



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Ms. Linda Howard
Administrator
Perry South Personal Care Home, Ltd.
1129 Tweed Street
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home
License # 433730

Dear Ms. Howard:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 12, 2018 and June 26, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

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
 The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round". However, the home does not have a copy of the influenza awareness poster.

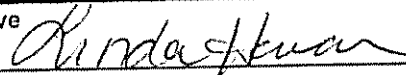
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Place copy of poster of influenza Awareness on wall in Both Bathrooms Kitchen and Dining Room for resident education

Immediately, then at least weekly: The administrator or designated staff person shall inspect the home to ensure the influenza awareness poster is posted in a public location.


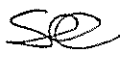
 3/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Howard	Date 8/22/18
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The above plan of correction is approved as of <u>3/13/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>3/13/19</u> (Date) <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
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 2/25/16, only completed 8 hours of annual training relating to their job duties during the 1/1/17-12/31/17 training year.

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.

POC: It has been placed on calendar for this to be completed compliance every month for 12 months for 12 hours of annual trainings.

Here are copies of 12 hrs. of Annual Training for all Direct staff members, also attached is a current copy of 2018 Annual training

On 8/24/18, the home provided documentation that staff person A completed 12 hours of training in the 1/1/17 - 12/31/17 training year.

SE 3/13/19

Immediately, then at least monthly: The Administrator or designated staff person shall audit all direct care staff training records to ensure all staff persons receive at least 12 hours of annual training during the 1/1/19 - 12/31/19 training year, in accordance with §2600.65(e). Documentation of the audit shall be kept and reviewed at Quality Management meetings.

SE 3/13/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2017	
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard* Date *8/22/18*

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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 2/25/16, did not receive the following training during the 1/1/17-12/31/17 training year:

* Medication self-administration

* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

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.

On 8/24/18, the home provided documentation that staff person A completed training in medication self-administration on 11/10/17 and Instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan on 11/17/17.

 3/13/19

Immediately, then at least monthly: The administrator or designated staff person shall review all current staff training records to ensure all staff persons have completed the required training topics in accordance with regulation 2600.65f during the 1/1/19 to 12/31/19 training year.

 3/13/19

Documentation of the audit shall be kept and reviewed at Quality Management meetings.


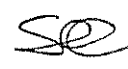
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Linda Hauer Date 8/22/18

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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

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 person A, hired on 2/25/16, did not receive training in The Older Adult Protective Services Act during the 1/1/17-12/31/17 training year.

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.



Completed online Training 8/22/18.

POC: It has been placed on calendar for 8/21/19. This will also be done every year to ensure Regulation compliance.

Immediately, then at least monthly: The administrator or designated staff person shall review all current staff training records to ensure all staff persons have completed the required training topics in accordance with regulation 2600.65g during the 1/1/19 to 12/31/19 training year. Documentation of the audit shall be kept and reviewed at Quality Management meetings.

 3/13/19

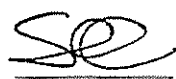
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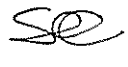
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of training for direct care staff person B, hired 8/20/17, does not include the date of completion for each course of the orientation trainings completed under regulation 2600.65a and regulation 2600.65b.

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.


Attached are all copies of all training that Monique Jones did in 2017 in compliance with Orientation training in 2017, along with 2018.

All Training has been placed on calendar for 2018 year to not miss any more training

On 8/24/18, the home provided documentation that staff person B completed trainings in §2600.65(a) & §2600.65(b) in 2017.

 3/13/19

Immediately, then at least monthly: The Administrator or designated staff person shall audit all direct care staff training records to ensure an accurate record of training, including the staff person trained, date, source, content, length of each course and copies of any certificates received, are kept, in accordance with §2600.65(i). Documentation of the audit shall be kept and reviewed at Quality Management meetings.



 3/13/19

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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 On 6/12/18, the 3rd floor bedroom was occupied by 3 residents; however, there was only 1 chair in the 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.

While inspector was on site all three residents have a chair for each of them in rooms.

Immediately, then at least weekly: The administrator or designated staff person shall inspect all resident bedrooms to ensure a chair is present for each resident.

SE 3/13/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard* Date *8/22/18*

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 (Initials)

Plan of correction implementation status as of 3/13/19
 (Date)

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

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 6/12/18, the following residents did not have a source of lighting that could be turned off/on at bedside:

- * Residents #2 and #4 in bedroom #1
- * Resident #3 in bedroom #2

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 on site provide 3 bedside lamps in each of residents room that was missing bedside lighting.

Immediately, then at least weekly. The administrator or designated staff person shall inspect all resident bedrooms to ensure an operable lamp or other source of lighting that can be turned on at bedside is present for each resident. Documentation of inspections shall be kept and reviewed at Quality Management meetings.

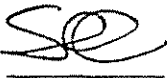

 3/13/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2017		
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 6/12/18 at 10:30AM, an agent of the Department was unable to open the unlocked basement storm door, preventing egress from 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.

The Basement storm door will be replaced in the beginning of Sept 2018. By Landlord of Property.

On 2/20/19, the home provided verification the storm door was replaced.

 3/13/19

Immediately, then at least daily, the administrator or designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed.

 3/13/19


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)	Date
Linda Howard	8/22/18

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(Date)

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(Initials)

Plan of correction implementation status as of 3/13/19
(Date)

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

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month. -

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted by the home in May 2018.

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.

Perry South has made changes to have a unannounced fire drill every month, along with staying within evacuation time of 2min POC. ^{30 sec} in may 2018, going forward new time of 3min. This has been place on calendar to have unannounced fire drills every month going forward.

Immediately, then at least monthly, the administrator or designated staff person shall monitor all fire drills and the fire drill record to ensure at least one unannounced fire drill is conducted monthly. Documentation shall be kept at the time of each fire drill.

 3/13/19

Immediately, then monthly, the administrator or designated staff person shall conduct fire drills to evacuate all residents to a public thoroughfare or a designated fire-safe area within the time specified in writing by the fire safety expert within the past year.

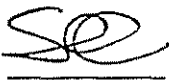

 3/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Haward	Date 5/22/18
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 6/29/16.

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 safety inspection and fire Drill was held on 7/17/18.

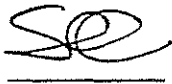

Poc. Scheduled our next fire safety inspection and fire Drill for 7/17/19. also placed on Calendar for Reminder in a month advanced, to stay in compliance with fire safety and fire Drill Regulations as permitted by PA. code 2600, 132(b).

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

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 home's fire drill records do not include the time of the following drills:
 * November 2017
 * December 2017
 * January 2018

Also, the fire drill record does not include the exact date of the drills held in January, February and March 2018. It only indicates the month.

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.

Located the correct fire drill records that were completed properly.

POC. Created a folder for all fire drills and inspections to be in the same folder for accurate location of the state regulation documents

The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c.

SE 3/13/19

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home exceeded an evacuation time of 2 minutes 30 seconds for the following fire drills:

Date	Evacuation Time
12/15/17	4 minutes
January 2018	2 minutes 46 seconds
4/15/18	3 minutes 26 seconds

The home does not have a maximum safe evacuation time designated in writing within the past year by a fire safety expert.

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.

Located the correct fire drill that shows on 12/15/17 that a unannounced fire drill was held and was within evacuation time of 2min 3sec. also on 4/15/18 was within evacuation time of 2min and 28sec.

The administrator will complete the following steps to reduce the safe evacuation to a time less than 2 minutes and 30 seconds, if the home is unable to obtain a safe evacuation time specified in writing by a fire safety expert within the past year:

- Provide resident and staff education on evacuation policies and procedures. Documentation will be kept.
- Conduct additional fire drills.
- Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.

SE 3/13/19

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Violation Report: 43379 - 08/12/2018 : Garvey, Jody
PCH Name: Perry South Personal Care Home

1. REGULATION # Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months. FEB 20 2019

2a. DESCRIPTION OF VIOLATION
The most recent fire drill conducted during sleeping hours was held on 3/7/17 at 12:00 AM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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.

Perry South Personal Care Home
Will hold a fire drill during sleeping hours every 6 months, Next fire drill is scheduled to be held is March 2019.

The administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted at least every six months.

SE 3/13/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Howard (Admin) Date 2/20/19

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The above plan of correction is approved as of 3/13/19 (Date)

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

Plan of correction implementation status as of 3/13/19 (Date)

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

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent medical evaluation was completed on 4/17/17.
 Resident #4's most recent medical evaluation was completed on 1/17/18; however, the 2nd page is missing. Also, the resident's previous medical evaluation was completed on 2/13/15.
 Resident #5's most recent medical evaluation was completed on 10/10/15.

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 current Annual Medical evaluation is attached for 2018
 Resident 4 Current Annual Medical evaluation is attached for 2018.
 Resident 5 will be having doctor appointment in Oct 2018 for his Annual medical evaluation
 POC: These dates have been entered on calendar for 2019 Annual evaluation.

Resident #5 had an annual DME completed on 10/31/18
 3/13/19

The administrator will develop a tracking system to ensure resident medical evaluations are completed at least annually.

SE 3/13/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Linda Howard</i>	<i>8/22/18</i>

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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's June 2018 medication administration record (MAR) includes Thiamine Hydrochloride, 100 mg - take 1 tablet daily, however, the medication was discontinued.

Resident #1's MAR does not include the route of administration for Benzonatate, 100 mg - take 2 capsules three times daily. It also does not include dose and frequency of administration for Albuterol, which staff person B indicated was discontinued.

Resident #3's June 2018 MAR includes the following medications which are not currently prescribed for the resident:

- *Mirtazapine 30 mg - take 1 tablet by mouth nightly
- *Lithium Carbonate 300 mg - take 1 tablet by mouth two times daily
- *Atorvastatin 40 mg - take 1 tablet by mouth nightly
- *Ibuprofen 600 mg - take one tablet by mouth every 6 hours as needed (prn) for pain
- *Hydrocodone- APAP 5-235- take one tablet every 4 to 6 hours prn for pain

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 MAR has been updated to Not have discontinued meds listed. attached is a corrected MARs for August 2018
Resident 3 MAR has been updated to have all discontinued meds removed or to show discontinued, attached are all discontinued notices for above meds. *SE* 3/13/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/27/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard* Date *8/22/18*

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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3's June 2018 MAR includes initials of staff administering the following medications on the following dates and times; however, the medications were not available in the home and are not currently prescribed for the resident:

- *Mirtazapine 30 mg - 1 tablet at 8:00 PM from 6/1/18 through 6/25/18
- *Lithium Carbonate 300 mg - 1 tablet at 8:00 AM from 6/1/18 through 6/26/18; 1 tablet at 8:00 PM from 6/1/18 through 6/25/18
- *Atorvastatin 40 mg - 1 tablet at 8:00 PM from 6/1/18 through 6/25/18

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.

Resident 3 MAR has been updated to have all discontinued meds to be removed or to show discontinued. Attached are all discontinued notices for above medications.

Within 30 days of receipt of the plan of correction: All staff persons qualified to administer medication shall be reeducated on proper procedure for documentation of medication administration, to include not signing off as administered, medications not available in the home.

SE 3/13/19

Contacted Nurse and faxed over all documents that were needed to have meds dispensed still waiting on faxed paper work. This was faxed to nurse on 8/20/18. Once received we will fax over all dispense notices

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard* Date *8/22/18*

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The above plan of correction is approved as of 3/13/19 (Date)

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

- Plan of correction implementation status as of 3/13/19 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress *SE*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current weekly activity calendar posted in a conspicuous and public place in the home.

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.

Provide in a clear conspicuous and public place
 a Weekly Activity Calendar.

attach is the current weekly Activity Calendar.

Immediately, then at least weekly, the administrator or designated staff person shall check the home to ensure an activities calendar is posted in a conspicuous and public place.

 3/13/19


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


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Howard	Date 5/22/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3/13/19
 (Date)

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

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Pery South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

A preadmission screening form was not completed for resident #3, admitted on 3/30/18.

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.

Attached is a Preadmission screening for resident #3.

We have also placed a folder for new Residents Paperwork and forms needed at time of moving in entry to be completed, as required.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall develop and implement policy and procedure to ensure a preadmission screening form is completed for each resident, within 30 days prior to admission, indicating the needs of the resident can be met by the services provided by the home.

 3/13/19

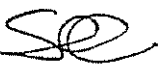
Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2017			
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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Linda Howard</u>	Date <u>8/22/18</u>
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 (Date)

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 (Initials)

Plan of correction implementation status as of 3/13/19
 (Date)

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

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 An initial assessment has not been completed for resident #3, admitted on 3/30/18. However, the form was signed by the resident.

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.

attached ~~never~~ is ~~not~~ a intail Assesment for Resident 3

POC: Perry South Will do all intail assessments as Required within 15 days of admission this ~~form~~ ^{has} also ^{been} placed in the new Resident folder for entry or moving into ~~at~~ the home and annually there after.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure a complete RASP is present in each resident record, in accordance with §2600.225(a).

SE 3/13/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda Howard</i>	Date <i>8/22/18</i>
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

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 #1's current assessment, dated 4/15/17, is not completed in its entirety. The form only includes pages 1, 6 and 12. Page 12 does not include any signatures.

Resident #4's current assessment, dated 12/14/17, does not include diagnoses of anxiety and Down syndrome as indicated on the resident's medical evaluation, dated 1/17/18.

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.

Attached is Resident 1 2018 Assessment for 2018
 all pages ARE included.

attached is Resident 4 2018 assement for 2018 that
 includes Residents diagnoses.

POC: All dates for upcoming assements has been
 Placed on calendar for future Assements.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure a complete RASP is present in each resident record, in accordance with §2600.225(c).

 3/13/19

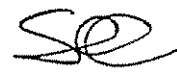
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Howard Date 8/22/18

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The above plan of correction is approved as of 3/13/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3/13/19
 (Date)

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

Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid was used in the following areas of resident #4's most recent annual resident assessment and support plan (RASP), dated 12/14/17:

- * Date assessment finalized
- * Date support plan finalized
- * Date signed by assessor

The date in the areas of the form aforementioned had been changed to 12/14/17 after the home used correction fluid on the original date of 12/14/14 which was visible through the correction fluid.

Also, correction fluid was used to eliminate the day and year resident #4 signed his/her RASP. "Dec" was the only information in that section of the form. Correction fluid was used for the page number on page 7 of 11.

Resident #5's most recent annual RASP does not include the date the assessment was finalized or the date the support plan was finalized. Correction fluid was used on dates in several areas of the form to include the date the assessor and resident signed the form. Also, the date in the sections of last assessment and last support plan was changed to 10/5/17 after correction fluid was used on the original date of 10/5/12 which was visible through the correction fluid.

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 5 has a current RASP of 2018 that does not include correction fluid.

POC: We have Removed all correction fluid from
 The personal care home.

Within 30 days of receipt of the plan of correction: All staff shall be educated that entries in a resident's record must be permanent, legible and dated and signed by the staff person making the entry. Entries are not to be erased or covered with correction fluid/tape. A line should be drawn through errors or changes such that the original entry is still legible.

SE 3/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 43373 - 06/12/2018 - Garvey, Jody
 PCH Name: Perry South Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home is using two different versions of RASPs. Resident #4's RASP, dated 12/14/17, includes pages 2, 3, 4, 6, 7, 8, 9 and 10 of 11 pages and pages 1, 5, 11 and 12 of 12 pages.

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.


Attached is a completed RASP that includes all pages for Resident 4.

POC. Perry South will currently be using standardized forms as recommended.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure a complete RASP is present, in accordance with §2600.225(a) and 2600.225(c).

 3/13/19


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

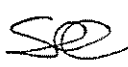
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Linda Haward</u>	Date <u>3/22/19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/13/19
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The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3/13/19
 (Date)

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