



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 26, 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's Bureau of Human Services Licensing inspection on May 1, 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 cursive script that reads "Suzy Quinn".

Suzy Quinn
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: WHITEHEAD PERSONAL CARE HOME II		License Number: 42314
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		County: Westmoreland
Administrator: Donna McLean		Region: WEST
Legal Entity Name: DONALD WHITEHEAD		RECEIVED
Legal Entity Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697		
Certificate(s) of Occupancy C-2 LP 08/10/1988 L&I		JUL 09 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/01/2018: Evegés, Joseph; Summers, Vicky		
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 who:	
Number of Residents Served: 17	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 12	
Area:	Have Mental Illness: 15	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

JUL 09 2018

Violation Report: 42814 - 05/01/2018 - Eveses, Joseph

PCH Name: WHITEHEAD PERSONAL CARE HOME II

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have a current rabies vaccination for Fluffy, the black cat, which is present in the home and cared for by residents.

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 cat is an outside cat. The cat has received her vaccination. The residents have agreed to oversee that the cat is revaccinated within the appropriate and recommended time. Please see attached record.

Immediately- the administrator will develop and implement a process and procedures to ensure all cats and dogs in the home have a current rabies vaccination and a current certificate of rabies vaccination from a licensed veterinarian. MS 7/17/18

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)

Dorothy Whitehead

Date

7-9-18

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

The above plan of correction is approved as of

7/17/18
(Date)

Plan of correction implementation status as of

7/17/18
(Date)

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

The above plan of correction was approved by

MS
(Initials)

JUL 09 2018

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Violation Report: 42814 - 05/01/2018 - Eveses, Joseph
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

The most recent medical evaluation for resident #1 was completed on 4/27/18. However, the previous medical evaluation was completed on 3/14/17.

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.

The administrator will check during quarterly reviews that all evaluations are completed on time.

The home has implemented a tracking system to ensure residents' medical evaluations are completed timely. ms 7/17/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dorothy Whitehead

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

Dorothy Whitehead

Date 7-9-18

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