



MAILING DATE: January 7, 2019

Ms. Lorrie Meneely
Chief Financial Officer
Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home
Certificate #: 429660

Dear Ms. Meneely:

As a result of the Department's Bureau of Human Services Licensing inspection on June 15, 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 that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: REFORMED PRESBYTERIAN HOME		License Number: 42966
Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		County: Allegheny
Administrator: Joan Bova		Region: WEST
Legal Entity Name: REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION		RECEIVED
Legal Entity Address: 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214		DEC 21 2018
Certificate(s) of Occupancy C-2 LP 10/10/1983 City of Pittsburgh		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/15/2018: Pfaff, Vicki		
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: 54 Number of Residents Served: 23 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 22 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 1 Have a Physical Disability: 0	

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Violation Report: 42966 - 06/15/2018 - Pfaff, Vicki
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Tylenol 325mg - 2 tablets every 6 hours as needed (prn) for pain/fever. On 5/28/18, at approximately 5:00 p.m., resident #1 requested a dose of his/her prn Tylenol from the medication technician, staff person A. The resident was told by staff person A that the home did not have any Tylenol prescribed for the resident present in the home. Resident #1 then asked if it was okay to have an alternate pain medication which the resident is prescribed: Mobic 7.5 mg 1 tablet by mouth two times per day as needed for pain. At that time, resident #1 was informed by staff person A that the staff person had several other residents' blood sugars to take.
At approximately 6:00 p.m. staff person A brought the resident's Mobic to the resident's room, set it on the night stand in a dispensing cup and meantly stated "you'll get it [Mobic] when you get it." Resident #1 states he/she was very upset by the way she was treated and spoken to by staff person A. Resident indicates that his/her blood pressure went up; he/she felt sick (hurting head, being physically upset), was unable to calm down and felt like two cents due to how he/she was treated. According to staff person B who came on shift at 7:00 p.m. that evening, when he/she went to measure resident #1's blood glucose at approximately 8:00 p.m., the resident was still visibly upset and told staff person B that the medication technician gave her some sass. At approximately 10:30 p.m., the resident's blood pressure was "sky high" ("200 over one hundred something") when staff person B measured it.
Direct care staff person C worked on 5/29/18 from 6:00 a.m. - 2:00 p.m. When staff person C went to administer resident #1's 6:00 a.m. medication, resident had the light out, was sitting on the bed and was observed to be visibly upset as evident by his/her shaking. Resident #1 was crying while he/she reported the above incident to staff person C and asked staff person C to get her belongings out of storage because she wanted to leave the PCH.

Regulation 2600.42 (c)
At the time of the incident staff person A was counseled individually about resident rights. *Noted*
Since this incident Staff person A is no longer employed with the Reformed Presbyterian Home McKee Place PCH.
Additional training related to resident rights has been provided in a formal setting and all personal care staff attended this training. Attached are the slides from this training and the sign in sheets.
In addition the ombudsman has provided training for our staff which was attended by one personal care staff member and several other staff members from the building.
Resident 1 remains here and there have been no additional reported incidents.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joan Bova PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Joan Bova PCHA* Date *11-8-18*

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

The above plan of correction is approved as of 12/24/18 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 12/24/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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Violation Report: 42966 - 06/15/2018 - Pfaff, Vicki
PCH Name: REFORMED PRESBYTERIAN HOME

DEC 21 2018

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Tylenol 325 mg - 2 tablets every 6 hours as needed for pain/fever. On 5/28/18, at approximately 5:00 p.m., resident #1 requested a dose of his/her prn Tylenol from the medication technician, direct care staff person A. Resident #1 was told by staff person A that the home did not have any Tylenol available for him/her. However, there were blister packs of Acetaminophen available in the medication cart with prescription labels for resident #1. No medication was administered to 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.

Regulation 2600.187(d)

At the time of the incident the PCHA went over 1:1 with staff person A how to look at medication labels for the generic and trade name of drugs. She was encouraged to use the internet if she has any questions about the generic name for drugs.

Training is now completed with the medication labels to make sure all staff know to look for both generic name and trade name of the medications. Training is attached. This training is attached.

Immediately: The administrator or designated staff person qualified to administer medications shall observe medication administration by each staff person qualified to administer medications twice within the next two months to ensure the proper procedures for medication administration are followed. 12/24/18

[Handwritten mark]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joan Bova PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joan Bova PCHA* Date *11-8-18*

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

The above plan of correction is approved as of 12/24/18
(Date)

Plan of correction implementation status as of 12/24/19
(Date)

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

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

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