



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Ms. Dorothy A. Whitehead
Owner/Administrator
Donald Whitehead
517 South 9th Street
Youngwood, Pennsylvania 15697

RE: Whitehead Personal Care Home II
Certificate #: 428140

Dear Ms. Whitehead:


As a result of the Department of Human Services' Licensing annual licensing inspection on January 3, 2018, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WHITEHEAD PERSONAL CARE HOME II		License Number: 42814
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		County: Westmoreland
Administrator: Donna McLean		Region: WEST
Legal Entity Name: DONALD WHITEHEAD		
Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		
Certificate(s) of Occupancy C-2 LP 08/10/1988 Dept L and I		
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		
On-Site Inspections Dates and Department Representatives On-Site 01/03/2018: Grace, Desmond; Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, if Applicable		<p>RECEIVED</p> <p>APR 09 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
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: 15 Are 60 Years of Age or Older: 11 Have Mental Illness: 16 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

APR 09 2018

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 1/3/18, the home was video recording the first floor sitting/dining area, second floor kitchen/dining area, and second floor sitting area.

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 cameras were placed in the common areas and over the medication cart to prevent any issues. No cameras were in dressing or bathing areas. The cameras have been placed on monitor only. There is no further recording.

Immediately: The administrator or designee shall monitor monthly to ensure video recording is in areas completely inaccessible to residents or of the homes entrances and exits, as well as interior corridors leading to the entrances and exits and signs are posted in the areas that are being recorded. This will include ensuring no prohibited areas of the home are being video recorded. 4-9-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dorothy A. Whitehead

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

Dorothy A. Whitehead

Date 4-9-18

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

The above plan of correction is approved as of

4-11-18
(Date)

Plan of correction implementation status as of 4-11-18
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600
2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
On 1/3/18, the exhaust fan of the first floor bathroom was covered with clear plastic preventing airflow from. There was not another means of operable ventilation in the bathroom.

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.

With the extreme negative temperatures the plastic was placed to try to help with the severe weather. The plastic was removed as during the inspection and the vent was noted to be operable. In the future no plastic will be placed on the vent. This will be checked quarterly during walk throughs by the administrator. Please see attached photo of vent.

Attachment A

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dorothy A. Whitehead</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dorothy A. Whitehead</i>		Date <i>4-10-18</i>

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

The above plan of correction is approved as of <u>4-11-18</u> (Date)	Plan of correction implementation status as of <u>4-11-18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>Y</u> (Initials)	

APR 09 2018

Page 4 of 9

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II 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 #1's most recent in-person medical evaluation was completed on 3/29/16.
Resident #2's medical evaluation, completed on 3/28/17, does not include special health or dietary needs or an immunization history. These sections were 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.
Resident #1 had a new medical evaluation was completed on -02-14-18, a copy is attached - Attachment B
Resident #2 had a new medical evaluation completed on 3-28-18; copy is attached. - Attachment C
In the future when evaluations are received a review will take place prior to placing in file. Any issues will be addressed during quarterly reviews.
Immediately: The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.
4-11-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah A. Whitehead*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah A. Whitehead* Date *4-8-18*

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

The above plan of correction is approved as of 4-11-18 (Date)
The above plan of correction was approved by [initials] (Initials)
Plan of correction implementation status as of 4-11-18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress y
 Partially Implemented - Inadequate Progress
 Not Implemented

APR 09 2018

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

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

On 1/3/18, the second floor medication cart contained Levemir Flex Touch 100 units/ml prescribed for resident #1. The medication was currently being administered to the resident, however the medication expired on 12/13/17.

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 medications will be checked weekly by the house manager and recorded in residents daily notations.
Also to be checked by quarterly review by admin.

The medication cited in the violation was disposed of and the medication was reordered. 4-11-18

Immediately: All staff persons qualified to administer medications shall be reeducated on monitoring medication expiration dates and the homes policy and procedures for reordering medications to ensure no expired medications are kept in the home. Documentation of the training will be kept. 4-11-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dorothy A Whitehead*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dorothy A Whitehead*

Date *4-9-18*

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

The above plan of correction is approved as of 4-11-18
(Date)

Plan of correction implementation status as of 4-10-18
(Date)

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

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

APR 09 2018

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 1/3/18 at 3:24 p.m., resident #3 Freestyle Lite Glucometer was not calibrated with the current date and time. The glucometer's date and time displayed 1/3/18 at 12:24 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- As a result of the above, a new form (attached) is done weekly by Assistant house manager.

Attachment D

Attachment E.

All resident glucometers were calibrated to the correct date and time. 4-11-18

Immediately: All staff persons qualified to administer medications shall be educated that each resident's glucometer shall be calibrated to the correct date and time. 4-11-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) Dorothy R. Whitehead

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Dorothy A. Whitehead

Date 4-9-18

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

The above plan of correction is approved as of 4-11-18 (Date)

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

Plan of correction implementation status as of 4-11-18 (Date)

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

APR 09 2018

Page 7 of 9

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(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 #2's initial assessment, completed on [redacted]/17, did not include an assessment of the resident's dental and dietary needs. These sections were 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.

A new assessment was completed for Resident #2 on 3-23-18, please see attached.

All forms will have something in every blank, to be checked by Admin.

Attachment F.

Immediately: The administrator or designee shall review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments shall be corrected immediately. 4-11-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

COROTNY A WHITEHEAD

Date

4-9-18

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

The above plan of correction is approved as of

4-11-18
(Date)

Plan of correction implementation status as of

4-11-18
(Date)

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

The above plan of correction was approved by

[Initials]
(Initials)

APR 09 2018

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #4 initial support plan, completed on [redacted] 17, does not include the care and services the home will provide to meet the resident's needs of assistance with administration of medication indicated on the resident's assessment dated [redacted] 17. These sections were 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.

Resident # 4 no longer resides in our pch. Administrators were reminded during inspection that no sections were to be blank on assessments. Please see Resident # 2 Assessment and Support Plan as evidence that more information is included in plan

Attachment F.

Immediately: The administrator or designated staff person shall review all resident records to ensure all residents have a current support plan and the support plan accurately indicates the care and services the home will provide to each resident. 4-11-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dorothy A. Whitehead

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

DOROTHY A. WHITEHEAD

Date

4-9-18

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

The above plan of correction is approved as of

4-11-18
(Date)

Plan of correction implementation status as of

4-11-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

APR 09 2018

Page 9 of 9

Violation Report: 42814 - 01/03/2018 - Grace, Desmond
PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident # 2 has illegible writing on addendum to contract dated 12/1/17. White-out covers typed wording next to the line for the administrator's signature.

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 white-out covered the word Assistant. The form has been redone to not include the word. Please see attached.

Attachment G
Attachment H

Immediately: The administrator shall review all newly completed documents to ensure that all entries are complete and legible and that no correction fluid is used on the document. 4-11-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dorothy A. Whitehead

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

DOROTHY A. WHITEHEAD

Date

4.9.18

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

The above plan of correction is approved as of 4-11-18
(Date)

Plan of correction implementation status as of 4-11-18
(Date)

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

The above plan of correction was approved by /s/
(Initials)