



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2018

Mr. Kevin Donahue
Administrator
Kevin & Romona Donahue
1143 Lapish Road
Pittsburgh, Pennsylvania 15212

RE: Donahue's Personal Care I
1610 Hybla Street
Pittsburgh, Pennsylvania 15212
Certificate #: 430340

Dear Mr. Donahue:

As a result of the Department of Human Services' Licensing annual licensing inspection on September 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.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

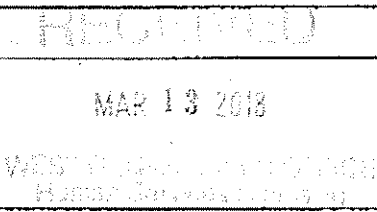
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: DONAHUE S PERSONAL CARE I		License Number: 43034
Address: 1610 HYBLA STREET, PITTSBURGH, PA 15212		County: Allegheny
Administrator: Kevin Donahue		Region: WEST
Legal Entity Name: KEVIN & ROMONA DONAHUE		
Legal Entity Address: 1143 LARISH ROAD, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy Other 10/25/1985 City of Pittsburgh		
Staffing Hours Resident Support: 0		Total Daily Staff: 17 Waking Staff: 13
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/27/2017: Garrigan, Laurie; Winters, Lynn		
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: 17 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 7 Have Mental Illness: 11 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Kevin Donahue 3/1/18

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MAR 13 2018

Violation Report: 43034 - 09/27/2017 - Garrigan, Laurie
PCH Name: DONAHUE S PERSONAL CARE I

WEST - ...
HUMAN ...

1. REGULATION 55 Pa.Code §2800

2800.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals, and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for resident #3. The resident's record of financial transactions indicates he/she has a balance of \$0; however, the resident has \$140.00 in cash available.

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 2A of 9

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin Donahue Admin* Date *3/1/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/19/18 (Date)

Plan of correction implementation status as of 3/19/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Page 2A of 9

Certificate #430340

Donahue's Personal Care

MAR 13 2018

MISSOURI DEPARTMENT OF
COMMUNITY CARE

2600.20(b)(1)

Donahue Personal Care understands and values the importance of the home keeping a record of financial transactions with the resident, including dates, amounts of deposits, amounts of withdrawals and current balance.

Resident #3 was receiving his monthly resident allowance and the staff was accurately recording the transactions. The problem is that resident #3 kept their funds in a bank envelope and typically keeps on self. However, resident #3 asked the staff to lock up their envelope in the med cart overnight. The staff didn't think to create a cash in financial record because they believed it was already done since it was recorded on the regular monthly financial record.

The Administrator spoke with the staff person on duty and explained that anytime cash is locked up and then given back to the resident, there must be a record of this occurrence. The regular monthly transaction record does not cover this scenario.

The staff person now understands that a log must be created, signed and kept even if the occurrence is after the regular monthly resident financial record is completed. It was an oversight on the staffs part to believe a record of the overnight lock up of funds was unnecessary. The staff understands how this belief could lead to future complaints and or resident confusion.

On or before March 25, 2018, the Administrator will hold a staff training session in regards to resident financial records and the use of locking up resident funds in the med cart.

The staff on duty is responsible for the daily log in all resident financial transactions.

The Administrator Designee is responsible to ensure all staff are following proper procedure. The Administrator Designee will check the med cart and the resident financial records every Sunday of every month. *to ensure a record of financial transactions is present for each resident which includes all items indicated in 2600.20(b), including the current balance.*
A financial record was completed for resident #3 the day of inspection and same day compliance was achieved.

3/19/18

KD/lg/030118

Kevin Donahue 3/1/18

Kevin Donahue, Administrator

2017-2018

MAR 13 2018

Violation Report: 43034 - 00/27/2017 - Garrigan, Laurie
 PCH Name: DONAHUE S PERSONAL CARE I


1. REGULATION 65 Pa. Code § 2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 At 9:50 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the 2nd floor shared bathroom next to bedroom #5.

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 3A of 9

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MAR 13 2018

2600.85(a)

Donahue Personal Care I, understand and value the importance of maintaining sanitary conditions. Donahue Personal Care I, take special precautions to ensure needed supplies are available for hygiene purposes and to prevent the possible spread of germs.

The problem found is that the 2nd floor bathroom had no paper towels. The staff's bathroom cleaning schedule in the morning is from 8:00 a.m. to 9:00 a.m. to ensure bathrooms are clean, with supplies and in working order for the day.

The staff person on duty indicated she recognized the paper towels were low, but there would be enough left to replace at some time before lunch. The staff person retrieved a new paper towel roll from the storage room and planned on taking it up to the bathroom when she took up clean laundry to put away. The staff person was surprised to hear all of the paper towels were already gone and was perplexed why no resident informed her they were completely out. The residents are usually very verbal helping the staff when a bathroom runs out of hand soap, toilet paper and paper towels.

The Administrator explained to the staff person that this was an error in judgment when she cleaned the bathrooms in the morning. The Administrator explained the proper way to handle this situation is to place a new paper towel roll on the holder and leave the paper towel roll that's almost depleted on the sink. The Administrator explained that the residents will use up what is left and a new paper towel roll will already be in place.

The staff person now knows how to better handle a low paper towel roll in the bathroom during bathroom cleanings in the future. The staff person on duty is responsible to ensure all bathrooms have paper towels at all times.

The Administrator will spot check twice weekly for the next 30 days until April 1, 2018 to ascertain if additional training/remediation is needed.

Paper towels were supplied and same day compliance was achieved.

Immediately: A designated staff person shall inspect all restrooms daily to ensure paper towels, or other sanitary means of hand drying are present. All staff persons shall be educated on the daily checks.
3/19/18

[Signature] 3/1/18

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MAR 13 2018

Violation Report: 43034 - 09/27/2017 - Garrigani, Laurie
PCH Name: DONAHUE S PERSONAL CARE I

1. REGULATION 85 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There was a stain, measuring approximately 20 inches by 10 inches, on the ceiling tile in the corner of bedroom #5.

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 4A of 9

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Donahue's Personal Care

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MAR 13 2018

STATE OF NEW YORK
DEPARTMENT OF HEALTH

2600.88(a)

Donahue Personal Care one strives to ensure floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

The problem is that a stained ceiling tile was towards the back of the bedroom over a big wardrobe closet not very easy to see. However, it was noticeable if the room was given a proper inspection. The Administrator Designee is tasked with bi-weekly home inspections to ensure compliance in 2600.88(a). However, missing the stained ceiling tile was certain an oversight of the Administrator Designee who performs the building walk throughs.

The Administrator spoke to the Administrator Designee about this matter and offered technical assistance to ensure maintaining ongoing future compliance.

The Administrator Designee is responsible for timely responding to any issues/complaints with floors, walls, ceilings, windows, doors and other surfaces.

The Administrator Designee is responsible for bi-weekly inspections of the home to ensure compliance.

The Administrator Designee will check all ceilings and ceiling tiles throughout the building on or before March 25, 2018, and replace/repair any sections/tiles to be found to not be in good repair.

KD/lg/030118

 3/1/18

Kevin Donahue, Administrator

Violation Report: 43034 - 09/27/2017 - Garrigan, Laurie
PCH Name: DONAHUE'S PERSONAL CARE I

WISCONSIN DEPARTMENT OF SAFETY
DIVISION OF FIRE PREVENTION AND INSPECTION

1. REGULATION 55 Pa. Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
The telephone number for the nearest hospital was not posted on or by the telephone in the dining 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.

See page 5A of 9

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(Initials)
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 Partially Implemented - Inadequate Progress
 Not Implemented

Donahue's Personal Care

MAR 13 2018

Certificate #430340

2600.91

Donahue Personal Care Home I, works hard to ensure all numbers are posted and easily accessible to staff and residents. Donahue Personal Care I values the importance of having telephone numbers of the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint line posted on or by each telephone with and outside line.

The problem is the oversight of the Administrator. The Administrator recently updated the "Important telephone numbers" list, however, somehow forgot to add the nearest hospital. The important telephone number sheet has nearly 50 important telephone numbers listed, however, the nearest hospital was not included.

The Administrator quickly wrote down the main number to the nearest hospital and posted above the home's main telephone. Same day compliance was achieved.

The telephone number remains posted. The Administrator checks weekly and will continue to check weekly.

The Administrator is responsible to ensure all necessary numbers are posted and easily accessible for all staff and residents on a daily basis.

*Immediately then monthly thereafter. A designated staff person shall check all telephones with outside lines to ensure all telephone numbers indicated in 2600.91, including the number to the nearest hospital, are posted on or by each telephone. P
3/19/18*

KD/lg/030118

[Signature] 3/1/18

Kevin Donahue, Administrator

NEO 3750

MAR 13 2018

Violation Report: 43034 - 09/27/2017 - Garrigan, Laurie
PCH Name: DONAHUE'S PERSONAL CARE I


1. REGULATION 88 Pa. Code §2600.2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
There was no nonskid surface on the 17 steps and landing from Hybla Street leading to the main entrance.

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 CoA of 9

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Donahue Admin Date 3/1/18

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- Not Implemented

The above plan of correction was approved by  (Initials)

MAR 13 2018

2600.94(b)

Donahue Personal Care I, understands and values that interior stairs, exterior steps and ramps must have nonskid surfaces.

Ⓟ The problem was created because the exterior wood steps were installed a week before the inspection on ~~September~~ ^{AUGUST} 27, 2017. The inspector on site recognized the steps were newly replaced, however, the inspector indicated it is still a recordable citation due to no nonskid strips in place.

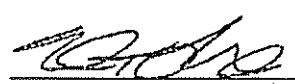
The home used pressure treated wolmanized lumber which usually takes a week or two to dry out enough to get the nonskid strips to stick. The wood was not dry enough to install the nonskid strips prior to September 27, 2017.

I don't believe this was an oversight or intentional. The home was following the recommendation of the contractor even if it did mean we were without nonskid strips until the wood was dry.

The contractor installed the non-skid strips on October 4, 2017. The exterior steps are in compliance.

Immediately, then monthly thereafter: A designated staff person shall inspect all interior steps, exterior steps and ramps to ensure a nonskid surface is present.

3/19/18



3/1/18

Violation Report: 43034 - 00/27/2017 - Garrigan, Laurie
PCH Name: DONAHUE'S PERSONAL CARE I

1. REGULATION 68 Pa.Code §2800.2800.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
There were 7 tears on the top of resident #5's mattress, ranging from 3" to 8" in length.

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 7A of 9

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Printed Name and Title of Legal Entity Representative
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 Not Implemented

RECEIVED

MAR 13 2018

ADMINISTRATIVE SERVICES

Donahue's Personal Care I

2600.101(J)(1)

Donahue Personal Care recognizes the importance of each resident shall have in the bedroom, a bed with a solid foundation and fire-retardant mattress that is in good repair, clean and supports the resident.

The Administrator Designee has been hard at work locating a medical equipment supplier that supplies beds. The home has been engaged in the process of replacing mattresses over the last year. A little over half of the resident mattresses already have been replaced placing particular attention to mattresses that are lumpy and or beginning to ware.

The problem was during the inspection process the under part of the mattress was not lifted to gauge the condition of the entire mattress. The side of the mattress the resident sleeps on was in almost perfect condition giving the impression that it was a newer mattress. The steel bed frame is in good condition; however, it wore heavily on the underneath side of the mattress creating lines/tears.

The home tries to keep one extra mattress available for residents who request a change and for occasions where we discover a mattress in disrepair. On the day of inspection, a mattress was retrieved from storage and placed on resident #5's bed frame. The worn mattress was taken out to the trash area. Compliance was met on resident #5's mattress on September 27, 2017, the day of inspection.

The Administrator Designee is still working with the medical equipment supply company to replace the remaining mattresses in the home. Paperwork and documentation of the replacements is being stored and kept for each resident.

On or before March 25, 2018, the Administrator will review the Administrator Designee's progress and will work to replace other mattresses that are deemed to be in disrepair.

KD/lg/030118



3/1/18

Kevin Donahue, Administrator

Violation Report: 43034 - 09/27/2017 - Garrigan, Laurie
PCH Name: DONAHUE S PERSONAL CARE I

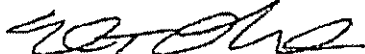
1. REGULATION 55 Pa. Code §2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 8/10/2017, resident #5 was prescribed Novolog insulin sliding scale, if the resident does not eat, as follows:
0 - 70 = 0 units
70 - 119 = 0 unit
120 - 150 = 0 units
151 - 200 = 1 units
201 - 250 = 2 units
251 - 300 = 3 units
301 - 350 = 4 units
351 - 400 = 5 units
401 - 450 = 6 units
> 451 = 7 units
However, the pharmacy label does not include the aforementioned sliding scale to be followed when the resident does not eat.

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 8A of 9

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Donahue Admin Date 3/1/18

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(Date)

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ENCLOSURE

MAR 13 2018

2600.184(a)

Donahue Personal Care I, really stresses the utmost importance with all staff of ensuring the original container for prescription medications shall be labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name of the prescriber.

The problem was the pharmacy box housing the administration information did not have enough room on the sticker for all instructions particularly the "when does not eat" portion of the instructions. The staff was aware of the prescriber's instructions and used the MAR as a guide of reference for when the resident does not eat, however, the full instructions should be properly labeled on the box itself.

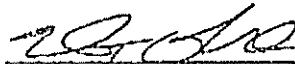
The Administrator communicated this to the contracting pharmacy requesting a label that included all instructions as it appears on the MAR. The pharmacy was informed that we must have matching MARS even if it means sending a bigger box that can accommodate both label instructions.

The Administrator is better aware of this issue now when performing the weekly med-audits. The Administrator held a technical assistance training session with the staff person on duty and then did the same for the Administrator Designee on September 28, 2018. The Administrator Designee is responsible to ensure all labels match with the prescriber's instructions when weekly medication refills arrive at the home.

The Administrator Designee has a med audit check sheet to ensure accuracy when medications are delivered. Any and all errors or missing information shall cause a call to the pharmacy and or the prescribing physician.

Resident # 5 Moved in October 2017. Picture/Documentation cannot be provided showing update pharmacy sticker/label.

KD/lg/030118

 3/1/18

Kevin Donahue, Administrator

Violation Report: 43034 - 03/27/2017 - Garrigan, Laurie
PCH Name: DONAHUE'S PERSONAL CARE I

1. REGULATION 86 Pa. Code §2800
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
At approximately 11:30 a.m., there was a small, round, yellow pill and a round, white pill on the floor directly outside the pantry.

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 9A of 9


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MAR 13 2018

2600.185(a)

Donahue Personal Care I, Understands and values the importance of developing and implementing procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

The problem was a rarity and was quite embarrassing for the staff and for the organization on the day of inspection. At the time of inspection, everyone was baffled how two pills ended up on the floor in the dining area next to the pantry. The floors are swept and mopped every night. The home does not and did not have any residents who refuse medication or give any problems taking their medication as prescribed. Therefore, this problem was mind boggling to the staff and the Administrator.

Later in the day, we learned that a resident dropped their medication cup on the floor, didn't tell anyone because they thought they picked them all up. The resident did not think it was a "big deal."

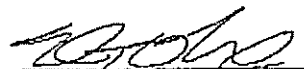
The Administrator spoke to the resident involved and explained that in the future to please alert the staff so that we can properly handle the situation. It was also explained to the resident that there is a process that must take place should someone not take all of their prescribed medication whether knowingly or unknowingly.

The resident involved now understands why simply picking up the pills on their own is not acceptable.

On or before March 25, 2018. The Administrator will have a Resident Rights training session paying particular attention to medications and the responsibilities of staff persons in such situations.

The Administrator is responsible to ensure that all residents and staff persons know the proper procedures for all future like situations.

KD/lg/030118



3/11/18

Kevin Donahue, Administrator