



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 2 1 2017

Mr. Kevin Donahue, Administrator
Kevin & Romona Donahue
1143 Lapish Road
Pittsburgh, Pennsylvania 15212

RE: Donahue's Personal Care I
1610 Hybla Street
Pittsburgh, Pennsylvania 15212
License #: 430340

Dear Mr. Donahue:

As a result of the Department of Human Services' annual licensing inspection on September 16, 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,

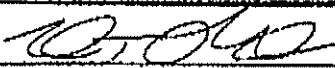
A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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NOV 14 2016

Violation Report: 43034 - 09/16/2016 - Hultquist, Cliff		WEST REGION FIELD OFFICE	
POH Name: DONAHUE S PERSONAL CARE I		Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2800 2800.17 - 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.</p>			
<p>2a. DESCRIPTION OF VIOLATION Three sheets of paper, labeled with resident #1's name and daily weight measurements for the months of May, June, July, and August, were posted on the dining room wall to the left of the kitchen entrance. These sheets were unlocked, accessible, and visible to residents and visitors.</p>			
<p>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.</p>			
<p>See page 2 of 7</p>			
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	
Kevin Donahue, Administrator		11/11/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11/21/16</u> (Date)		Plan of correction implementation status as of <u>11/21/16</u> (Date)	
The above plan of correction was approved by <u>P.N.</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>P.N.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

11/14/2016 10:38 FAX

Donahue's Personal Care I (#430340)

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November 11, 2016

2600.17

Donahue's Personal Care I, fully recognizes resident records shall be confidential, and, except in emergencies, shall not be accessible to anyone other than the resident, the resident's designated person, staff or other professionals/agencies with the purpose of providing services to the resident.

Resident #1's weight measurements were pinned to a cork board to monitor daily weight as recommended by the home physician. Resident #1 requested his/her preference to keep the weight log out so he/she can look at it to see the daily changes as well. The home Administrator approved his/her request and advised the staff that it would be okay to pin to the cork board.

The resident's weight log was immediately removed and locked in a secure location making the information inaccessible to others. Compliance was met the day of the survey on September 16, 2016.

This violation is an oversight on part of the Administrator. The Administrator is fully trained and aware of HIPPA and best practice for maintaining resident confidentiality. The Administrator has also relayed training material regarding this topic to the staff during annual staff training sessions. However, at the time of the resident's request, the Administrator did not fully think through how weight measurements could potentially be viewed as a violation of resident confidentiality.

Going forward, the Administrator will error on the side of caution by implementing a zero-tolerance directive as relates to any or all personal resident information. The Administrator has previously implemented controls to prevent violation of resident privacy and has trained the staff regarding resident rights and how to maintain complete confidentiality of resident records.

to check the home 9/11/16

The Administrator will be responsible [^]daily to ensure this matter does not resurface again in the future. The Administrator will find other alternatives should a resident request to have personal information posted no matter how minor the personal information be.

KD/lg 11/11/16

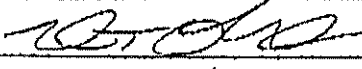
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Kevin T. Donahue, Administrator

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NOV 14 2016

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Violation Report: 43034 - 09/16/2016 - Hultquist, Cliff	
PCH Name: DONAHUE S PERSONAL CARE I	
WEST REGION FIELD OFFICE	
Human Services Licensing	
1. REGULATION 65 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 linoleum flooring in the 2nd floor restroom leading out to the hallway was raised up approximately 1 inch at the door threshold, posing a tripping hazard.	
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>	
See page 3 ⁹ of 7	
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
Kevin Donahue, Administrator	11/11/16
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Donahue's Personal Care I (#430340)

3rd of 7

November 11, 2016

2600.88(a)

Donahue's Personal Care I, over the summer has made many renovations and repairs to this location to ensure that all floors, walls, ceilings, doors and other surfaces are clean, in good repair and free of hazards.

With the schedule of repairs and upkeep, somehow this issue was overlooked. We appreciate having the assistance of the Bureau of Human Services help point out problems we are missing or are not aware of. We thank you for that.

The raised linoleum was immediately repaired on September 18, 2016, (2days following the survey) by use of linoleum adhesive and then tucked back under the metal doorway threshold. The matter is resolved and the home is in compliance related to 2600.88(a) (tripping hazard).

The Administrator has developed bi-monthly building inspection forms that are intended to immediately address such issues. The Administrator has double checked the building inspection forms to ensure this matter is in fact included in our bi-monthly inspections.

The staff person responsible for conducting the bi-monthly building inspection forms was spoken to with the intent to better educate how such matters require additional or immediate attention. The Administrator stressed that any problem or issue posing a potential tripping hazard is a same day repair. It was emphasized during the Administrator's discussion that if a same day repair cannot be made, then other actions shall be taken to prevent hazard to the resident.

The DCS is trained and understands to report such matters daily directly to the Administrator. The designated staff person is responsible to identify such issues during bi-monthly building inspections that the DCS may have missed or not reported. The Administrator performs random monthly building walkthroughs to ensure both the DCS and the designated staff person are following directives and are adhering to annual training as it relates to 2600.88(a).

Immediately: a designated staff person will check the home weekly to ensure that floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. *g.u.* 11/21/16

KD/lg 11/11/16


Kevin T. Donahue, Administrator

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NOV 14 2016

Violation Report: 43034 - 09/18/2010 - Hultquist, Cliff
 PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800
 2800.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The handrail along the staircase leading from the 2nd floor to the middle landing wobbled side to side approximately 1/2 inch.

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.

See page 4⁹ of 7

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue, Administrator</i>	Date <i>11/11/16</i>
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Donahue's Personal Care I (#430340)

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November 11, 2016

2600.93(a)

Donahue's Personal Care I, fully understands the need for each ramp, interior stairway and outside steps to have a fully well-secured handrail.

The Administrator contacted our contractor and explained the situation and the needed improvement to the handrail leading to the second floor.

The contractor was able to better secure the handrail on September 23, 2016, alleviating give in the hand rail. The handrail has been brought into compliance and has been more well secured since the aforementioned day of repair.

The designated staff person will be responsible to check if the handrail leading to the second floor remains well-secured during the bi-monthly building inspection process.

The Administrator will conduct random monthly building walkthroughs to ensure ongoing compliance is met as it relates to regulation 2600.93(a) and to ensure the designated staff person is identifying such issues and timely reporting back to the Administrator.

Immediately: a designated staff person will check the home weekly to ensure each ramp, interior stairway and outside steps have a handrail or grab bar within reach which is well-secured.

*JN.
11/21/16*

KD/lg 11/11/16


Kevin T. Donahue, Administrator

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Violation Report: 43034 - 09/16/2016 - Multquist, Cliff		NOV 14 2016	
PCH Name: DONAHUE S PERSONAL CARE I		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2800 2800.103(d) - Food shall be stored off the floor.			
2a. DESCRIPTION OF VIOLATION Four cases of Kool Aid and one case of vegetable soup was being stored on the floor of the basement in front of shelving units.			
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>			
<i>See page 5^a of 7</i>			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue, Administrator</i>		Date <i>11/11/16</i>	
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Donahue's Personal Care I (#430340)

November 11, 2016

2600.103(d)

Donahue's Personal Care I, will continue to adhere to the keeping food stored off the floor.

The staff placed can goods on a cement step that is 12" above the main basement floor. The staff believed since the cement step was above the main floor that it was okay to place can goods on the cement step.

The food items were lifted off of the cement step to the shelving units the day of the survey on September 16, 2016. Compliance was immediately met the day of the survey.

The Administrator spoke with the staff on September 18, 2016 and informed everyone that the cement step in the basement off of the main basement floor is still considered the floor. The Administrator made it very clear to all staff persons that we have shelving for a reason and that all food shall be stored only on the shelving units at all times.

The staff was educated on September 18, 2016 regarding how at this location that the cement step is not acceptable for use and in the future to error on the side of caution by ensuring that only the shelving units are utilized, no exceptions. The staff was reminded of their food safety training and how imperative it is that they apply what they have learned on a daily basis.

The Administrator will perform random monthly walkthroughs to ensure the DCS are adhering to the Administrator's directive and to ensure such matters are being addressed by the designated staff person during the bi-monthly building inspection process.

KD/lg 11/11/16

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Kevin T. Donahue, Administrator

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Violation Report; 43034 - 09/18/2016 - Hultquist, Cliff		WEST REGION FIELD OFFICE	
POH Name: DONAHUE S PERSONAL CARE I		Human Services Licensing	
1. REGULATION 55 Pa.Code §2800 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.			
2a. DESCRIPTION OF VIOLATION There was a ladder propped up against the wall behind the exit door leading to the back deck of the home, which prevented the door from swinging open completely, obstructing the egress pathway.			
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>			
<i>See page 6^a of 7</i>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/22/2016	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue, Administrator</i>		Date <i>11/11/16</i>	
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Donahue's Personal Care I (#430340)

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November 11, 2016

2600.121(a)

Donahue's Personal Care fully understands that stairways, hallways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

A staff person removed the ladder the day of the inspection. The back door then swung open fully without obstruction. Compliance was met the same day of the survey on September 16, 2016.

The Administrator spoke to the staff on September 18, 2016 regarding this matter. The Administrator was perplexed how this happened being that the staff recently received full fire safety training. In addition to the fire safety training, the Administrator advised the staff that it is their responsibility to always make sure egress routes are free from obstruction. The staff was advised the on September 18, 2016 and prior that if the painter/contractor leaves something out, it is the responsibility of the DCS to ensure that either the painter/contractor eliminates such problems under their direction before leaving the building.

Documentation of staff education shall be kept. J.D. 11/21/16

The staff was also advised that if the contractor/painter mistakenly leaves something in an area where it should not be or is causing an obstruction, then the DCS is responsible to immediately remedy the situation.

The Administrator advised that future infractions will may not be tolerated and could possibly lead to performance remediation and or disciplinary action.

The DCS is responsible daily to check all pathways and egress routes and make corrections as needed.

Immediately: a designated staff person will check the home daily, on each shift, to ensure all egress routes from the home are unlocked and unobstructed. J.D. 11/21/16

KD/lg 11/11/16

Kevin T. Donahue
Kevin T. Donahue, Administrator

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NOV 14 2016

Page 7 of 7

Violation Report: 43034 - 09/16/2016 - Hullquist, Cliff
PGH Name: DONAHUE S PERSONAL CARE | WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa. Code §2600

2600.264(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's resident record policy does not address storage or who is responsible for the records.

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.

See page 7^a of 7

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) *Kevin Donahue, Administrator* | Date *11/11/16*

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Donahue's Personal Care I (#430340)

November 11, 2016

2600.254(b)

Donahue's Personal Care I, fully appreciates that each home shall develop and Implement policy and procedures addressing record accessibility, security, storage, authorized use and who is responsible for the records.

The home did have a posted policy on records and who is authorized to access the records, however, the surveyor on September 16, 2016 is right about the policy lacking information pertaining to procedures, responsibilities and retention of records. As always, we thank the Bureau of Human Services for pointing out an area of operations and or policy that could use improvement.

A newly revised record policy has been attached. Please Attachment A to verify the procedural sections have been added. I hope this meets the standard and brings Donahue's Personal Care I into full compliance.

The Administrator is responsible for creating and or revising policy and implementing and posting is necessary.

The Administrator posted the revised records policy on September 26, 2016.

KT 11/11/16

KD/lg 11/11/16

 11/11/16
Kevin T. Donahue, Administrator