	
<b>Number of Residents Served: 15</b>	Receive Supplemental Security Income: 1	
<b>Secured Dementia Care Unit in Home: NO</b>	Are 60 Years of Age or Older: 12	
<b>Answer:</b>	Have Mental Illness: 0	
<b>Secured Dementia Unit Capacity, if Applicable:</b>	Have an Intellectual Disability: 2	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b>	Have a Mobility Need: 0	
<b>Number of Current Hospice Residents: 1</b>	Have a Physical Disability: 0	
<b>Number of Hospice Residents in past year: 1</b>		

Honey Nunez 5/27/16

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 dated 8/21/15, does not include the current home rules.

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 found the missing page of resident #1 home contract regarding house rules.

Administrator reviewed, completed and explained to resident #1 [redacted] home contract on May 11, 2016.

Resident #1 signed the home contract house rules on May 11, 2016 and received copies of house rules.

In the future, administrator will double check new admitted resident home contract to make sure its complete that specify house rules related to home services including smoking resident is to be in designated areas outside at the gazebo.

Administrator will annually check residents home contract to make sure there's no missing pages.

All staff persons educated the importance of complete resident home contract regarding house rules.

Attached checklist and resident #1 signed house rules. ✓ 1A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Helen Nunez (Administrator)	5-27-16

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

The above plan of correction is approved as of <u>6/8/16</u> (Date)	Plan of correction implementation status as of <u>6/8/16</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

*[Signature]* 5/27/16

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 dated 8/21/15, does not include the complete list of resident rights.

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 found the missing pages of resident #1 home contract regarding resident rights and complaint procedures.

Administrator reviewed, completed and explained to resident #1 [redacted] resident rights and complaint procedures on May 11, 2016.

Resident #1 signed home contract resident rights and complaint procedures and received copies on May 11, 2016.

Administrator will annually check residents home contract to make sure there are resident rights and complaint procedures.

All staff persons educated the importance of complete home contract regarding resident rights and complaint procedures.

Attached checklist and resident #1 signed resident rights and complaint procedures.

1A

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Plan of correction implementation status as of 6/8/16  
 (Date)

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

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

*[Signature]* 5/27/16

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
 The home has not implemented it's quality management plan as a quality management review was not conducted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home administrator established a quality management plan review and conducted on May 16,2016. All staff persons educated about the importance of annually quality management review.

Administrator will annually implement a quality management review. Checklist and quality management review attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Honey Nunn (Administrator)* Date *5-27-16*

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 (Initials)

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*Honey Nunn 5/27/16*

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
PCH Name: GEORGE'S PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
Resident #2's latest medical evaluation was completed on 3/17/14.  
Resident #3's latest medical evaluation was completed on 2/3/15.  
Resident #4's latest medical evaluation was completed on 1/1/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home Physician completed resident #2, #3 and #4 medical evaluation.

Administrator reviewed the medical evaluation of all residents to ensure they are up to date.

All staff persons educated the importance of resident's medical evaluation at least annually for resident's care needs and services. Also the need for a new medical evaluation when a resident has a significant change in condition.

Administrator will use a checklist system noting dates of resident's medical evaluation expiration and ensure all residents have medical evaluation a month ahead of time. Checklist attached. 1A

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Honey Wvury (Administrator)      Date 5/27/16

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Honey Wvury 5-27-16

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 FCH Name: GEORGE'S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2800**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION-**

Prescribed Ventolin HFA 90 mcg. for resident #5 which had expired December, 2015 had not been destroyed or disposed of.

**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 ordered new Ventolin HFA 90 mcg for resident #5 on May 12, 2016 and disposed resident #5 expired Ventolin HFA 90 mcg PRN inhaler.

Re-educated all staff persons administering medication on medication administration and storage practices including ordering new medication for resident who has a medication that near expiration. Re-educated all staff persons on disposing residents expired medication or return to pharmacy any expired medications.

Administrator and a designated staff person will check resident's medications weekly to ensure that new medication need re-order before resident medication near its expiration and disposed or give to pharmacy any expired medications. Checklist attached and receipt copy of resident #5 new inhaler Ventolin HFA 90 mcg.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Honey Nunez (Administrator)*

Date *5-27-16*

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 (Date)

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*[Handwritten Initials]*  
 (Initials)

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*Honey Nunez 5-27-16*

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

**1. REGULATION 85 Pa. Code §2600**

2800.187(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 medication administration record for resident #1 does not contain the diagnosis or purpose for the prescribed medications Benztropine .5mg and Perphenazine 8mg.  
 The medication administration record for resident #6 does not contain the diagnosis or purpose for prescribed Divalproex Sod. ER 500mg, and Gabapentin 300mg.

**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 informed the pharmacist about resident #1 and #6 missing diagnosis on their MAR. Pharmacist sent a new MAR for resident #1 Benztropine .5mg and Perphenazine 8mg that contain diagnosis. Pharmacist sent a new MAR for resident #6 Divalproex Sod. ER 500mg and Gabapentin 300mg that contain diagnosis. Attached copies of resident #1 and resident #6 new MAR.  
 Checklist monthly for administrator to review resident's medication administration record to ensure its completion including resident's diagnosis.  
 All staff persons re-educated the importance of having diagnosis on medication administration record and any found errors, missing on MAR need to report to pharmacist immediately for correction.

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) Honey Nunez (Administrator) Date 5-27-16

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Honey Nunez 5-27-16

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 who was admitted to the home on [redacted] 15, has not been educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error.

**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 found the missing page of resident #1 home contract regarding resident #1 right to question or refuse a medication documentation.

Administrator re-educated resident #1 to [redacted] right to question or refuse a medication if [redacted] believes there may be a medication error on May 11, 2016  
 Attached a copy of signed documentation of resident #1 regarding [redacted] right to question or refuse medication.

Administrator will double check new admitted resident home contract to ensure it has documentation regarding educating resident right to question or refuse medication if resident believes that there may be a medication error.  
 Checklist attach. 1A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Honey Nunez Administrator</i>	<i>5-27-16</i>

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*Honey Nunez 5-27-16*

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 FCH Name: GEORGE'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

There is not current weekly activity calendar posted in the home as the activity calendar posted is dated for the month of 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.

Administrator posted a current weekly activity calendar on dining room wall on May 10, 2016.

All staff persons educated the importance of current weekly activity calendar posted on dining wall.

Checklist will be implemented for administrator to make activity calendar 2 months in advance

Attached current weekly activity calendar and checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Honey Wynn (Administrator)			5-27-16
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BAS (Initials)		Honey Wynn 5-27-16	

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2606**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 The pre-admission screening form for resident #1, admitted [REDACTED] 15, does not include a determination that the home can meet the 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.

While inspector was here, administrator documented (marked X) on resident #1 pre admission screening form determination that resident #1 needs can be met by the services provided by the home.

Administrator will review newly completed resident preadmission screening form to ensure completion including documented determination that the needs of the resident can be met by the services provided by the home.

All staff persons educated the importance of resident pre-admission screening form completion.

Checklist attached. *1A*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Honey Numa</i>	<i>5-27-16</i>

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*Honey Numa 5-27-16*

Violation Report: 44067 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

- 1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 The most recent assessment/RASP for resident #2 is dated 3/16/14.  
 The most recent assessment/RASP for resident #3 is dated 2/19/15.  
 The most recent assessment/RASP for resident #4 is dated 1/1/15.

**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.*


Administrator completed resident #2, resident #3 and resident #4 RASP.

Administrator reviewed each resident assessment support plan to ensure they are up to date.

All staff persons educated the need to have annually new resident assessment support plan that should accurately reflect resident care needs and services and to ensure completion before assessment date expired.

Administrator will use a checklist system noting dates of resident assessment support plan that resident should have RASP annually, if the condition of the resident significantly changes prior to the annual assessment and at the request of the Department upon cause to believe that an update is required.

Attached checklist 1A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Henry Nunez (Administrator)			Date 5-27-16
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Henry Nunez 5-27-16

Violation Report: 44057 - 05/10/2016 - Bomberger, Cybil  
 PCH Name: GEORGE'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The records for residents #1, 2, 3 and 4 do not include the resident's eye color.

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 made a new face sheet that includes eye color of residents #1,2,3,4.

Administrator reviewed and completed each residents record.

All staff persons educated the importance of resident's eye color on each resident's record.

Administrator will check each resident record annually to ensure completion.

Attached checklist and new resident face sheet.

1A

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Honey Nunez (Administrator)</i>	Date	<i>5-27-16</i>
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*Honey Nunez 5-27-16*