



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 18, 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 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 black ink, appearing to read "Larry Mazza".

Larry Mazza
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		Region: WEST
Legal Entity Name: KEVIN & ROMONA DONAHUE		RECEIVED
Legal Entity Address: 1143 LAPISH ROAD, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy C-2 LP 10/26/1985 City of Pittsburgh		JUN 29 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking 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 05/01/2018: Marini, Michael		
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: 6 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Kevin Donahue 6/28/18

Violation Report: 43034 - 05/01/2018 - Marini, Michael
PCH Name: DONAHUE S PERSONAL CARE I

JUN 29 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:35 AM, the medication administration record book was unlocked, unattended and accessible on the dining room table.

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 2A of 4

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/16/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Kevin Donahue, Admin

Date

6/28/18

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

The above plan of correction is approved as of

7/13/18
(Date)

Plan of correction implementation status as of

7/13/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

RECEIVED

Page 2A of 4

Donahue's Personal Care I

JUN 29 2018

License #430340

2600.17

WEST REGION FIELD OFFICE
Human Services Licensing

Resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing care to the resident, agents of the Department and long-term care Ombudsmen without the written consent of the resident, the resident's power of attorney for health care or health care proxy or a resident's designated person.

At Donahue's Personal Care I, the Administrator and the staff understand the importance to keep records private and confidential. The staff have been previously trained regarding achieving compliance with regulation 2600.17. The Administrator and the staff are familiar with HIPPA laws and also expect our own personal healthcare information to be kept confidential. We don't expect any less for the residents we serve.


The problem surfaced when the staff person stood up to go into the kitchen to get a resident a cup of coffee. The staff person at the time did not think there was any wrong doing because the staff person said the Medication Administration Record (MAR) was closed and in eye sight the entire time.

On May 3rd, 2018, the Administrator spoke to the staff person involved regarding this issue. The Administrator advised the staff person there are no exceptions for leaving the MAR unattended. The Administrator also advised in this scenario the staff person either locks up the MAR in the med cart or take it with them to the kitchen if they are momentarily going a short distance. The Administrator advised that the MAR should never be out of the staff's possession and the proper way to handle like situations in the future would be to kindly ask the resident if they don't mind waiting a minute or simply lock it up in the med cart until they can return to the dining room table again.

On June 18, 2018, shortly after receiving this violation report, the Administrator reminded the staff person involved and reiterated this matter to all staff persons regarding the seriousness of Regulation 2600.17 and how vital it is maintaining compliance.

Going forward, the Administrator will immediately look for the MAR book upon arrival of scheduled administrative hours and will issue possible employee disciplinary actions for future like oversights.

The staff are responsible daily for following the home's privacy procedure and the Administrator is responsible to ensure the staff is maintaining compliance.


Kevin Donahue, Administrator

6/29/18
Date

KD/lg/06262018

JUN 29 2018

Violation Report: 43034 - 05/01/2018 - Marini, Michael
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

At 12:40 PM, resident #1 was observed smoking at the side door by the staff office, which is not a designated smoking area. The home's designated smoking area is out the back door.

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 3A of 4

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)

Kevin Donahue, Admin

Date

6/28/18

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

The above plan of correction is approved as of

7/13/18
(Date)

Plan of correction implementation status as of

7/13/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

RECEIVED

Page 3A of 4

Donahue's Personal Care I

JUN 29 2018

License #430340

2600.144(c)(1)

WEST REGION FIELD OFFICE
Human Services Licensing

Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking room.

Donahue's Personal Care I, works hard to provide the proper safeguards for resident's who choose to smoke, including a smoking policy, a designated smoking area, home rules, fire proof receptacles and resident guidance as well as encouragement for residents to kick the habit.

The problem surfaced when Resident 1, took it upon themselves to not follow the homes smoking policy. Resident 1 is very mobile, in and out of the home throughout the day and frequents the local neighborhood shops daily. Resident 1 was on his way back to the home from the local shops and thought it be okay to finish his cigarette before he entered the building. Resident 1 indicated he was unaware that he shall be 15 feet away from the entrance so that non-smokers are not bother by second hand smoke.

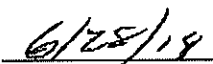
On June 18, 2018 following receipt of this violation report, the Administrator spoke Resident 1 regarding this matter and re-educated the resident regarding the home's smoking policy. The Administrator advised that if he/she should continue to break the home's rules regarding smoking that he/she may be issued a 30-day written notice for endangering the safety of others. Resident 1 is pleasant and compliant. He/she apologized for the mishap and assured me he/she will not let it happen again and will follow the home's smoking policy. The Administrator is confident that Resident 1 now better understands the seriousness of the matter and will follow the smoking rules going forward.

For the next 60 days, the Administrator will upon arrival of scheduled administrative hours look for any residents smoking around the premise where they shouldn't be. The Administrator is responsible to determine if a written 30-day notice is warranted for future non-compliance.

The Administrator asked the staff to be more observant when possible to building entrances to ensure the home's smoking rules are not being broken.

*Within 15 days of receipt of the plan of correction: All staff and residents shall be re-educated on the location of the home's designated smoking sections. R
7/13/18*


Kevin Donahue, Administrator


Date

JUN 29 2018

Violation Report: 43034 - 05/01/2018 - Marini, Michael
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 1-19-18, does not include a diagnosis Gastroesophageal Reflux Disease (GERD). According to the resident's April 2018 medication administration record, the resident is prescribed Omeprazole-20mg daily for GERD.

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 4A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Kevin Donahue, Admin	Date	6/28/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/13/18</u> (Date)	Plan of correction implementation status as of <u>7/13/18</u> (Date)
The above plan of correction was approved by  (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

RECEIVED

Page 4A of 4
License #430340

Donahue's Personal Care I

JUN 29 2018

2600.225(c)

WEST REGION FIELD OFFICE
Human Services Licensing

The resident shall have additional assessments as follows. (1) Annually, (2) if the condition of the resident significantly changes prior to the annual assessment, (3) At the request of the Department upon cause to believe that an update is required.

Donahue's Personal Care I understand the need for resident assessments and to have all true, accurate and up to date information for the proper care of the resident. The Administrator and the staff work hard together to ensure resident assessments are updated and useful for internal and external purposes.

The problem surfaced from an oversight of the Administrator. The Administrator overlooked adding Gastroesophageal Reflux Disease when completing the resident's annual assessment.

On June 18, 2018 the Administrator added Gastroesophageal Reflux disease to Resident 2's assessment in order to meet compliance on Resident 2's assessment. Next, the Administrator spoke with the staff and the administrator designee to inform them why and where to update the assessments as resident's conditions / diagnosis change.

On June 18, 2018, the Administrator educated the staff regarding the expectations to maintain compliance in Regulation 2600.225(c). The Administrator used this specific example to show the staff that it is important that we fully communicate changes to each other and to the Administrator. The Administrator advised the staff that there are times when changes are made that the Administrator may not be aware of and times when changes are made that the staff are not aware of. The Administrator expressed the importance of team communication and when in doubt regarding any additions or withdrawals to a resident's diagnosis that they are unsure of to contact the Administrator immediately.

On June 27, 2018, the Administrator cross checked all resident assessments against the MAR to identify possible missing diagnosis issues and correct accordingly.

The Administrator will be responsible to review all residents Assessments for accuracy, make updates as needed and then communicate necessary information to all staff. Going forward, the staff is responsible to ensure assessment changes are communicated properly to the Administrator and to other staff that have not already been communicated to the Administrator from the source of the change.



Kevin Donahue, Administrator

6/28/18
Date