



# pennsylvania

DEPARTMENT OF HUMAN SERVICES

MAY 18 2017

Ms. Dorothy A. Whitehead,  
Owner/Administrator  
Donald Whitehead  
517 South 9<sup>th</sup> Street  
Youngwood, Pennsylvania 15697

RE: Whitehead Personal Care Home II  
License #: 428140

Dear Ms. Whitehead:

As a result of the Department of Human Services' annual licensing inspection on January 12, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED<sup>724-92</sup>

APR 05 2017

Page 2 of 8

Violation Report: 42814 - 01/12/2017 - Eveges, Joseph  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on [redacted] 16. Direct care staff person A did not receive an training in general fire safety and emergency preparedness.

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.

Going forward this will be reviewed by the owner and administrator prior to first day of employment. The direct care staff person was terminated

Immediately: The administrator or designee shall review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation of the training shall be kept in the employee's record. 4-6-17

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
Dorothy A. Whitehead			3-6-17

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

The above plan of correction is approved as of <u>4-6-17</u> (Date)	Plan of correction implementation status as of <u>4-6-17</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 06 2017

Page 2 of 8

Violation Report: 42814 - D1/12/2017 - Eveges, Joseph  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, started working in the home [redacted] 16 and began providing unsupervised personal care services on [redacted] 16. However, the home has no documentation that direct care staff person A has completing the Department-approved direct care training course and passed the competency test.

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 direct staff person was terminated. Going forward these requirements shall go through 2 checks of owner and administrator

Immediately: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. 4-6-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dorothy A. Whitehead*      Date *3-6-17*

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

The above plan of correction is approved as of 4-6-17  
(Date)

Plan of correction implementation status as of 4-6-17  
(Date)

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

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

RECEIVED

APR 05 2017

Page 4 of 8

Violation Report: 42814 - 01/12/2017 - Evegus, Joseph  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The right side cabinet door under the kitchen sink was missing.

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 cabinet door has been reattached. Repairs shall be made in a timely manner. See attached photo

Immediately: The administrator or designee shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. 4-6-17

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept.

4-6-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dorothy A Whitehead*      Date *3-6-17*

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

The above plan of correction is approved as of 4-6-17 (Date)

Plan of correction implementation status as of 4-6-17 (Date)

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

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

RECEIVED 1774521.06

APR 06 2017

Page 5 of 8

Violation Report: 42814 - 01/12/2017 - Eveses, Joseph  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION  
There were no window coverings for the window in bedroom #8, occupied by Resident # [redacted]

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.

Rooms shall be checked weekly for drapes or blinds that are broken. The one in room #8 has been fixed please see attached photo.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dorothy A. Whitehead*      Date *3-6-17*

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

The above plan of correction is approved as of 4-6-17  
(Date)

Plan of correction implementation status as of 4-6-17  
(Date)

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

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

Violation Report: 42814 - 01/12/2017 - Eveses, Joseph  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**RECEIVED**

APR 05 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
 There was no grab bar, hand rail or assist bar for the toilet in the second floor powder room/bathroom.

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.

Grab bars was put up in the bathroom - One had broken, repairs shall be made in timely manner. Please see attached photos -

Immediately: The administrator or designee shall check the home monthly to ensure all garb bars, hand rails and assist bars are well secure and do not present a hazard to residents. 4-6-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dorothy A Whitehead*      Date *3-6-17*

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

The above plan of correction is approved as of 4-6-17  
 (Date)

Plan of correction implementation status as of 4-6-17  
 (Date)

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

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

RECEIVED

APR 05 2017

Page 7048

Violation Report: 42814 - 01/12/2017 - Eveses, Joseph  
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There was no hand soap available in the second floor powder room/bathroom.

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.

Each shift shall check the bathrooms at least twice to be sure that all <sup>error PM</sup> ~~these~~ items are needed. This has been refilled.

A dispenser of soap was placed in the powder room on 1/12/17.

4-6-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dorothy A. Whitehead*

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

Dorothy A. Whitehead

Date 3-6-17

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

The above plan of correction is approved as of

4-6-17  
(Date)

Plan of correction implementation status as of

4-6-17  
(Date)

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

The above plan of correction was approved by

*✓*  
(Initials)

RECEIVED

APR 05 2017

Page 8 of 8

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42814 - 01/12/2017 - Eveges, Joseph  
PCH Name: WHITEHEAD PERSONAL CARE HOME :I

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home posted the menu for the current week 1/9/17 to 1/15/17. However the week in advance menu was not posted.

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 menu for the next week was posted - it was behind the current menu. We changed how they hang on the bulletin board. Please see attached photo.

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
Dorothy A. Whitehead			3-6-17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		Plan of correction implementation status as of	
4-6-17 (Date)		4-6-17 (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
X (Initials)			