



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**FEB 23 2018**

Ms. Linda Howard  
Administrator  
Perry South Personal Care Home, Ltd.  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home  
License # 433730

Dear Ms. Howard:

As a result of the Department of Human Services' annual licensing inspection on May 11, 2017 and October 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.

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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: PERRY SOUTH PERSONAL CARE HOME		License Number: 43373
Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		County: Allegheny
Administrator: Linda Howard		Region: WEST
Legal Entity Name: PERRY SOUTH PERSONAL CARE HOME LTD		
Legal Entity Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		
Certificate(s) of Occupancy R-4 10/30/2008 City of Pittsburgh		<b>RECEIVED</b>  AUG 30 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 7	Waking Staff: 5
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 05/11/2017: Park, Beth		
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: 8	Number of Residents who:	
Number of Residents Served: 7	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home does not have written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents.

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.

Please See Attached forms

att

I over looked this page when the inspector was here. The staff and myself will go over paper work every 2 months to see that we are in compliance with the regulations

Immediately: The administrator or designee will retain this policy in an organized manner so that it is available for onsite review by agents of the Department.

12/29/17 PL

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Linda Howard

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

Linda Howard

Date

8-18-17

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

The above plan of correction is approved as of

12/29/17  
(Date)

Plan of correction implementation status as of

12/29/17  
(Date)

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

The above plan of correction was approved by

PL  
(Initials)

AUG 30 2017

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person C received only 2 hours of annual training during the 2016 training year.

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.

Please Attached forms: the staff member was trained again on the number of hours needed, and as the Administrator I will be going over all staff training one-one to see that everything is in compliance

Staff person C no longer works for the home. *gu. 12/29/17*

Immediately: The administrator or designee will review staff training records at least quarterly, and as part of the quality management review, to ensure each direct care staff person receives at least 12 hours of annual training during each training year. *gu. 12/29/17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard*      Date *12-29-17*

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

The above plan of correction is approved as of 12/29/17 (Date)

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

Plan of correction implementation status as of 12/29/17 (Date)

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

Violation Report: 43373 - 05/11/2017 - Park, Belh  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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 C did not receive training on any of the topics required by 65f during the 2016 training year to include:  
\* Medication self-administration training.  
\* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
\* Care for residents with dementia and cognitive impairments.  
\* Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
\* Personal care service needs of the resident.  
\* Safe management techniques.  
\* Care for residents with mental illness or mental retardation, or both, if the population is served in the home

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 C no longer works at the personal care home. when C left they took most of their paper work concerning TRAINING

Immediately: The administrator or designee will review staff training records at least quarterly, and as part of the quality management review, to ensure each direct care staff person receives annual training in all topics in accordance with 2600.65f during each training year. *pn, 12/29/17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Lina Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *LINA HOWARD*      Date *8-27-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

The above plan of correction was approved by pn  
(Initials)

Plan of correction implementation status as of 12/29/17  
(Date)

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

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not receive training on any of the topics required by 65g during the 2016 training year to include:

- \* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- \* Emergency preparedness procedures and recognition and response to crises and emergency situations.
- \* Resident rights.
- \* The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).
- \* Falls and accident prevention.

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 C NO LONGER WORKS HERE AND she took her TRAINING PAPERS WITH HER

Immediately: The administrator or designee will review staff training records at least quarterly, and as part of the quality management review, to ensure each staff person receives annual training in all topics in accordance with 2600.65g during each training year. g.u. 12/29/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i>	Date <i>8-27-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/29/17  
(Date)

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

Plan of correction implementation status as of 12/29/17  
(Date)

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

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
The home does not have a staff training plan for the 2017 training year.

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 plan has been put in place :  
Please see the plan attached

Within 5 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure a staff training plan is put in place prior to the start of each new training year.  
pw 12/29/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/21/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *8-27-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

Plan of correction implementation status as of 12/29/17  
(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: 43373 - 05/11/2017 - Park, Belh  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

There is a thick layer of dust on the surface of the bottom rail of the banister, at the stairs to the second floor, between the spindles.

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 home will pay more attention of the need to keep such things clean. The stair well was cleaned. Everyone was asked to pay better attention to these things

Immediately: A designated staff person will check the home daily on each shift to ensure sanitary conditions are maintained, including the stair banister and spindles. Any unsanitary conditions identified shall be corrected immediately. JW - 12/29/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/21/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jonda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jonda Howard*      Date *8-25-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

Plan of correction implementation status as of 12/29/17  
(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: 43373 - 05/11/2017 - Park, Belh  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST HUNTSVILLE 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  
There was an approximate 6 inch by 1 inch tear in the lint trap in the dryer on the left in the basement.

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 dryer vent has been replaced and offer each use the staff will be checking to see they are in good condition

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *8-25-17*

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

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</u> (Date)
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>JW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH 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 #4 does not have a source of lighting that can be turned on/off from bedside.

Resident #2 has an inoperable push light at the top of the bed. There is no other 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.

A new table lamp has been placed on the head board, Resident was informed not to take off. Staff will be checking lighting & cleanliness of each room weekly

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date *8/18-19*

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

The above plan of correction is approved as of 12/29/17  
(Date)

Plan of correction implementation status as of 12/29/17  
(Date)

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

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



AUG 30 2017

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGIONAL 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

There was no thermometer in the kitchen freezer.

There were 2 opened containers of parmesan cheese in the cupboard in the breakfast nook which had labels indicating to refrigerate after opening. One was 1/2 full and one was 3/4 full.

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 freezer will be checked for a thermometer when we check for old & unlabelled food. This will be done by staff.

See page 11<sup>a</sup> of 24

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2016		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard* Date *8-28-17*

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

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</u> (Date)
The above plan of correction was approved by <u>JM.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JM.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 08/11/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 85 Pa. Code 92800  
 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  
 There was no thermometer in the kitchen freezer.

There were 2 opened containers of parmesan cheese in the cupboard in the breakfast nook which had labels indicating to refrigerate after opening. One was 1/2 full and one was 3/4 full.

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 thermometer was placed in the kitchen freezer.

The containers of parmesan cheese were discarded.

Immediately; A designated staff person will check all refrigerators and freezers daily on each shift to ensure that a thermometer is present. Documentation of checks shall be kept.

Within 18 days of receipt of the plan of correction: All staff persons will receive education on safe food storage, including the requirement that thermometers are required in refrigerators and freezers. Documentation of the education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard Administrator</i>	Date <i>Dec-28-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an undated zip lock bag of pork chops in the kitchen freezer.

There was a zip lock bag of unknown meat in the kitchen freezer which was unlabeled and undated.

There was an undated zip lock bag of bacon in the kitchen freezer.

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 meat was checked!

everything was labeled, checked for dates!  
and old folders & labeled, or dated food was  
thrown away.

See page 12<sup>a</sup> of 24

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/21/2016

Signature of Legal Entity Representative

(Required on EVERY Page)

Linda Howard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Linda Howard

Date

8-25-17

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

The above plan of correction is approved as of

12/29/17  
(Date)

Plan of correction implementation status as of

12/29/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PN.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*PN.*  
(Initials)

Violation Report: 43373 - 08/11/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800  
 2800.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There was an undated zip lock bag of pork chops in the kitchen freezer.

There was a zip lock bag of unknown meat in the kitchen freezer which was unlabeled and undated.

There was an undated zip lock bag of bacon in the kitchen freezer.

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.

Immediately: A designated staff person will check the home daily on each shift to ensure outdated or spoiled foods are not being used. Any food item whose date of storage cannot be determined will be discarded.

Within 15 days of receipt of the plan of correction: All staff persons will receive training on safe food storage, including the home's policy and procedure for labeling and dating stored foods to ensure that outdated or spoiled foods are not being used. Documentation of the training shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2018
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i>	Date <i>Dec-28-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction Implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was a thin layer of lint in the lint traps of both dryers located in the basement.

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 dryers; now have new filters. This some-  
thing we over looked but will be checked  
AFTER the end of the day that is done

Within 15 days of receipt of the plan of correction: All staff persons will receive training that lint shall be removed from the lint trap and drum of clothes dryers after each use. Documentation of training shall be kept. *g.m. 12/29/17*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) \_\_\_\_\_ Date *8-25-17*

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

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</u> (Date)
The above plan of correction was approved by <u><i>g.m.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.m.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 05/11/2017 - Park, Bath  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

SEP 07 2017

1. REGULATION 55 Pa. Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 Resident #2's medical evaluation, dated 2/18/2017, does not include the resident's blood pressure, pulse rate, body positioning, and cognitive functioning. These sections of the form are 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.

Please see attached forms with the update PCH will read over each of the forms at the time the Dr. fills in. There will be highlighted places where he should fill in. The form will become completely.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a medical evaluation, completed in its entirety, present in the resident record. Any medical evaluations found to contain missing or inaccurate information will be immediately returned to the person who completed them for correction.  
 JW 12/29/17

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *LINDA HOWARD*      Date *Sept - 7-2017*

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

The above plan of correction is approved as of 12/29/17  
 (Date)

Plan of correction implementation status as of 12/29/17  
 (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: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5 had a medical evaluation completed on 2/16/2017. However, the prior medical evaluation was completed on 12/30/2015.

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.

Please See Attached Paper.  
The administrator will keep better files.  
Once a month I will go over every ones charts  
to see if everything is in place

Within 15 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure that each resident has a medical evaluation completed at least annually.  
JW. 12/29/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *8-25-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

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

Plan of correction implementation status as of 12/29/17  
(Date)

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

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
Resident #1's Isonizid, 300 mg, take 1 by mouth daily, was discontinued by the prescriber. However, this medication was still present in the home.

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 of 8-29-17, we don't have a D-C order in writing from the DR. AT The V.A. they have not responded by giving us a script. The rest of the medication was returned to the V.A. hospital 8-30-17, by Administrator JH.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart and physician orders to ensure only current medication for individuals living in the home is stored in the home. *JH 12/29/17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *8-28-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

Plan of correction implementation status as of 12/29/17  
(Date)

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

The above plan of correction was approved by JH  
(Initials)

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3 current Lantus pen was opened 3/28/217; however, the manufacturer's instructions indicate to discard it after 28 days.

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 Medicine Shoppe has agreed to take opened or not used medication back to the store for disposal properly. The med has been checked for dates & usage.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart to ensure proper medication storage including medication storage being in accordance with manufacturers' instructions. 12/29/17 JW.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Linda Howard

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Linda Howard      Date 8-27-17

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

The above plan of correction is approved as of 12/29/17 (Date)

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

Plan of correction implementation status as of 12/29/17 (Date)

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

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The original container with the pharmacy label for Resident #1's Lantus pens could not be located.

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 original container was located in the Resid. with the other unused pens. next time I will take ~~some~~ time to look for items. See attached label.

See page 18<sup>9</sup> of 24

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Linda Howard</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Linda Howard	8-25-17

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

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</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

Violation Report: 43373 - 08/11/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 88 Pa.Code §2800**

2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The original container with the pharmacy label for Resident #1's Lantus pens could not be located.

**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.*

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart and physician orders to ensure each original medication container has a complete pharmacy label in accordance with 2800.184a.

Within 16 days of receipt of the plan of correction: All staff persons who administer medications will receive training on the requirement that the original container for medication must have a pharmacy label in accordance with 2800.184a. All pharmacy labels for current medications shall be retained by the home.

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

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

Date *Dec-28-17*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Cyclobenzaprine, 10 mg, take 1 tablet every 8 hours as needed. However, this medication was not available in the home

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 medication comes from the VA. And comes thru the mail it was delivered July 21, 2017. The bottle was in [redacted] drawer outside of [redacted] box of med. we will take care to see all medication is stored properly; only [redacted] meds are in this drawer.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart, medication administration records (MARs) and physician orders to ensure the home is following the directions of the prescriber. Documentation of medication audits shall be kept. *nu 12/29/17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *8-27-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

Plan of correction implementation status as of 12/29/17  
(Date)

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

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

AUG 20 2017

Violation Report: 43373 - 05/11/2017 - Park, Belh  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A, administrator, has not completed an annual medication administration practicum since 10/19/2015. Direct care staff person A administered medications as follows:

- Sertraline HCL, 100mg to resident #3 on 05/08/2017 and 05/10/2017 at 8:00 AM
- Metformin HCL, 1,000mg to resident #3 on 05/08/2017 and 05/10/2017 at 8:00 AM
- Clozapine, 100mg to resident #3 on 05/08/2017 and 05/10/2017 at 8:00 AM
- Tramadol HCL, 50mg to resident #2 on 05/08/2017 and 05/09/2017 at 8:00 AM
- Gabapentin, 300mg to resident #2 on 05/08/2017 and 05/09/2017 at 8:00 AM

Staff person B, has not completed an annual medication administration practicum since 3/4/2016. Direct care staff person B administered medications as follows:

- Sertraline HCL, 100mg to resident #3 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Metformin HCL, 1,000mg to resident #3 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Clozapine, 100mg to resident #3 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Tramadol HCL, 50mg to resident #2 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Gabapentin, 300mg to resident #2 on 05/08/2017 and 05/09/2017 at 8:00 AM

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.

See page 20 of 24

Staff Person B. has taken the training and is attached the training for Med & other violations will be a monthly thing that is done by administrator

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) LINDA HOWARD Date 8-27-17

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

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</u> (Date)
The above plan of correction was approved by <u>pu.</u> (Initials)	<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

Violation Report: 43373 - 05/11/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 66 Pa.Code §2600.**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, administrator, has not completed an annual medication administration practicum since 10/19/2015. Direct care staff person A administered medications as follows:

- Sertraline HCL, 100mg to resident #3 on 05/08/2017 and 05/10/2017 at 8:00 AM
- Metformin HCL, 1,000mg to resident #3 on 05/08/2017 and 05/10/2017 at 8:00 AM
- Clozapine, 100mg to resident #3 on 05/08/2017 and 05/10/2017 at 8:00 AM
- Tramadol HCL, 50mg to resident #2 on 05/08/2017 and 05/09/2017 at 8:00 AM
- Gabapentin, 300mg to resident #2 on 05/08/2017 and 05/09/2017 at 8:00 AM

Staff person B, has not completed an annual medication administration practicum since 3/4/2016. Direct care staff person B administered medications as follows:

- Sertraline HCL, 100mg to resident #3 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Metformin HCL, 1,000mg to resident #3 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Clozapine, 100mg to resident #3 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Tramadol HCL, 50mg to resident #2 on 05/05/2017 and 05/07/2017 at 8:00 AM
- Gabapentin, 300mg to resident #2 on 05/08/2017 and 05/09/2017 at 8:00 AM

**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 A completed the Department-approved medication administration program on 8/2/17.
- Staff person B had an annual practicum completed on 8/2/17.
- Immediately: The administrator will review all medication training records at least quarterly to ensure staff persons who administer medications to residents remain qualified to do so.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard* Date *Dec 28 17*

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

The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

A preadmission screening form was not completed for resident #1, admitted on [redacted] 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.

His Pre-Admission training was done. I need to take better care of paper work. Since I did not complete the forms next time I will go over ALL papers needed

Immediately: A designated staff person will review the records of all residents admitted in the past 12 months to ensure a preadmission screening is completed on the Department-approved form and placed in the resident's record. *pl. 12/29/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Linda Howard*

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

*Linda Howard*

Date

*8-25-17*

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

The above plan of correction is approved as of

*12/29/17*  
(Date)

Plan of correction implementation status as of

*12/29/17*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pl.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*pl.*  
(Initials)

Violation Report: 43373 - 05/11/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

AUG 30 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident #1, admitted on [redacted] 2017, does not have a photograph in his/her record.

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 picture of Resident has been added and all other pictures are up to date

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Linda Howard*      Date *8-27-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

The above plan of correction was approved by PH  
(Initials)

Plan of correction implementation status as of 12/29/17  
(Date)

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

Violation Report: 43373 - 05/11/2017 - Park, Belh  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home does not have a policy or procedures addressing record accessibility, security, storage, authorized use and release, and who is responsible for the records.

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.

Please See the Attached procedures  
Policy

Immediately: The administrator or designee will retain this policy in an organized manner so that it is available for onsite review by agents of the Department. JW. 12/29/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jonda Howard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *LINDA HOWARD*      Date *8-22-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

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

Plan of correction implementation status as of 12/29/17  
(Date)

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

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

PGH Name: PERRY SOUTH PERSONAL CARE HOME		License Number: 43373
Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		County: Allegheny
Administrator: Linda Howard		Region: WEST
Legal Entity Name: PERRY SOUTH PERSONAL CARE HOME LTD		
Legal Entity Address: 1129 TWEED STREET, PITTSBURGH, PA 15204		
Certificate(s) of Occupancy R-4 10/30/2008 City of Pittsburgh		
Staffing Hours Resident Support: N/A                      Total Daily Staff: 7                      Working Staff: 5		
Type of Inspection: Interim - POC                      BHA Docket Number: N/A                      Notice: Unannounced		
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 10/27/2017: Park, Beth; Mulick, Cindy		
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: 8 Number of Residents Served: 7 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: 2 Are 60 Years of Age or Older: 4 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43373 - 10/27/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2800.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

At approximately 9:50 AM, the following medications were unlocked and accessible in the kitchen refrigerator:

- \* 2 boxes of Lantus Solostar Pens prescribed to resident #1
- \* 5 Novolog Flex Pens prescribed to resident #1
- \* Lantus Insulin prescribed to resident #2

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 medication has been placed in locked boxes and placed in the Ref. The key is in a safe place and available to staff.  
 each Resident has their own box.

Immediately and weekly thereafter: A designated staff person will check all medications stored in a refrigerator to ensure they remain locked and inaccessible to residents. *pu. 12/29/17*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard* Date *Dec 6 20 17*

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

The above plan of correction is approved as of 12/29/17  
 (Date)

Plan of correction implementation status as of 12/29/17  
 (Date)

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

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

Violation Report: 43373 - 10/27/2017 - Park, Beth  
PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The following medications, prescribed for resident #1, did not have a pharmacy label:

- Symbacort Inhaler, 2 puffs two times per day
- Spiriva Inhaler, 2 puffs four times per day
- Provental Inhaler, 2 puffs as needed

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.

We will make a copy of each rx label from the medication and have it on file. The medication Provental will be addressed by Doctor [redacted] at the V.A. when Patient gets discharged. [redacted] is not sure of leaving [redacted] on this inhaler.

Label will be checked by Tech. From the Medicine Shoppe monthly against changes of the MAR's & medication.

See page 3<sup>9</sup> of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i>	Date <i>Dec-6-2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/29/17  
(Date)

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

Plan of correction implementation status as of 12/29/17  
(Date)

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

Violation Report: 43373 - 10/27/2017 - Park, Bath  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 65 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The following medications, prescribed for resident #1, did not have a pharmacy label:

- \* Symbacort Inhaler, 2 puffs two times per day
- \* Spiriva Inhaler, 2 puffs four times per day
- \* Provental Inhaler, 2 puffs as needed

**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.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart and physician orders to ensure each original medication container has a complete pharmacy label in accordance with 2600.184a.

Within 15 days of receipt of the plan of correction: All staff persons who administer medications will receive training on the requirement that the original container for medication must have a pharmacy label in accordance with 2600.184a. All pharmacy labels for current medications shall be retained by the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Linda Howard*

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

LINDA Howard

Date

Dec - 28 - 17

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

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

Violation Report: 43373 - 10/27/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 is prescribed Tramadol HCL, 50mg tablet, take 1 every eight hours as needed. However, this medication was not available in the home.

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 medication had been discontinued. And placed in [redacted] lock box in the refrigerator waiting for [redacted] to come from the medicine shop to pick it up. A picture of it was taken before we gave it to her. She will be coming to the home monthly to keep us in better shape.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart and physician orders to ensure the availability of all current resident medication. *nu. 12/29/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOWARD</i>	Date <i>Dec - 6 2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</u> (Date)
The above plan of correction was approved by <u><i>nu.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>nu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 10/27/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

### 1. REGULATION 66 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

### 2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, Capsaicin Cream, 0.025%, apply liberal amount topically three times per day. However, the resident's October 2017 medication administration record, (MAR) indicates, Capsaicin Cream, 0.025%, apply to affected area as needed.

Resident #1's October 2017 MAR did not include any diagnoses for any of the resident's medications to include: Furosemide, 20mg tablet, take one tablet by mouth twice a day; and Aspirin, 81mg chew tablet, chew one tablet by mouth every day.

Resident #1's October 2017 MAR did not include the frequency for the following medications:

- \* Furosemide, 20mg tablet, take one tablet by mouth twice a day
- \* Aspirin, 81mg chew tablet, chew one tablet by mouth every day

The October 2017 MAR for resident #1 did not include the following current medications:

- \* Atorvastatin Calcium, 80 mg, take one per day
- \* Acetaminophen 325 mg, take 3 tablets every six hours as needed
- \* Nuvonig Flevpen, 100 units/ml, inject per sliding scale subcutaneously before meals and at bedtime: 70-120 = 0; 131-180 = 1 unit; 181-240 = 2 units; 241-300 = 3 units; 301-350 = 4 units; 351-400 = 5 units; above 400 = 6 units and call the MD.

The October 2017 MAR for resident #2 did not include the following current medications:

- \* Mupirocin 2% Ointment, Apply topically to legs as needed

Resident #3's October 2017 MAR did not include the diagnosis for the following medications:

- \* Benzonatate, 10 mg
- \* Thiamine HCl, 100 mg
- \* Cyanocobalamin

Resident #3's October 2017 MAR did not include the dosage for the following medication:

- \* Cyanocobalamin

The October 2017 MAR for resident #3 did not include the following current medications:

- \* Proventil HFA Inhaler, 1 puff four times a day as needed
- \* Hydrophilic Cream, apply liberally, topically, every day as needed

Resident #4 is prescribed, Mexiletine, 150 mg capsule, one capsule by mouth every 8 hours. However, the resident's October 2017 MAR indicates it is to be administered at 8:00 AM and 4:00 PM.

### 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.*

Violation Report: 43373 - 10/27/2017 - Park, Belh  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

1. The MAR's has been corrected to say: 3X DAY  
 2. Resident #1 MAR's has been corrected for Furoamide, Aspirin has also been corrected  
 3. All medication has been included on the MAR's  
 4. Resident # 2 MAR's was done over to include all meds  
 5. All of Resident's meds have been corrected to include the diagnoses  
 6. All current meds have been included on the MAR's  
 \* we have a pharmacy Tech coming once a month to see that every thing is being done. [redacted] this will be done until we no longer have this same person See page 6 of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Linda Howard</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
LINDA Howard	Dec-6-2017

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

The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>12/29/17</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

DEC 28 2017

Violation Report: 43373 - 10/27/2017 - Park, Belh  
 POH Name: PERRY SOUTH PERSONAL CARE HOME

**1. REGULATION 88 Pa.Code §2800**

2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Within 18 days of receipt of the plan of correction: All staff persons qualified to administer medications will be educated in the required contents of resident MARs in accordance with 2800.187a including frequency, dose and diagnosis or purpose for the medication. Documentation of the education shall be kept.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard* Date *dec-28-17*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43373 - 10/27/2017 - Park, Beth  
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Capsaicin Cream, 0.025%, apply liberal amount topically three times per day. However, the home has been administering it only as needed, and it has not been administered from 10/1/2017 through 10/27/2017.

Resident #4 is prescribed Mexiletine, 150 mg, one capsule every 8 hours. However, the home is administering the medication two times per day.

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.

We will be asking the Doctor when he calls back for a PRN order for Resident #1 [redacted] wants to use it less often. No answer as of yet. Will manage [redacted] to use as Directed.

This medication has been discontinued! The Medicine Shoppe will be following up with us monthly to check on our MAR's, out dated med, signatures, and anything we are following up on

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall audit the medication cart, medication administration records (MARs) and physician orders to ensure the home is following the directions of the prescriber. Documentation of medication audits shall be kept. mu 12/29/17

audits shall be kept.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Linda Howard* Date *Dec - 8 - 2017*

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

The above plan of correction is approved as of 12/29/17  
 (Date)

Plan of correction Implementation status as of 12/29/17  
 (Date)

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

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