



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 06 2018

Ms. Carin Constantakis
Chief Executive Officer
Orion Personal Care Corporation
2191 Ferguson Road
Allison Park, Pennsylvania 15101

RE: Orion Personal Care
License #: 431260

Dear Ms. Constantakis:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 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

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

The licensing inspection summary, dated 5/3/2017, which was posted on the bulletin board next to the dining room, included the privacy coding document which included the names of resident #3 and resident #4.

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.

Inspection summary removed from bulletin board immediately upon discovery. All future inspection reports will be reviewed by both the personal care home administrator and resident care coordinator before posting on public bulletin board.

To assure continued compliance with the above stated regulation, a weekly audit of the public postings bulletin board will be conducted by either the personal care administrator or resident care coordinator. This audit shall serve to protect resident privacy while making certain all required postings are available for public review.

*(copy of blank weekly audit attached) ***A****

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Brandi Bankston, Personal Care Home Administrator | Date *8/22/18*

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

The above plan of correction is approved as of 8/28/18
(Date)

The above plan of correction was approved by *JB*
(Initials)

Plan of correction implementation status as of 8/28/18
 Fully Implemented
 Partially Implemented - Adequate Progress *JB*
 Partially Implemented - Inadequate Progress
 Not Implemented

Brandi Bankston 8/22/18

Violation Report: 43126 - 05/08/2018 - Cutter, Jan
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not sign his/her contract, dated 12/21/2015.

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 is no longer a resident of our personal care home.

All current resident contracts have been reviewed by both the personal care home administrator and resident care coordinator to make certain all required signatures were obtained at the time of admission by the appropriate persons.

To assure continued compliance with the above stated regulation, quarterly audits of resident files will be conducted by the personal care home administrator or resident care coordinator.

*(copy of blank quarterly audit attached) ***B****

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date *8/22/18*
 Brandi Bankston, Personal Care Home Administrator

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

The above plan of correction is approved as of	<u>8/28/18</u> (Date)	Plan of correction implementation status as of <u>8/28/18</u>
The above plan of correction was approved by	<u>JB</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <i>JB</i> <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 43126 - 05/08/2018 - Cutter, Jan
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(c) -A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted from 5/25/2017 to 4/20/2018 do not include the number of residents in the home at the time of the drill.

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.

Fire drill record removed immediately upon discovery of error and replaced with Department of Human Services approved "FIRE DRILL RECORD" form printed directly from DHS website.

To assure continued compliance with the above stated regulation, the personal care administrator or resident care coordinator will make certain that only DHS approved forms are used for monthly fire drill records.

*(Previous & Current fire drill record attached for review) ***C****

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Brandi Bankston

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

Brandi Bankston, Personal Care Home Administrator

Date

8/22/18

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The above plan of correction is approved as of

8/28/18

(Date)

The above plan of correction was approved by

gW

(Initials)

Plan of correction implementation status as of 8/28/18

Fully Implemented

Partially Implemented - Adequate Progress *gW*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 43126- 05/08/2018- Cutter, Jan
 PCH Name: ORION PERSONAL CARE

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's prescription for Loperamide 2 mg was discontinued on 3/21/2018; however, the medication was still stored in the medication cart.
 Resident #3 is prescribed Refresh Lacri-Lube eye ointment; apply to left eye twice a day. The manufacturer's instructions indicate to discard 28 days after opening; however, the current container was opened on 1/1/18 and it was administered to the resident at 8:00 a.m and 8.00 p.m from 5/1/18 to 5/7/18.

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.

Discontinued medication for resident #2 was removed from med cart immediately upon discovery.

Expired medication for resident #3 was removed from med cart immediately upon discovery. A new, unopened prescription was supplied via pharmacy roughly 2.5 hours later.

All medication administrators have been in serviced regarding medication expiration dates and proper labeling of medications which require "DATE OPENED" & "EXPIRATION DATE" to be visible on packaging.

To assure continued compliance with the above stated regulation, the personal care home administrator will conduct a monthly audit of all medications stored in the medication cart.

*(In Service training material and roster attached) ***D&E****

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date *8/02/18*
 Brandi Bankston, Personal Care Home Administrator

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The above plan of correction is approved as of <u>8/28/18</u> (Date)	Plan of correction implementation status as of <u>8/28/18</u>
The above plan of correction was approved by <u><i>gW</i></u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <i>gW</i> <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 43126 - 05/08/2018 - Cutter, Jan
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the SDCU on 12/21/2015. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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 is no longer a resident of our personal care home.

To assure continued compliance with the above stated regulation, upon admission to our secured dementia care unit, the resident and designated person(s) will have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

*(copy of blank quarterly audit attached) ***B****

Audit of current resident records was conducted on 8/27/18. *QW* 8/28/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brandi Bankston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brandi Bankston, Personal Care Home Administrator

Date *8/27/18*

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The above plan of correction was approved by <u><i>QW</i></u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <i>QW</i> <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented