



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Honey Nunez
Owner
Paraclete Group, LLC
421 Cottage Lane
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home
108 Water Street
New Stanton, Pennsylvania 15672
Certificate #: 440570

Dear Ms. Nunez:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 23, 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,

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: GEORGE S PERSONAL CARE HOME		License Number: 44057
Address: 108 WATER STREET, NEW STANTON, PA 15672		County: Westmoreland
Administrator: HONEY NUNEZ		Region: WEST
Legal Entity Name: PARACLETE GROUP LLC		
Legal Entity Address: 421 COTTAGE LANE, MONROEVILLE, PA 15146		
Certificate(s) of Occupancy C-2 LP 05/15/1996 L & I		RECEIVED MAY 24 2018 WESTMORON FIELD OFFICE Morris County Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/23/2018. Georgoulis, Karen		
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: 18 Number of Residents Served: 16 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: 1 Are 60 Years of Age or Older: 13 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
 PCH Name: GEORGE S PERSONAL CARE HOME

MAY 24 2018

WEST REGIONAL OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

According to the Influenza Awareness Act standards of July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place. However, on 2/23/18, a copy of the Influenza Awareness Poster was not posted in the home.

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has not installed a carbon monoxide alarm in close proximity to the hot water tank and furnace in the basement.

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.

While inspector was here, administrator made copies of poster, and posted a copy of the Influenza Awareness Poster in a dining room wall.

Administrator educated all staff regarding the Influenza Awareness Act standards. It should be remained posted in dining wall or in any public and conspicuous place. Residents were also educated about the Influenza Awareness Act standards.

A designated staff persons and the administrator will check the home monthly to ensure the Influenza Awareness Poster is posted in the dining room wall.

An approved carbon monoxide alarm was installed by [redacted] in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance (the home hot water tank and furnace in the basement).

All Staff educated concerning Care Facility Carbon Monoxide Alarms Standards Act. Administrator or designated staff persons will check the carbon monoxide monthly to ensure it is in proper working condition. Attached pictures of installed carbon monoxide, purchased receipt and Checklist page 2 of 9.

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) Honey Nune Administrator Date 5-22, 2018

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

The above plan of correction is approved as of 5-29-18
 (Date)

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

Plan of correction implementation status as of 5-29-18
 (Date)

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

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
 PCH Name: GEORGE S PERSONAL CARE HOME

WEST PHILADELPHIA OFFICE
 Human Services Licensing

1. REGULATION 55 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 persons A did not receive training in the following required training topics during the 2017 training year (1/1/17 - 12-31-17) as follows:

- * Emergency preparedness procedures.
- * Resident rights.
- * 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.

Administrator scheduled the trainings for staff person A for year 2018.
 Direct care staff person A was trained on March 14, 2018.
 I have enclosed the copy of certificates, and the training plan for Jan to Dec 2018.

In the future, administrator will review direct staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers to ensure annual trainings in accordance to the REGULATION 55 Pa. Code §2600.

Checklist to check monthly was put in front of all staff files, and all staff files have been reviewed on March 5, 2018.

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)

Henry Nannu Administrator

Date 5-22-18

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

The above plan of correction is approved as of 5-29-18
 (Date)

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

Plan of correction implementation status as of 5-29-18
 (Date)

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

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
 PCH Name: GEORGE S PERSONAL CARE HOME

WEST VIRGINIA HEALTH OFFICE
 Medical Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 2/23/18 there was the following undated food items in the small white dorm refrigerator for residents in the dining room, to include:

- * Two sandwich bags each with a single cookie.
- * A sandwich bag with 1/2 piece of a hoagie
- * A sandwich bag with partially eaten hamburger on a bun.
- * A sandwich bag with 1/2 slice of pizza partially remaining.
- * A white plastic container with a piece of chocolate cake with white icing.
- * A 1/2 gallon container with label Chocolate milk; however, resident using for iced tea, approximately 1/4 full.

On 2/23/18, there was a plastic container with a red lid full of assorted homemade cookies that was an undated on the top shelf of the 3 tier shelving unit in the kitchen.

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

Administrator took all the food from residents small white dorm refrigerator, and threw out the undated residents left over food items.

Administrator dated the plastic container filled of assorted homemade cookies.

Cookies were given to the residents for their snacks that evening.

Administrator educated all staff regarding leftover food, or anything inside refrigerators and freezer shall be labelled and dated.

Administrator and staff persons will check daily the refrigerators, freezer to ensure all food dated, left over food, or any home made food, cookies etc.. shall be labeled and dated. Attached checklist page 4 of 9.

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) Nancy Nunez Administrator Date 5-22-18

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

The above plan of correction is approved as of <u>5-29-18</u> (Date)	Plan of correction implementation status as of <u>5-29-18</u> (Date)
The above plan of correction was approved by <u>K</u> (Initials)	<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

MAY 24 2018

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
 PCH Name: GEORGE S PERSONAL CARE HOME

WEST HANSON FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 2/23/18, there was a basket with two bags of bread with 2 slices of bread open and unsealed, on the shelf in the kitchen.
 There were approximately 10 slices of yellow American cheese in saran wrap in the refrigerator section of the refrigerator/freezer was not sealed properly. The saran wrap was not sealed and the exposed area of cheese was dark orange/brownish and hardened

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 open and unsealed 2 bags with 2 slices of bread in it was thrown away.
 The 10 slices of yellow american cheese that was not sealed properly was thrown away on the day of inspection.

Administrator educated all staff concerning all leftover food shall be stored in closed or sealed containers.
 Any open bread bags or any food bags open shall be closed and retied.
 Any leftover cheese will be properly rewrapped or sealed in a container.
 Checklist was made for all staff to prevent similar violation from happening again.

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) *Honey Nune Administration* Date *5-22-18*

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

The above plan of correction is approved as of 5-29-18
 (Date)

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

Plan of correction implementation status as of 5-29-18
 (Date)

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

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
PCH Name: GEORGE S PERSONAL CARE HOME

MAY 24 2018

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 2/23/18, there was the following open and unsealed food in the freezer section of the refrigerator/freezer in the kitchen, to include:
* A 16.4 ounce box containing 2 Pillsbury Buttermilk Pancakes.
* A 12.3 ounce box with 9 Essential Everyday Waffles.

On 2/23/18, the refrigerator section of the refrigerator/freezer in the kitchen contained the following undated food items, to include:
* A white Styrofoam container with food for resident # [REDACTED]
* Three slices of American cheese wrapped in saran wrap in left crisper drawer.
* A Ziploc baggie containing ham lunch meat.
* There were two individual 1 1/2 pound stacks of sliced yellow American cheese divided into two stacks and wrapped in saran wrap in the refrigerator section of the kitchen refrigerator/freezer.

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 2 Buttermilk pancakes and 9 waffles were put in a ziplock bags labelled and dated. Resident A ate the leftover food he bought the night before 2/28/18 for lunch on day of inspection. The ziploc baggie containing ham lunch meat, and the cheese was served to residents for their lunch the next day. The other leftover cheese was served for residents lunch. Menu was grilled cheese on inspection day.
None of the above food was spoiled.
Administrator educated all staff concerning leftover food, unsealed food and undated food.
Administrator and all staff persons will check daily the refrigerators, freezers to make sure all food are labelled, sealed and dated.

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) Honey Nunn Administrator Date 5-22-18

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

The above plan of correction is approved as of 5-24-18 (Date)

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

- Plan of correction implementation status as of 5-24-18 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

MAY 24 2018

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
PCH Name: GEORGE S PERSONAL CARE HOME

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 2/23/18 at approximately 9:50 a.m., there was an unlocked unattended and accessible Ventolin HFA Inhaler prescribed to resident #1 on top of the medication cart 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.

Administrator immediately stored resident #1 Ventolin HFA Inhaler in a locked medication cart on inspection day.

Administrator discussed with staff regarding resident #1 Inhaler violation. It will be stored in the locked medication cart right away after resident #1 is done using it. Administrator reviewed with staff the residents prescription medications, OTC medications, CAM and syringes shall be kept in medication cart all the times.

Administrator or staff on shift who will administer medications will check after medications administered to ensure all residents medications are stored in locked medication cart. Checklist attached.

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)

Honey Nunez Administrator

Date 5-22-18

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

The above plan of correction is approved as of

5-29-18
(Date)

Plan of correction implementation status as of

5-29-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

MAY 24 2018

Violation Report: 44057 - 02/23/2018 - Georgoulis, Karen
 PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Alphagan 0.1% eye drops instill one drop in each eye, two times a day for glaucoma; however, there was no open date indicated on the bottle or box. The medication guidelines indicate discard 28 days after opening or discard at end of treatment (whichever comes first).

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

Administrator discarded resident #2 prescribed Alphagan 0.1% eye drops after 27 days of ordered date on the bottle box.

Administrator and staff was educated concerning resident #2 prescribed Alphagan 0.1% eye drops. They are to be marked and dated on the bottle box after opening and to be discarded 28 days after opening or discarded at the end of treatment (whichever comes first). Also educated that only current prescription, OTC, sample and CAM for residents living in the home may be kept in the home.

Administrator or staff will check daily to ensure residents prescribed eye drops has open date and discard 28 days after opening.

Attached checklist page 9 of 9.

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) Honey Nunez Administrator Date 5-22-18

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

The above plan of correction is approved as of <u>5-29-18</u> (Date)	Plan of correction implementation status as of <u>5-29-18</u> (Date)
The above plan of correction was approved by <u>X</u> (Initials)	<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