



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Jill Reese
Administrator
William Penn Health Care Associates, LP
2030 Ader Road
Jeannette, Pennsylvania 15644

RE: William Penn Care Center
1021 Walton Road
Jeannette, Pennsylvania 15644
License #: 444250

Dear Ms. Reese:

As a result of the Department of Human Services' Licensing annual licensing inspection on October 19, 2017 and October 20, 2017, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WILLIAM PENN CARE CENTER		Licenso Number: 44425
Address: 1021 WALTON ROAD, JEANNETTE, PA 15644		County: Westmoreland
Administrator: Jill Reese		Region: WEST
Legal Entity Name: WILLIAM PENN HEALTH CARE ASSOCIATES LP		RECEIVED MAR 02 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 2030 ADER ROAD, JEANNETTE, PA 15644		
Certificate(s) of Occupancy I-2 09/20/2012 Township of Penn		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/19/2017: Culler, Jan; Barone, Barbara 10/20/2017: Culler, Jan; Barone, Barbara		
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: 108 Number of Residents Served: 54 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: 11 Number of Hospice Residents In past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 44425 - 10/19/2017 - Culler, Jan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated [redacted] 2016, and resident #2's resident-home contract, dated [redacted] 2015, were not signed by the administrator or designee.

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 administrator will sign the contract with the resident at the same time and the administrator will review contract to ensure all signatures are accounted for prior to filing the contract in the designated spot.

The administrator signed both contracts on 10/19/2017 during the annual inspection.

To prevent future violations administrator reviewed all current contracts to ensure all signatures were present.

Resident #1 is no longer at the community.

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) *Till Reese, Administrator* Date *02/28/2018*

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

The above plan of correction is approved as of 3/27/18
(Date)

Plan of correction implementation status as of 3/27/18
(Date)

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

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

MAR 02 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44426 - 10/19/2017 - Culler, Jan
PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 65 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 A, hired 8/1/15, received only 8 hours of annual training during the 2016 training year.

Direct care staff person B, hired 2/23/14, received only 11 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.

Wellness Director will monitor on a monthly basis that all DCS remain and are compliant with the 12 hours of annual training. Wellness Director will follow up with DCS staff that are not current with their training. Direct Care staff person A is no longer employed at community.

Staff person B completed at least 21.5 hours of annual training during the 2017 training year, one hour of which will be applied to the 2016 training year. *J.W. 5/22/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Till Reese

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

Till Reese, Administrator

Date
02/28/2018

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

The above plan of correction is approved as of 3/27/18
(Date)

Plan of correction implementation status as of 3/27/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44425 - 10/19/2017 - Culler, Jan
PCH Name: WILLIAM PENN CARE CENTER

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 A, hired on 6/1/2015, did not receive training in the following required topics in the 2016 training year:

- * Medication self-administration.
- * Care for residents with dementia and cognitive impairments.
- * Safe management techniques.

Direct care staff person B, hired on 2/23/2014, did not receive training in the following required topics in the 2016 training year:

- * Care for residents with dementia and cognitive impairments.
- * Safe management techniques.

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.

Wellness Director will ensure that all DCS shall have training in the following topics under regulation 55 Pa. Code 2600. Wellness Director will check weekly & monthly for compliance.

Direct Care staff person A is no longer employed at the community.

Staff person B was educated on the training topics above on 12/20/17.

Jan, 3/27/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Till Reese, Administrator

Date *02/28/2018*

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

The above plan of correction is approved as of 3/27/18
(Date)

Plan of correction implementation status as of 3/27/18
(Date)

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

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

Violation Report: 44425 - 10/19/2017 - Culler, Jan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 A, hired on 6/1/2015, did not receive training in the following required topics during the 2016 training year:

- Fire safety completed by a fire safety expert or a staff person trained by a fire safety expert
- Emergency preparedness procedures and recognition and response to crises and emergency situations.
- The Older Adult Protective Services Act.
- 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.

Direct Care Staff person A was a casual employee and ~~is~~ is no longer employed at community.
 Maintenance Director will ensure all staff, substitute and regularly scheduled volunteers will be trained in the following areas under: 2600.65(g)

Immediately and quarterly thereafter: The administrator or designated staff person will check training records to ensure all staff persons receive annual training in accordance with 2600.65g during each training year. *gpc 3/27/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2016	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>J. Reese</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jill Reese, Administrator</i>	<i>02/28/18</i>

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

The above plan of correction is approved as of <u>3/27/18</u> (Date)	Plan of correction implementation status as of <u>3/27/18</u> (Date)
The above plan of correction was approved by <u><i>JM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44426 - 10/19/2017 - Cultor, Jan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 10/6/17, does not include height, pulse rate, blood pressure or temperature. These sections of the form are blank.

[Redacted] This portion of the violation is withdrawn

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 10/6/17 ^{DME} was done on discharge from SNF. Resident DME was completed and signed while in SNF. Resident is no longer a resident at William Penn Personal Care. Nurse/med tech should check DME for completion and having Dr Complete before accepting DME. Nurse and/or administrator will check all DME's to ensure that documents are completed accurately to ensure ongoing compliance.

PL
3/27/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Janey Dowd LPO

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

Janey Dowd LPO

Date

2/24/18

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

The above plan of correction is approved as of

3/27/18
(Date)

Plan of correction implementation status as of

3/27/18
(Date)

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

The above plan of correction was approved by

JN.
(Initials)

Violation Report: 44426 - 10/19/2017 - Culter, Jan PCH Name: WILLIAM PENN CARE CENTER	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 56 Pa.Code §2000
 2000.185(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 #4's Clear Eyes 0.12% eye drops were not dated when opened.

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 is no longer a resident at William Penn Personal Care Center.

Medication administration staff will be educated on proper labeling of medications that do not come labeled from pharmacy. Medication needs to have label containing Name, Room number, ordering Dr., order date, strength, dosage / dosage form ~~per~~ frequency, Route of administration, where to apply if applicable. Designated staff will check medications weekly for correct labeling.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Wendy Kovato LPN</u>	Date <u>2/27/18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/27/18</u> (Date)	Plan of correction implementation status as of <u>3/27/18</u> (Date)
The above plan of correction was approved by <u>JK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JK</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44425 - 10/19/2017 - Culler, Jan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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's October 2017 medication administration record (MAR) does not include the diagnosis or purpose for Potassium Chloride, Levomir Insulin, Novolog Insulin, Acetaminophen or Benadryl.

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.

Medication Technicians will be re-educated on proper labeling and on entering medications on MAR to include to include name, drug allergies medication name, strength, dosage form, dose route of administration, frequency, administration times, duration of therapy if applicable special precautions if applicable, diagnosis or purpose of medication, date and time of medication Name and initials of staff administering medication

Repeat Violation: No	Date(s) of Previous Violation(s):	Resident #1 is no longer a resident of the home.
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nancy Lovato</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nancy Lovato LPD	2/25/18

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

The above plan of correction is approved as of <u>3/27/18</u> (Date)	Plan of correction implementation status as of <u>3/27/18</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

JW.
3/21/18

Violation Report: 44425 - 10/19/2017 - Culler, Jan
PCH Name: WILLIAM PENN CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

The preadmission screening form for resident #3, admitted [redacted] 2017, was not dated when completed. Therefore, it cannot be determined if it was completed within 30 days prior to admission.

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 #3's pre admission screening was signed and dated on [redacted]-17, the initial screen was completed on [redacted]-2017, when looking back through notes, Wellness Director will ensure all forms are completely filled out prior to filing in residents chart.
Resident #3 is currently out of community.

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)

Till Reese, Administrator

Date
02/28/18

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

The above plan of correction is approved as of 3/27/18
(Date)

Plan of correction implementation status as of 3/27/18
(Date)

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

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

RECEIVED

MAR 02 2018

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 44426 - 10/19/2017 - Cutler, Jan
PCH Name: WILLIAM PENN CARE CENTER

1. REGULATION 56 Pa.Code §2600

2000.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 6/5/2017, did not include diagnoses of Restless Leg Syndrome and Vitamin D Deficiency as indicated on the medical evaluation dated 6/5/2017.

The initial assessment for resident #5, admitted [redacted] 2016, was completed on [redacted] 2016.

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 Dx of Restless leg syndrome and Vitamin D Deficiency were added. Designated staff doing assessment plans will be re-educated reviewing contexts of assessment plans and that diagnosis need to be the same as on current DME. Facility nurse will review assessment plans to ensure they meet compliance.

Wellness Director will ensure that all assessments are completed within the state mandated time frames.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Lovato LPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Lovato LPN* Date *2/25/18*

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

The above plan of correction is approved as of 2/27/18 (Date)

Plan of correction implementation status as of 2/27/18 (Date)

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

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