



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 1, 2017

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor
Personal Care Home, LLC
License # 448630

Dear Mr. and Ms. Dougherty:

As a result of the Department of Human Services' licensing inspection on January 27, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 4

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		County: Butler
Administrator: Kathleen Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy Other 01/24/1985 PA L&I		
Staffing Hours Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 01/27/2017: Knee, Donald; Roser, Ashley		
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: 25 Number of Residents Served: 25 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 12 Have Mental Illness: 20 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

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MAY 04 2017

WEST REGION FIELD OFFICE
Human Services Licensing

MAY 04 2017

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Violation Report: 44863 - 01/27/2017 - Knea, Donald WEST REGION FIELD OFFICE
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC Human Services Licensing

1. REGULATION 88 Pa.Code §2800
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1, dated 5/16/16, does not include immunizations. This section was blank.

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.

As a plan of correction the care home will have both administrators review medical evaluations from the house doctor prior to the house doctor departing the facility to ensure all sections are completed.

Resident #1 is no longer served in the home. BB 5/8/17

Within 15 days of receipt of these plans of correction - The administrator will review each resident's current medical evaluation and take remedial action, if applicable, to ensure each medical evaluation is completed in accordance with Chapter 2600.141(a)(2). BB 5/8/17

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

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 04-29-17

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

The above plan of correction is approved as of 5/8/17 (Date)

Plan of correction implementation status as of 5/8/17 (Date)

The above plan of correction was approved by BB (initials)

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

MAY 04 2017

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Violation Report: 44863 - 01/27/2017 - Knes, Donald
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION # Pa. Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
The initial assessment for resident #1, admitted [redacted] 16, was not completed until 6/16/16.

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 care home as a plan of correction will develop a policy in which both administrators and the manager review all new resident's initial assessments upon their entry date.

The policy will include a review of each newly admitted resident's record within 15 days of admission to ensure the initial assessment is completed.
Resident #1 is no longer served in the home. BB 5/8/17

During the next quality management plan review and evaluation - The administrator will take action to ensure the home places an increased emphasis on these plans of correction. BB 5/8/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/08/2016

Signature of Legal Entity Representative (Required on EVERY Page) John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 04-29-17

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MAY 04 2017

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Violation Report: 44863 - 01/27/2017 - Knee, Donald
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 26 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 receives psychiatric services from a home health nurse; however, the resident's support plan dated 8/10/16 does not indicate any psychiatric services or the frequency of the services.

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 care home administrators and manager will conduct monthly reviews of all support plans to ensure any services or changes to a resident's situation are notified/ added in the support plan to update it.

Resident #1 is no longer served in the home. BS 5/8/17

Within 15 days of receipt of these plans of correction - All staff persons involved in the support plan process will be educated on Chapter 2600.227(a). BS 5/8/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date 04-29-17

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(Date)

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(Date)

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