



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 22, 2017

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

RE: East Deer Personal Care Home
License #: 430780

Dear Mr. Capuzzi:

As a result of the Department of Human Services' licensing inspection on June 2, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

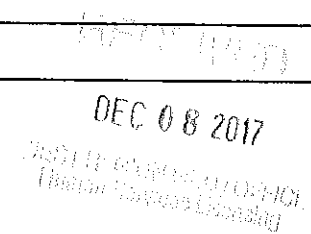
Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: EAST DEER PERSONAL CARE HOME		License Number: 43078
Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		County: Allegheny
Administrator: Len Capuzzi		Region: WEST
Legal Entity Name: EAST DEER PERSONAL CARE HOME INC		
Legal Entity Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		
Certificate(s) of Occupancy C-2 LP 04/07/2006 Labor & Industry		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/02/2017: Park, Beth; Roser, Ashley		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 45 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: 1	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 41 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 43078 - 06/02/2017 - Park, Beth
 PCH Name: EAST DEER PERSONAL CARE HOME

DEC 6 8 2017

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 12/16/16, does not include the diagnoses of ambulatory disfunction and anemia as indicated on the medical evaluation, dated 9/27/16

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.

Resident #1 is no longer a current resident. All diagnoses will be included on resident's assessments. Assessments will be reviewed by administrator to ensure diagnoses are included within 15 days of receipt of the plan of correction. gw. 12/15/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEN CAPUZZI, ADMINISTRATOR** Date **12-7-2017**

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

The above plan of correction is approved as of <u>12/15/17</u> (Date)	Plan of correction implementation status as of <u>12/15/17</u> (Date)
The above plan of correction was approved by <u>gw.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress gw, <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 06/02/2017 - Park, Beth
PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 fell in the home on 5/16/17 and 5/17/17. However, the resident's support plan, dated 12/16/16, was not updated to address this care need.

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.

Support plans will be updated to reflect falls and other changes in care needs. Administrator will review support plans to ensure plans are updated.

Resident #1 is no longer a resident of the home. p.u. 12/15/17

Within 15 days of receipt of the plan of correction. p.u. 12/15/17

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) **LEN CAPUZZI, ADMINISTRATOR** Date **12-7-2017**

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

The above plan of correction is approved as of 12/15/17 (Date)

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

Plan of correction implementation status as of 12/15/17 (Date)

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