



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

Ms. Honey Nunez,
Administrator/Owner
Paraclete Group, LLC
421 Cottage Lane
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home
108 Water Street
New Stanton, Pennsylvania 15672
License #: 440570

Dear Ms. Nunez:

As a result of the Department of Human Services' annual licensing inspection on March 1, 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: GEORGE S PERSONAL CARE HOME		License Number: 44057
Address: 108 WATER STREET, NEW STANTON, PA 15672		County: Westmoreland
Administrator: Honey Nunez		Region: WEST
Legal Entity Name: PARACLETE GROUP LLC		
Legal Entity Address: 421 COTTAGE LANE, MONROEVILLE, PA 15146		RECEIVED
Certificate(s) of Occupancy Other 01/23/2009 Borough of New Stanton		MAY 26 2017 WEST REGION FIELD OFFICE Human Services Licensing
c2 LP 5/15/96 L+I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2017: Hoover, Josh; Williams, Jason		
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: 18 Number of Residents Served: 17 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: 15 Are 60 Years of Age or Older: 12 Have Mental Illness: 9 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Jan Jim

5-26-17

MAY 28 2017

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 indicated residents must always ask before using the cordless telephone kept in the staff office, which is usually locked. This is the only telephone available for resident use.

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 telephone was put on lamp table in living room so residents has access to a telephone to use to make calls in privacy.

Administrator educated residents and staff about regulation 55 Pa Code 2600.42(e)- A resident shall have access to a telephone in the home to make calls in privacy. Non-toll calls shall be without charge.

Administrator has instructed staff to keep telephone permanently in residents living room so residents has access to a telephone to make calls in privacy.

Attached picture of the phone in the living room.

The administrator or designee will check the home weekly to ensure residents have access to a telephone at all times and can access it w/out having to ask for it. JW. 6/6/17

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) *Honey Nunez (Administrator)* Date *5-26-17*

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

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

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

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

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

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

MAY 26 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There was no locking device, on the door to the single use common bathroom of the first floor back hallway, which does not afford privacy while in use.

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.

Door knob with locking device was installed by owner [redacted] on the door to the single use common bathroom of the first-floor back hallway last March 4, 2017.

Administrator educated staff regarding resident right to privacy of self and possessions. Privacy shall be provided during bathing, dressing, changing and medical procedures.

Administrator has instructed staff, if bathroom door lock needs repair or replacement to report to owner immediately.

Attached door knob with locking device invoice and picture.

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) *Honey Nunez (Administrator)* Date *5-26-17*

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The above plan of correction is approved as of <u>6/6/17</u> (Date)	Plan of correction implementation status as of <u>6/6/17</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>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
 PCH Name: GEORGE S PERSONAL CARE HOME

MAY 26 2017

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 There was a spray bottle, labeled with permanent marker as "Lysol", under the kitchen sink. Staff person B indicated the contents was Pine-Sol.

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 spray bottle, labeled with permanent marker as "Lysol", under the kitchen sink was disposed immediately by administrator.

Administrator re-educated staff regarding poisonous materials to be stored in their original, labeled containers.

Administrator instructed staff not to bring any empty spray bottle in facility and use only the original, labeled containers.

within 15 days of receipt of the plan of correction: the administrator or designee will check the home weekly to ensure all poisonous materials are kept in their original, labeled containers. jw. 6/6/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Horay Vunnez

Date *5-26-17*

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 (Date)

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

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

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

RECEIVED

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

MAY 26 2017

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a thick layer of dust on and around the exhaust fans in both downstairs bathrooms.

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 exhaust fans in both downstairs bathroom has been cleaned by administrator on March 2,2017.

Administrator and staff will check weekly to be sure sanitary conditions will be maintained, such as bathrooms' exhaust fans will remain clean and free of hazards. Administrator or staff will clean immediately if unsanitary conditions are found.

Checklist attached and pictures.

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)

Honey Nunez (Administrator)

Date 5-26-17

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6/6/17
(Date)

Plan of correction implementation status as of

6/6/17
(Date)

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

The above plan of correction was approved by

pw.
(Initials)

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

MAY 26 2017

WEST MICHIGAN FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Several pieces of duct tape, covering a tear in the carpet of the back first floor hallway, are curled and are raised approximately 1/2 inch, posing a tripping hazard.

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.

All carpet in George's personal care home first and second floor has been replaced with new carpeting. Receipt and Pictures attached.

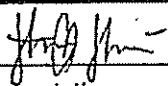
Administrator educated staff about the violation concerning all floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of any hazards, if any problems are found by staff, they will report to owner immediately.

Immediately: a designated staff person will check the home daily to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. per 6/6/17

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)

Honey Nuruz (Administrator)

Date 5-26-17

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

The above plan of correction is approved as of

6/6/17
(Date)

Plan of correction implementation status as of

6/6/17
(Date)

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

The above plan of correction was approved by

HN.
(Initials)

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
At 10:00 a.m., the hot water temperature, in the sink near the serving window in the dining room, measured 123.4 degrees Fahrenheit.
At approximately 10:15 a.m., the hot water temperature in the sink in the common bathroom of the first floor back hallway measured 129.3 degrees Fahrenheit.

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 hot water temperature in the sink near the serving window in the dining room was turned down on March 1, 2017 by administrator after inspector found it exceed 120°F.

The hot water temperature in the sink in the common bathroom of the first-floor back hallway was turned down on March 1, 2017 by administrator after inspector found it exceed 120°F.

Staff was educated the importance and risk factor to the resident if hot water is above 120°F.

Staff will check daily water temperature to ensure temperature not to exceed 120°F in areas accessible to resident. Administrator will monitor hot water temperature and do a periodic check to ensure accurate temperature of no more than 120°F.

Attached water temperature checklist

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

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

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

MAY 28 2017

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a source of lighting that can be turned on/off from bedside.

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.

Administrator bought a new desk lamp and was put on the bedroom night stand next to the bed of resident #1 on March 04,2017.

Attached picture and receipt of resident #1 desk lamp.

Administrator and staff to check weekly all residents rooms to make sure they have operable lamp or other source of lights that can be turned on at bedside.

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
Honey Nunn (Administrator)			5-26-17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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<u>6/6/17</u> (Date)		<u>6/6/17</u> (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
<u>pu.</u> (Initials)			

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

MAY 26 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 10:30 a.m., the emergency exit door near the home's main dining area required a significant amount of manual force to open when an agent of the Department attempted to open it. The draft barrier at the base of the door fit tightly to the threshold beneath.

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.

Draft barrier at the base of the door that fit tightly to the threshold beneath was removed and re-attached so that emergency exit door near the home's main dining area are easy to open and close.

Attached Westmoreland Lock & Safe Co. receipt.

Administrator will check ~~monthly~~ ^{weekly} to see if door exits open and close properly. ^{p.w. 6/6/17}
Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

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) *Honey Nuruz (Administrator)* Date *5-24-17*

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

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

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

The home's designated outdoor smoking area contained a piece of cardboard approximately 2 feet x 1 foot on a bench and several iced tea cartons and other paper trash inside a cigarette butt receptacle.

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 piece of cardboard approximately 2 feet x 1 foot on beach and several iced tea cartons and other paper trash inside a cigarette butt receptacle was immediately removed.

Administrator educated residents and staff about the violation concerning fire hazards. Administrator instructed residents not to put any paper trash inside cigarette butt receptacle. Documentation of this education shall be kept. *rw. 6/6/17*

Staff to check daily the home's designated outdoor smoking area to make sure no paper trash inside a cigarette butt receptacle or any combustible and flammable materials like a piece of cardboard, cartons and papers etc... may not be located near heat sources.

Attached checklist for page 12 of 13.

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) *Honey Nunez (Administrator)* Date *5-26-17*

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

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The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>rw.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44057 - 03/01/2017 - Hoover, Josh
PCH Name: GEORGE S PERSONAL CARE HOME

MAY 28 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Amoxicillin 500 mg capsule, take one capsule three times daily for 10 days, starting 2/28/2017. Staff person B administered the medication at 8:00 a.m. on 3/1/17; however, the staff person did not document the administration of the medication on resident #2's March 2017 medication administration record as of 1:22 p.m. on 3/1/2017.

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.

Staff person B was re-educated on the proper technique of recording in MAR after each medication pass. Administrator has monitored staff person B for 3 days straight each time staff person B pass meds.

Administrator will monitor all staff every time administrator was at facility during medication pass.

Medication administration was reviewed to all staff and documentation kept.

Staff to check MAR after each med pass to ensure all medication are signed off.

Checklist attached and medication reviewed documentation.

Within 15 days of receipt of plan of correction = the administrator or designee will review resident MARs weekly to ensure they contain the initials of the staff person administering the medication at the time the medication is administered. g.u. 6/6/17

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)

Honey Newz (Administrator)

Date 5-26-17

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

The above plan of correction is approved as of

6/6/17
(Date)

Plan of correction implementation status as of

6/6/17
(Date)

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

The above plan of correction was approved by

g.u.
(Initials)