



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 21 2017

Ms. Carin Constantakis  
Chief Executive Officer  
Orion Personal Care Corporation  
2191 Ferguson Road  
Allison Park, Pennsylvania 15101

RE: Orion Personal Care  
License #: 431260

Dear Ms. Constantakis:

As a result of the Department of Human Services' annual licensing inspection on May 3, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: ORION PERSONAL CARE		License Number: 43126
Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: BRANDI BANKSTON		Region: WEST
Legal Entity Name: ORION PERSONAL CARE CORPORATION		
Legal Entity Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 12/12/1996 L & I		OCT 17 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/03/2017: Georgoulis, Karen; Park, Belh		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25 Number of Residents Served: 20 Secured Dementia Care Unit in Home: Yes Area: Entire home Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 8		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

Violation Report: 43126 - 05/03/2017 - Georgoulis, Karen  
PCH Name: ORION PERSONAL CARE

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 5/3/17, the temperature of the large deep freezer chest in the kitchen measured 15 degrees Fahrenheit at 11:50 a.m. a recheck of the freezer temperature measured 2 degrees Fahrenheit at 3:48 p.m.

On 5/3/17, there was no thermometer in the small freezer chest in the basement at approximately 10:30 a.m. A thermometer was placed in the small freezer and rechecked. The temperature measured 6 degrees Fahrenheit at 3:52 p.m.

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.

Small chest freezer

5/4/17 By 10 am thermometer in small chest freezer registered 0 degrees.

Original thermometer found near bottom of freezer, also registering 0 degrees.

5/8/17 New thermometers purchased for all freezers.

10/11/17 Upon reviewing temperature logs, small chest freezer which was relatively new, had not been included in the daily temperature log.

Temperature log has been changed to reflect all freezers currently in operation.  
\*See document attached "2-A".

Large chest freezer

5/3/17 Food order had arrived that morning, right before lunchtime. Freezer had been open and shut multiple times.

Late afternoon - food items rearranged to ensure proper closure of freezer lid.

5/4/17 By 10 am thermometer registered -1 degrees.

Temperature Logs attached, showing correct temps consistently maintained through end of month. Following month included which demonstrates staff awareness of meeting temp requirements.  
\*See attached "2-B".

Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 10-18-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brandi Bankston, Administrator* Date *10/16/17*

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

The above plan of correction is approved as of 10-18-17  
(Date)

Plan of correction implementation status as of 10-18-17  
(Date)

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

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

Violation Report: 43126 - 05/03/2017 - Georgoulis, Karen  
 PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 12/23/16 at 10:30 a.m., the home conducted a fire drill with 23 residents in the home. However, only 22 residents were evacuated during the fire drill. Resident #1 was receiving hospice services and was not evacuated. The home did not have notification from a physician, who is not an employee or contractor of the home, and has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation.

The home's safe evacuation time determined by a fire safety expert specified a fire safe evacuation time of 5 minutes. However, the home conducted fire drills exceeding the fire safe evacuation time as follows:

- \* 6/23/16 at 6:15 a.m. - 5 minutes 12 seconds
- \* 9/22/16 at 5:00 p.m. - 5 minutes 19 seconds

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.*

This facility has created and implemented a "Fire Drill Exemption" form to be completed by a medical professional once a resident begins to show obvious signs of entering the phase of actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

\*See attached "3-A"

On 8/11/17, All staff were educated regarding safe evacuations in (5 minutes or less) by a fire safety expert. On this date, the facility's annual fire safety inspection and timed fire drill evacuation was conducted and passed according to DHS regulations 2600.132(d)

\*See attached "3-B"

\*See attached staff training sign in sheet "3-C"

This facility has conducted all monthly fire drills safely and in less than the allotted 5 minutes as determined by a safety expert since 10/25/16.

\*See attached "3-D"

Immediately: If the home chooses to conduct a fire drill while a resident is on hospice and in the active dying process, the home shall adhere to all regulatory requirements of regulation 2600.29(b). *10-18-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Brandi Bankston, Administrator* Date *10/16/17*

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

The above plan of correction is approved as of 10-16-17  
 (Date)

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

Plan of correction implementation status as of 10-16-17  
 (Date)

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

RECEIVED

OCT 17 2017

Page 4 of 6

Violation Report: 43126 - 05/03/2017 - Georgoulis, Karen  
PCH Name: ORION PERSONAL CARE

WEST HUNTON FIELD OFFICE  
Huyman G. Anderson, Leechburg

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

On 5/3/17 at 9:05 a.m., the medication cart was unlocked, unattended and accessible in the medication room which has no door to secure the room.

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.

This facility contacted our contracted pharmacy on 5/3/17 to report difficulties with the locking mechanism on the medication cart.

Medication administrators were instructed to double check the lock on the medication cart each time it was closed to be certain the lock was engaged.

On 5/10/17, Leechburg Pharmacy repaired the locking mechanism.

On 6/1/17, Leechburg Pharmacy sent a letter documenting the repair. \*See attached "4-A"

Medication Staff have had no issues with the medication cart lock since this repair through the current date.

Immediately: The administrator or designee shall monitor the storage of medications and controlled substances on a weekly basis to ensure medications and controlled substances are kept in an area or container that is locked.

10-18-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Bankston, Administrator*      Date *10/16/17*

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The above plan of correction is approved as of 10-19-17 (Date)

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

Plan of correction implementation status as of 10-18-17 (Date)

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

Violation Report: 43126 - 05/03/2017 - Georgoulis, Karen  
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 4/26/16. However, resident #3's preadmission screening, dated 4/25/16, does not indicate the date the physician completed the resident's cognitive screening.

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.

5-5-17 A new preadmission screening was completed for resident #3.

5-5-17 All resident files were reviewed to check for missing dates/information. Other files found compliant.

10/11/17 Checklist of Admission Procedures was amended to include more detailed PreScreen Cognitive Section details. \*See attached - "5".

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brandi Bankston*

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

*Brandi Bankston, Administrator*

Date *10/16/17*

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The above plan of correction is approved as of 10-16-17  
(Date)

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

Plan of correction implementation status as of 10-18-17  
(Date)

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

OCT 17 2017

WEST REGION FIELD OFFICE  
HUMAN SERVICES LICENSING

Violation Report: 43126 - 05/03/2017 - Georgoulis, Karen  
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home's documentation of the resident's medical evaluations were not completed on the Department's forms. The documentation was completed on a computer based document which the home does not have a waiver to use to include:

- \* Resident #2's medical evaluation dated 2/10/17
- \* Resident #3's medical evaluation dated 3/23/17
- \* Resident #4's medical evaluation dated 10/4/16

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.

5/3/17 Administrator and RCC unaware of waiver needed for using Tabula Pro computer software.

From that point forward, all medical evaluation forms were completed using the Department's forms.

10/5/17 New medical evaluation was completed for Resident #4 on the Department's form.

10/11/17 Waiver request to use Tabula Pro software was submitted to DHS.

10/11/17 New medical evaluation was completed for Resident #2 on the Department's form.

10/11/17 All resident files reviewed for compliance with 2600.251(c). New medical evaluations were arranged as needed.

Until Waiver request is granted, all medical evaluations will be completed on the Department's forms.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brandi Bankston*

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

Brandi Bankston, Administrator

Date

10/16/17

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

The above plan of correction is approved as of

10-16-17  
(Date)

Plan of correction implementation status as of 10-16-17  
(Date)

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

The above plan of correction was approved by

*Y*  
(Initials)