



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2017

Mr. Len Capuzzi,
Vice President/Administrator
East Deer Personal Care Home, Inc.
967 Freeport Road
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home
License #: 430780

Dear Mr. Capuzzi:

As a result of the Department of Human Services' annual licensing inspection on January 26, 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.

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

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

| | | |
|---|------------------------|---|
| PCH Name: EAST DEER PERSONAL CARE HOME | | License Number: 43078 |
| Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030 | | County: Allegheny |
| Administrator: Len Capuzzi | | Region: WEST |
| Legal Entity Name: EAST DEER PERSONAL CARE HOME INC | | RECEIVED |
| Legal Entity Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030 | | |
| Certificate(s) of Occupancy C-2 LP 04/07/2006 Labor & Industry | | FEB 27 2017 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: N/A | Total Daily Staff: 44 | Waking Staff: 33 |
| Type of Inspection: Full | BHA Docket Number: N/A | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 01/26/2017: Park, Beth; Garvey, Jody | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 80 Number of Residents Served: 44 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: 1 Number of Hospice Residents in past year: 3 | | Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 40 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0 |

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FEB 27 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43078 - 01/26/2017 - Park, Beth
PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

Resident and staff interviews indicate that residents must ask to use the telephone in the office to place calls. This does not provide for resident privacy while using the telephone.

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 portable phone has been installed at the Nurses Station so the resident can take the phone into their room for privacy. They will return the phone when the call is finished. At the February 13, 2017 council meeting they were informed that the phone is now available for their use. A photo is attached.

Within 15 days of receipt of the plan of correction: a designated staff person will check the home weekly to ensure that the telephone is accessible to residents without having to ask a staff person to use it. *JW. 3/8/17*

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)

JW
LEN CAPUZZI

Date 02/27/2017

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The above plan of correction is approved as of 3/8/17
(Date)

Plan of correction implementation status as of 3/8/17
(Date)

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

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

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MAR 08 2017

| | |
|---|--|
| Violation Report: 43076 - 01/20/2017 - Park, Beth PCH Name: EAST DEER PERSONAL CARE HOME | WEST REGION FIELD OFFICE Human Services Licensing |
|---|--|

1. REGULATION 56 Pa. Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired [redacted] 1997, did not receive annual training in the following required topics during the 2016 training year:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or intellectual disability, or both, if the population is served in the home.

On 1/26/17, the home served 4 residents with mental illness and 1 resident with an intellectual disability.

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.

Direct Care Person A is a RN who has completed the required continuing education hours for the year but not those required by Regulation 2600.65. I mistakenly told Staff Person A they did not need to complete the in-home training. Prior to this year they did complete both requirements. To amend this error Staff Person A will complete the additional 7 hours required by Regulation 2600.65 for 2016 and the current year. The 2016 hours will be completed by March 31, 2017. Proof of completion will be submitted.

The administrator will review staff training records as part of the quality management process (see vector) *

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|----------------------|-----------------------------------|
| 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 |
| Len Caputo | 2/27/2017 |

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|--|--|
| The above plan of correction is approved as of <u>3/8/17</u> (Date) | Plan of correction implementation status as of <u>3/8/17</u> (Date) |
| The above plan of correction was approved by <u>JN.</u> (Initials) | <input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JN.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not implemented |

* to ensure all direct care staff receive annual training in all topics required by 2600.65P. n.d. 3/8/17

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FEB 8 '17 2017

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 43078 - 01/26/2017 - Park, Beth
PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
There were no lids on the two trash cans located in the shared bathroom adjoining bedroom 121.

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 resident has been spoken to about moving additional trash cans into the bathroom. They were told only the can with a lid can be in the bathroom. The staff will check all bathrooms daily to ensure all trash cans have lids on them.

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) **LEN CAPUZZI** Date **02/27/2017**

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

| | |
|---|---|
| The above plan of correction is approved as of <u>3/8/17</u> (Date) | Plan of correction implementation status as of <u>3/8/17</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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FEB 07 2017

Violation Report: 43078 - 01/26/2017 - Park, Beth
PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
The hand rail that runs along the ramp leading to the main entrance was loose and swayed 1 to 2 inches back and forth.

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 railing will be replaced. A copy of the proposal is attached. It will take 2-4 weeks for completion. The items must be ordered and weather will also be a factor.

Within 15 days of receipt of the plan of correction: The administrator will ensure that the hand rail is secured in such a way that it no longer sways when used. *g.w.* 3/8/17

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) LEN CAPUZZI Date 02/27/2017

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The above plan of correction is approved as of 3/8/17
(Date)

Plan of correction implementation status as of 3/8/17
(Date)

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

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

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FEB 27 2017

WEST REGIONAL FIELD OFFICE Page 6 of 7
Human Services Licensing

Violation Report: 43078 - 01/26/2017 - Park, Beth
PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The toilet paper holder in the bathroom in bedroom 218 was broken.
The exhaust fan in the bathroom of bedroom 218 was not operable.

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 toilet paper holder bar was removed by the resident and placed on a shelf behind the toilet. It has been reattached. The resident now understands that it must operate properly. The staff has also been informed to check all residents bathrooms and ensure everything is functioning properly. A photo is enclosed. at least weekly. *ML* 3/8/17
The exhaust fan has been replaced with a new one that is functioning properly. A copy of the receipt and a photo is attached.

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) LEN CAPUZZI Date 02/27/2017

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The above plan of correction is approved as of 3/8/17
(Date)

Plan of correction implementation status as of 3/8/17
(Date)

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

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

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FEB 27 2017

Violation Report: 43078 - 01/26/2017 - Park, Beth
PCH Name: EAST DEER PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

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's posted menu only included meals through 1/29/17.

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.

Menus will be posted by the midnight shift on Sunday to start for Monday. The cook will ensure that the new menu has been posted on Monday morning and the menu for the upcoming week. *J.W. 3/8/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Len Capuzzi*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LLEN CAPUZZI Date 02/27/2017

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

The above plan of correction is approved as of 3/8/17
(Date)

Plan of correction implementation status as of 3/8/17
(Date)

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

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