



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to PERRY SOUTH PERSONAL CARE HOME LTD  
LEGAL ENTITY

To operate PERRY SOUTH PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 1129 TWEED STREET, PITTSBURGH, PA 15204  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 20, 2016 until September 20, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433730

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 20 2016

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

RE: Perry South Personal Care Home  
License #: 433730

Dear Ms. Howard:

As a result of the Department of Human Services' licensing inspections on June 21, 2016 and August 1, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: PERRY SOUTH PERSONAL CARE HOME		License Number: 43373
Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		County: Allegheny
Administrator: Linda Howard		Region: WEST
Legal Entity Name: PERRY SOUTH PERSONAL CARE HOME LTD		
Legal Entity Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		
Certificate(s) of Occupancy R-4 10/30/2008 City of Pittsburgh		
Staffing Hours Resident Support: N/A                      Total Daily Staff: 7                      Waking Staff: 5		
Type of Inspection: Full                      BHA Docket Number: 034-15-0011                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Provisional, Monitoring, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 06/21/2016: Park, Beth; Williams, Jason; Sutherland, Brent		
Off-Site Inspection Dates and Inspectors, if Applicable  <p align="center"><b>RECEIVED</b> JUL 11 2016 WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 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: 3 Are 60 Years of Age or Older: 4 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43373 - 06/21/2016 - Park, Beth

JUL 1 1 2016

PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident and staff interviews indicate that residents of the home, including resident #2, unload the grocery truck approximately one time per month. Residents are not paid for this labor.

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.

1. AFTER Educating All staff and Residents About the rule of staff and Residents helping unload the grocery for the home, No Resident will be asked to help.  
2. IF They want to Volunteer! they may.  
3. IT is NEVER demanded that they help.  
4. IF changes are to be made they will be compensated, but this is NOT NECESSARY to be done.  
5. They ARE and have never been asked to help put food away.

Immediately: Residents will no longer perform labor on behalf of the home without compensation in accordance with state and federal labor laws. If any resident performs labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, such labor will be voluntary and the resident will be compensated in accordance with state and federal labor laws. Accurate and detailed documentation shall be kept to demonstrate compliance, including hours worked and amount paid.

9/24/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard - Administrator*      Date *7-5-16*

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

The above plan of correction is approved as of 8/24/16 (Date)

Plan of correction implementation status as of 8/24/16 (Date)

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

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

RECEIVED

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

JUL 14 2016

1. REGULATION 55 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:  
(1) A license as a registered nurse from the Department of State.  
(2) An associate's degree or 60 credit hours from an accredited college or university.  
(3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.  
(4) A license as a nursing home administrator from the Department of State.  
(5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home is licensed to serve eight residents. Staff person A, the home's administrator since opening in April of 2004, does not have a high school diploma.

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.

1. immediately AFTER searching in folders for the G.E.D. certificate: And not finding it  
2. I went to the Board of Education to apply for another one.  
3. Attached is the application and information that is needed to get another one.  
4. I have had a G.E.D. since 1<sup>ST</sup> day of operation  
5. will send into D.P.W. [redacted] when it comes in.  
6. Will keep it in a secure place  
Staff person A has received a copy of his/her GED diploma. gm 8/24/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Linda Howard

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

Linda Howard - Administrator

Date

7-5-16

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The above plan of correction is approved as of

8/24/16  
(Date)

Plan of correction implementation status as of

8/24/16  
(Date)

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

The above plan of correction was approved by

*PN*  
(Initials)

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

JUL 11 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, only completed eighteen hours of annual training in training year April 2015 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.

Attached is copy of TRAINING for 2015 copy was given to inspectors at the time.  
wrote a letter for home to change training time to Jan 2016 to 2017  
I have been taking classes with Beaver College to complete my 100 hrs.  
Have already enrolled in classes in October 2016 and will finish by the end of the year.  
Sent copy of Training Plan to D.P.W.  
Please attach Plan to Violation!

See page 4<sup>a</sup> of 17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *London Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *London Howard - Administrator* Date *7-5-16*

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The above plan of correction is approved as of 7/24/16  
(Date)

Plan of correction implementation status as of 7/24/16  
(Date)

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

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

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AUG 23 2016

Page 4 of 17

Violation Report: 43373 - 08/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa. Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
Staff person A, the home's administrator, only completed eighteen hours of annual training in training year April 2015 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.

Staff person A completed an additional seven (7) hours of approved training on 5/18/16. Only one (1) of these hours may be applied to the April 2016 - April 2017 training year.

Staff person A will complete 24 hours of approved administrator training in the training year April 2016 - April 2017.

Immediately: the administrator will monitor his/her administrator training hours through the quality management review to ensure 24 hours of Department-approved trainings are completed during each established training year.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *LINDA HOWARD*      Date *8-23-16*

**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)

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

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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JUL 11 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
The home does not have a staff training plan for 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.

A Staff Plan was developed with all staff and will followed thru to have every one in compliance with the regulations.

TRAINING PLAN has been sent to [redacted] at D.P.W. and [redacted]

All AREAS were Ad just every one will also have a sign in sheet see sample attached

Within 15 days of receipt of the plan of correction: the administrator will develop a tracking system to ensure the home has a new training plan developed prior to the start of the established training year which includes all topics required by regulations 2600.65f and 2600.65g and contains all items specified in regulation 2600.66b.

9/1 8/24/16

Repeat Violation: Yes

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard Administrator*

Date 7-5-16

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

The above plan of correction is approved as of 8/24/16  
(Date)

Plan of correction implementation status as of 8/24/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9/1*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

JUL 11 2016

1. REGULATION 55 Pa.Code §2600  
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an unlabeled spray bottle in a basement cabinet which contained a purple liquid identified by the administrator as Fabuloso cleaner. The Material Safety Data Sheet (MSDS) for this product indicates "Ingestion: Drink 1-2 glasses of a clear liquid. Get medical attention".

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.

All fluids and materials which are used for cleaning the home were at the time of inspection were replaced back in the original container.

We will buy a smaller version of cleaner and refill from the larger bottle. Replace any unused.

All staff has been educated about the violation. Staff was also educated about not putting things in other containers according to the violation.

Administrator will check and add to the documents, to be signed and locked up 2x week more if this is necessary

See page 6 of 17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard - Administrator*

Date *7-5-16*

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The above plan of correction is approved as of 8/24/16  
(Date)

Plan of correction implementation status as of 8/24/16  
(Date)

The above plan of correction was approved by *JW*  
(initials)

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

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AUG 23 2016

Page 6 of 17

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled spray bottle in a basement cabinet which contained a purple liquid identified by the administrator as Fabuloso cleaner. The Material Safety Data Sheet (MSDS) for this product indicates "Ingestion: Drink 1-2 glasses of a clear liquid. Get medical attention".

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.

Within 30 days of receipt of the plan of correction, a designated staff person will check the home daily to ensure all poisonous materials are stored in their original, labeled containers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Linda Howard*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

LINDA HOWARD

Date

8-23-16

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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)

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

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JUL 11 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

There was a thick layer of dust covering an area of approximately 4 feet by 18 inches on the slanted surface above the small pantry on the first floor which runs adjacent to the main staircase. There was also a thick layer of dust on the lower rail of the staircase banister and on the table located at the base of the staircase in the hall.

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.

Daily house keeping has been stressed.  
The home has been given instructions as to help keep up with over all cleaning.  
All window sills & ledges were clean and will be kept in better repair.  
Staff was educated on the health issues of our residents.  
Also we will all do better with the appearance of the home for residents and their family.

Immediately: a designated staff person will check the home daily to ensure sanitary conditions are maintained, including the absence of excessive dust buildup. Any unsanitary conditions that are identified will be corrected immediately.

9/1/16 9/24/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Linda Howard*

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

Linda Howard Administrator

Date 7-5-16

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

The above plan of correction is approved as of 9/24/16  
(Date)

Plan of correction implementation status as of 8/24/16  
(Date)

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

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

RECEIVED

JUL 11 2016

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The plaster on the wall to the left of the fire place in the dining room is cracked, separating and buckled in several areas. The longest crack measures 2 feet 9 inches and runs diagonally from the center of the wall to the corner of the fireplace mantle.

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 cracks were fixed AT ONCE  
The home was gone over to see if anything  
was needed attention.  
AT least monthly surfaces will be inspected  
to see if they need REPAIR

Immediately: a designated staff person will check the home daily to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any floors, walls, ceilings, windows, doors or other surfaces that are unsanitary or hazardous will be immediately repaired or reported to the administrator.

gn. 7/24/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Linda Howard

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

Linda Howard Administrator

Date

7-5-16

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

The above plan of correction is approved as of

8/24/16  
(Date)

Plan of correction implementation status as of

8/24/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress gn.

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

gn.  
(Initials)

RECEIVED

JUL 11 2016

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

No emergency telephone numbers were posted on or by the cordless telephones in the living room and in the kitchen.

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

immediately : A copy of phone numbers were posted by all phones.  
(2) numbers were included to the list of Numbers.

- 1. Commonwealth Information Center  
1-800-932-0784
- 2. Adult Protection Inc.  
717-236-8110

Please see attached list.

Immediately: a designated staff person will check the home, at least weekly, to ensure the required emergency numbers are posted on or by each telephone with an outside line.

9/24/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *9-5-16*

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

The above plan of correction is approved as of <u>8/24/16</u> (Date)	Plan of correction implementation status as of <u>8/24/16</u> (Date)
The above plan of correction was approved by <u>LN</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 06/21/2016 - Park, Beth PCH Name: PERRY SOUTH PERSONAL CARE HOME		<b>RECEIVED</b> JUL 11 2016
1. REGULATION 55 Pa.Code §2600 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.		WEST REGION FIELD OFFICE Human Services Licensing
2a. DESCRIPTION OF VIOLATION There is no handrail by the steps leading from the attic bedroom to the fire escape exit 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>		
<p>Immediately: hand rail was added to the 3rd floor fire escape door.</p> <p>monthly it will be checked for security and make sure it is still in good repair</p> <p>if it becomes loose it will be fixed as soon as it is discovered</p> <p>Within 15 days of receipt of the plan of correction: a designated staff person will check the home monthly to ensure each ramp, interior stairway and outside steps, has a well-secured handrail. If any ramp, interior stairway or outside steps do not have a well-secured handrail, one will be immediately installed.</p> <p style="text-align: right;">g.n. 8/24/16</p>		
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard Administrator</i>		Date <i>8-5-16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>8/24/16</u> (Date)	Plan of correction implementation status as of <u>8/24/16</u> (Date)	
The above plan of correction was approved by <u>g.n.</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>g.n.</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
There were two opened and partially used bottles of horseradish sauce in a cupboard in the breakfast nook with labels indicating "refrigerate after opening".

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 food labels were checked, anything that was not refrigerated was thrown out.

All staff was educated on reading labels and complying to the regulations

weekly all cupboards & Ref's will be checked to see everything in the right place.

Within 30 days of receipt of the plan of correction: all staff persons will receive education on safe food storage, including the requirement that food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit and frozen food shall be kept at or below 0 degrees Fahrenheit. Documentation of the education shall be kept. *DN. 8/24/16*

Within 15 days of receipt of the plan of correction: a designated staff person will check the home's food storage daily to ensure foods that require refrigeration are stored at or below 40 degrees Fahrenheit and frozen foods are kept at or below 0 degrees Fahrenheit. Any food which requires refrigeration that has been stored above 40 degrees Fahrenheit or frozen foods that have been stored above 0 degrees Fahrenheit will be discarded immediately. *DN. 8/24/16*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard Administrator*      Date *7-5-16*

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

The above plan of correction is approved as of 8/24/16  
(Date)

Plan of correction implementation status as of 8/24/16  
(Date)

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

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

RECEIVED

JUL 11 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There was an undated, unlabeled, foil wrapped package of unidentifiable meat in the kitchen freezer.  
There was an undated, unlabeled, zip locked bag with an unidentifiable meat in it which was unlabeled and undated in the basement freezer nearest the stairs.

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 meat was checked and All things were thrown out,  
meat will be rotated on a monthly basis to see  
Everything is labeled and zipped. dates will be  
placed on when meat is bought into the home.

Within 15 days of receipt of the plan of correction: a designated staff person will check the home's food storage daily to ensure outdated or spoiled foods are not being used. Any food item whose date of storage cannot be determined will be discarded. *AN 8/24/16*

Within 30 days of receipt of the plan of correction: all staff persons will be educated in the home's policy and procedure for labeling and dating stored food to ensure that outdated or spoiled foods are not being used. Documentation of the education shall be kept. *AN 8/24/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Linda Howard*

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

*Linda Howard*

Date *7-5-16*

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

The above plan of correction is approved as of *8/24/16*  
(Date)

Plan of correction implementation status as of *8/24/16*  
(Date)

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

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

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

JUL 11 2016

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home currently serves 7 residents requiring a minimum total of 21 gallons of emergency drinking water. However, there are only 7 gallons of emergency drinking water onsite and the home does not have a contractual agreement with a vendor to supply emergency drinking water.

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 while the inspectors were here. The home was given (8) cases of water by the time they left.  
The water was placed in a large cabinet in the basement where no one can use except in a emergency other water (6) cases are kept in the hall upstairs each case has (40) bottles with each of them holding 16.9 fl oz. for daily use

25 gallons of emergency drinking water were delivered to the home on 6/21/16.

Within 15 days of receipt of the plan of correction: a designated staff person will check the home, at least weekly, to ensure the home maintains at least a 3-day supply of nonperishable food and drinking water for residents. *9/24/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Terba Howard*

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

*Terba Howard*

Date

*7-5-16*

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

The above plan of correction is approved as of

*8/24/16*  
(Date)

Plan of correction implementation status as of

*8/24/16*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9/24/16*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*9/24/16*  
(Initials)

Violation Report: 43373 - 06/21/2016 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

RECEIVED

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

JUL 1 2016

2a. DESCRIPTION OF VIOLATION  
 A fire drill during sleeping hours has not been conducted since 10/8/15 at 9:37 p.m.

WEST REGION FIELD OFFICE  
 Human Services Licensing

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: After education of the Fire drill Code we were not aware of the correct time of a night time drill.  
 A drill for our home will be from 10<sup>pm</sup> to 6<sup>am</sup> when at least 1/2 of the Residents are asleep.  
 documentation will be kept monthly.  
 Residents on a whole go to bed from 9<sup>pm</sup> and wake up about 6<sup>am</sup> to get ready for the day.

See page 14<sup>9</sup> of 17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/11/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jonda Howard*

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

Date *7-5-16*

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

The above plan of correction is approved as of 8/24/16  
 (Date)

Plan of correction implementation status as of 7/24/16  
 (Date)

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

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

RECEIVED

AUG 23 2016

Page 14 of 17

Violation Report: 43373 - 08/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
A fire drill during sleeping hours has not been conducted since 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.

A sleeping hour fire drill was conducted on 8/4/16 at 1:30 a.m.

Within 30 days of receipt of the plan of correction: the home will conduct another unannounced, sleeping hour fire drill.

Within 30 days of receipt of the plan of correction: the administrator will monitor the fire drill logs monthly to ensure an unannounced, sleeping hour fire drill is conducted at least once every 6 months.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/11/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) LINDA HOWARD      Date 8-23-16

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)

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

JUL 1 2016

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing  
shall develop and implement written fire safety

1. REGULATION 55 Pa.Code §2600  
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
The table umbrella on the back deck table, which is the smoking area, does not have a label indicating it is fire resistant.

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 umbrella was taken down.  
Attached is a flyer for a fire retardant umbrella. Please let us know if it can be used.

Within 30 days of receipt of the plan of correction: all staff persons and residents will be educated on the home's smoking policy including the requirement that any cushions or upholstery in the smoking area be fire resistant and possess a tag confirming they meet the California Bureau of Home Furnishings flammability requirement. Documentation of the education shall be kept. g.n. 7/24/16

Within 15 days of receipt of the plan of correction: A designated staff person will check the smoking area daily to ensure the home's smoking policy is being followed and that only fire resistant furniture is present in the smoking area. g.n. 7/24/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard Administrator*      Date *7-5-16*

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

The above plan of correction is approved as of 7/24/16 (Date)

The above plan of correction was approved by g.n. (Initials)

Plan of correction implementation status as of 7/24/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.n.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 is prescribed Alivan 0.5 mg - Take 2 tablets at bedtime. However, on 6/21/16 at 1:00 p.m., resident #1's June medication administration record (MAR) included staff person B's initials in the box for the 6/21/16 8:00 p.m. dose.

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.

Education for all staff was provided about the importance of taking our time to mark the MAR's. for right Time - Rout - Person - medication  
Administerer will check to see this is done weekly.  
More Education will be done if necessary.

see page 16 of 17

Repeat Violation: Yes      Date(s) of Previous Violation(s):      01/22/2015      11/16/2015      12/15/2015

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard Administrator*      Date *7-5-16*

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

The above plan of correction is approved as of 8/24/16  
(Date)

Plan of correction implementation status as of 8/24/16  
(Date)

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

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

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AUG 23 2016

Page 16 of 17

Violation Report: 43373 - 08/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 is prescribed Allivan 0.5 mg - Take 2 tablets at bedtime. However, on 6/21/16 at 1:00 p.m., resident #1's June medication administration record (MAR) included staff person B's initials in the box for the 6/21/16 8:00 p.m. dose.

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

Immediately: the administrator or designated staff person qualified to administer medications will review all MARs daily on each shift to ensure proper documentation of medication administration is completed by the staff person who administers the medication at the time of administration.

Immediately: the administrator will observe medication administration of each staff person qualified to administer medications at least weekly for 3 months to ensure that proper documentation of medication administration by the staff person who administers the medication is completed at the time of administration. Documentation of the observations shall be kept.

Within 15 days of receipt of the plan of correction: all staff persons who are qualified to administer medications will receive education from a Department-approved medication train-the-trainer on medication administration, including the requirement that medication administration is documented in the MAR by the staff person who administers the medication at the time of the administration. Documentation of the education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/22/2015	11/16/2015	12/16/2015
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *LINDA HOWARD* Date *8-23-16*

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)

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

RECEIVED

JUL 17 2016

Violation Report: 43373 - 06/21/2016 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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  
The home does not have a current activity calendar posted in a conspicuous and public place in the home. The activity calendar posted in the dining room is dated 2013.

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 current activity calendar was done AT the time of inspection.  
This will be placed on the wall in the dining room  
changes will be made monthly to suite the Residents  
Residents input will be Added to schedule to help keep them involved

Within 15 days of receipt of the plan of correction: a designated staff person will inspect the home at least monthly to ensure an accurate and current weekly activity schedule is posted in a conspicuous and public place in the home. gm. 8/24/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Linda Howard*

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

Linda Howard 7-5-16

Date 7-5-16

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

The above plan of correction is approved as of 8/24/16  
(Date)

Plan of correction implementation status as of 8/24/16  
(Date)

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

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