



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 23 2016

Ms. Carin Constantakis, CEO
Orion Personal Care Corporation
2191 Ferguson Road
Allison Park, Pennsylvania 15101

RE: Orion Personal Care
License #: 431260

Dear Ms. Constantakis:

As a result of the Department of Human Services' annual licensing inspection on June 24, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 43126 - 06/24/2016 - Knee, Donald
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The home's medication administration procedures, dated 8/5/15, do not include a process to investigate and account for missing medications and medication errors.

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.

Plan of Correction completed 7/1/16

Orion Personal Care Residence created and implemented a policy & process to investigate and account for missing medications and medication errors. (Attachments #1 & A-E)

Staff has been educated and trained on the new policy & process. (Attachment #2 staff training record)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brandi Bankston, PCHA* Date *8-5-16*

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

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

Plan of correction implementation status as of 8-8-16
(Date)

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

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

RECEIVED

AUG 07 2016

Violation Report: 43126 - 08/24/2016 - Knee, Donald
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 2/18/16, indicates the resident is receiving hospice services; however, the resident's support plan, dated 2/18/16, does not include the care needs and services hospice provides.

Resident #2's assessment, dated 3/23/16, indicates the resident is receiving hospice services; however, the resident's support plan, dated 3/23/16, does not include the care needs and services hospice provides.

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.

Plan of Correction completed 8/3/16

A revised/updated RASP has been written for each resident.

- a) Resident #1 is no longer receiving hospice services (which had been noted on the RASP UPDATE in the STAFF RASP BINDER).
- b) Resident #2 RASP now reflects more adequately care and service provided by hospice.

Moving forward, a description of hospice care and services will be included in the RASP of each resident receiving hospice services.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person will review all resident records to ensure all residents have an accurate support plan completed in its entirety that includes all the care and service needs, to include hospice services the resident requires. *5/10/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brandi Bankston, PCHA* Date *8-5-16*

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