



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 26, 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's Bureau of Human Services Licensing inspection on February 22, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams". The signature is fluid and cursive, with a long, sweeping flourish at the end.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing 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	<i>[Signature]</i> 5/22/18	Region: WEST
Legal Entity Name: KEVIN & ROMONA DONAHUE		
Legal Entity Address: 1143 LAPISH ROAD, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy C-2 LP 10/25/1985 City of Pittsburgh		<p>RECEIVED</p> <p>MAY 25 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Working Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/22/2018: Bedford, Katie		
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: 15 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: 8 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 43034 - 02/22/2018 - Bedford, Katie
PCH Name: DONAHUE S PERSONAL CARE I

MAY 25 2018

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the following prescribed medications from 2/8/18-2/13/18 due to the medications not being available in the home.

- Thera Tab- take one tablet by mouth daily
- Propranolol 20mg tab- take one tablet by mouth daily
- Fish Oil 1,000mg capsule- take one capsule by mouth daily
- Fenofibrate 145mg tab- take one tablet by mouth daily
- Topiramate 200mg tab- take one tablet by mouth twice daily
- Diclofenac Sodium EC 75mg- give one tablet by mouth twice daily
- Docusate Sodium Cap 100mg- take one capsule by mouth twice daily
- Gabapentin 800mg tab- take one tablet by mouth three times daily

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 2^a of 3

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kevin Donahue, Admin* Date *5/22/18*

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

The above plan of correction is approved as of <u>5/25/17</u> (Date)	Plan of correction implementation status as of <u>5/25/18</u> (Date)
The above plan of correction was approved by <u>[Initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.w.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Donahue's Personal Care I
1610 Hybla St, Pittsburgh, PA 15212
412-761-6421

MAY 25 2018

Certificate #430340
donahuespc@gmail.com

WEST REGION FIELD OFFICE
Human Services Licensing

Page 2⁹ of 3

2600.187(d)

Donahue's Personal Care understands the importance in "The home shall follow the directions of the prescriber." Proper medication administration to all residents is of the highest priority to the Administrator, the staff and our residents.

Donahue's Personal Care was aware of Resident #1 past history regarding the failure to pay medication co-pays and other medical bills. Resident #1 came to our home following a similar situation at Resident #1's previous home.

When resident #1 failed to pay the medication co-pays, the pharmacy then gave resident #1 a 30-day notice that they were going to have to cease medication fulfillments unless payment was remitted. In this 30-day period, resident #1 reviewed and questioned numerous monthly billing statements with the pharmacy, had additional conversations with the pharmacy and the home Administrator regarding this matter, however, resident #1 was still very adamant about not making payment. The pharmacy and the administrator designee communicated the matter to our home physician. At resident #1 request, the home physician then wrote out prescriptions for resident #1 to have filled at a pharmacy of [redacted] choice. Prior to interruption in medication fulfillment due to non-payment, the home Administrator offered to temporarily reduce Resident #1's rent, allowing for additional funds to remit payment on medication co-pays.

This was a rare situation and the first of its kind for Donahue's Personal Care Home. After reviewing the situation further and discussing internally, Donahue's Personal Care Home found ways to better address future like situations:

1. Donahue's Personal Care Home should have and will in the future communicate such situations to the Bureau of Human Services Western Regional Office immediately.
2. Contact the Crisis Team for additional support and possibly pursue a 301 or a 302 hospital admittance.

Following our in-home technical training on February 25, 2018, regarding this matter, the staff is responsible to alert the home Administrator and the home physician when problems arise with medication fulfillment due to non-payment.

Going forward, the home Administrator is responsible to notify BHS Western Regional Office, the local ombudsman, the Crisis Team and the resident's designated person for additional support and guidance in such matters.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall conduct an audit of medications, medication administration records and physicians' orders to ensure the home is following the directions of the prescriber. *M. 5/25/18*

KD/lg/05222018

Kevin Donahue 5/22/18
Kevin Donahue, Administrator Date

MAY 25 2018

Violation Report: 43034 - 02/22/2018 - Bedford, Katie
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

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These medication errors were not reported to the prescriber.

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kevin Donahue, Admin Date 5/22/18

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2600.188(b)

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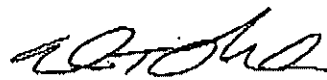
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KD/lg/05222018



Kevin Donahue, Administrator

5/22/18

Date

94.
5/25/18