



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 17, 2017**

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 inspection on October 26, 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,

  
Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 43373 - 10/26/2016 - Culter, Jan  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 At 9:00 a.m., there was an unidentified white pill laying on the floor by the chair at the end of the dining room table.

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 all staff was instructed to give each pill ~~identifiably~~ to the residents.

② All pills are checked after and before pills are administered, and signed off daily.

③ Surrounding area is checked to see if any pills are dropped

Within 15 days of receipt of the plan of correction: a designated staff person will check all medication storage and administration areas daily, on each shift, to ensure all prescription medication, OTC medication, CAM & syringes are kept locked and inaccessible to residents. g.u. 1/6/17

Repeat Violation: Yes \_\_\_\_\_ Date(s) of Previous Violation(s): 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 Dec - 27-16

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

The above plan of correction is approved as of 1/6/17 (Date)

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

Plan of correction implementation status as of 1/6/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress g.u.

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 43373 - 10/26/2016 - Cutter, Jan  
 PCH Name: PERRY SOUTH 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 for resident #1 was completed on 10/5/2015.

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.

Resident #1 was in the hospital from 9-10-16 and in Rehab until 12-6-16

Assessment will be done when the Doctor Returns on 1-6-2017. Assessment completed 1/4/17. *gn. 1/6/17*

All paper work will be sent in to have Assessment brought up to date

Office is closed until the new year with 30 days of receipt of the plan of correction: a designated staff person will audit resident records to ensure each resident has an accurate assessment completed within the past 12 months and present in the record. *gn. 1/6/17*

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 *DEC-27-16*

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

The above plan of correction is approved as of <u>1/6/17</u> (Date)	Plan of correction implementation status as of <u>1/6/17</u> (Date)
The above plan of correction was approved by <u><i>gn.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gn.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented