



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 04 2019

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 annual inspection on September 27, 2018 and October 15, 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 cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 9/27/18, the home's current violation reports, dated 9/27/17 and 2/22/18 were not posted in the home. Only violation reports dated 8/14/17 and 5/1/18 were posted 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.

See Page 2A of 25

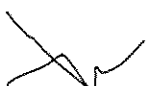
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kevin Donahue, Admin Date 12/30/2018

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

The above plan of correction is approved as of 2/5/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/5/19
(Date)

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

Donahue's Personal Care 1

Certificate #430340

2600.3(c)

Donahue's Personal Care understands the importance of posting the current license, a copy of the current license inspection summary issued by the Department and a copy of the Reg. 2600 chapter in a conspicuous and public place in the personal care home.

Donahue's Personal Care Home made every attempt to comply with regulation 2600.3(c) as the personal care home did/does post in a public conspicuous location the license and a copy of the current licensing inspection summary issued by the department. The most current inspection summary dated 5/1/2018 was posted.

The problem occurred when the Administrator believed to be in compliance as the Administrator believed only the current license and current inspection summary report issued by the Department was sufficient for maintaining compliance with regulation 2600.3(c). The Administrator's interpretation of 2600.3(c) was only the most current VR needed to be posted and not previous VR summaries issued by the department.

The inspector was kind enough to inform the Administrator that his interpretation of 2600.3(c) was incorrect. The inspector offered technical assistance by explaining to the Administrator that "current" constitutes all of the inspection/complaint summaries in a calendar year or the period extending from the receipt of the last license to the next.

The Administrator located and posted the two missing VR's (see attachment I-1). After reviewing regulation 2600.3(c) in the Regulatory Compliance Guide, the Administrator now better understands exactly what constitutes the term "current" in the language.

Going forward. The Administrator is responsible to save and post all VR reports for a given period.

All current violation reports are now posted in the home -- JRW 2/5/19

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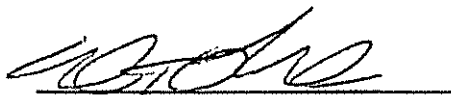
JAN 01 2019

EAST REGION FIELD OFFICE
Human Services Licensing



2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Page 3 of 25

Violation Report: 43034 - 09/27/2018 - Fliner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WVLCST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.20(b)(2) - Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

2a. DESCRIPTION OF VIOLATION
Staff person A holds resident #1's money. Resident #1 can only access the money on the weekends when staff person A is working 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.

See Page 3A of 25

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 *12/30/18*

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The above plan of correction is approved as of 2/5/19
(Date)

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

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(Date)

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- Not Implemented

Donahue's Personal Care 1

Certificate #430340

2600.20(b)(2)

Donahue's Personal Care makes every effort to ensure resident funds shall be disbursed during normal business hours or within 24hrs of a resident's request.

Donahue's Personal Care understands It is very important to ensure the residents are able to access their funds upon request and should not have to wait longer than 24 hours for any reason.

The Administrator was perplexed by this violation as Resident #1 manages his/her own spending allowance. The Administrator spoke to Resident #1 on December 20, 2018, to get a better understanding of exactly what the problem is/was.

The Administrator will re-educate the all residents on personal allowances and the home's policy to not hold personal allowances. The Administrator will also re-educate the staff on the home's policy to not hold/handle resident funds unless explicitly written in the support plan for the Administrator (only) to secure or manage a resident's allowance.

On December 30, 2018, the Administrator spoke to all residents and staff members regarding resident allowances and had each person sign that he/she was present for the educational meeting.

See attachment A-1, A-2
B-1, B-2

The Administrator will follow up with Resident #1 on the January 3rd and February 3rd, 2019 to ensure Resident #1 is not experiencing any issues with his/her spending allowance. The Administrator will continue to chat with each resident monthly or more often about this matter to ensure no resident is experiencing any problems with spending allowance.


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WEST REGION FIELD OFFICE
Financial Services Licensing

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

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JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinger-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Mutual Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

2a. DESCRIPTION OF VIOLATION

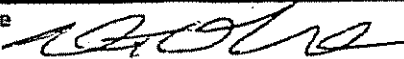
In May 2018 the home stopped managing residents' finances. However, the home did not provide the residents with a 30-day written notice prior to ending this service.

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 25

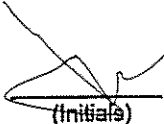
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kevin Donahue Admin Date 12/30/18

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 2/5/19
(Date)

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

Donahue's Personal Care 1

Page 4A of 25
Certificate #430340

2600.25(c)(10)

Donahue's Personal Care strives to ensure that the contract shall include a statement that the resident is entitled to at least 30 days advance notice, in writing, of the home's request to change the contract.

The Administrator did speak to the few affected residents 30 days in advance as the Administrator spoke to each resident and offered to purchase small lock boxes if the resident wished to have one in their room. The Administrator informed the affected residents that the following month the home will no longer store/lock resident allowances in the home's med-cart.

The problem is that the Administrator had an oversight by not updating the resident's support plan with the resident at the time the change was verbally relayed to them. The Administrator's oversight caused the resident's support plan to contradict the change in the home's policy. The Administrator learned that any change in the home's policy could result in an additional change to the resident's contract/support plan. The Administrator also learned that even the smallest changes shall be handled with a 30-day or more written notice and then a one on one review of the support plan with the affected resident. By doing so will help the Administrator ensure such change is in line with the resident's contract/support plan and shall also give the resident ample time to voice their concerns about a possible change that may affect them.

The Administrator will by January 30, 2019, review all of the resident's support plans with each resident for accuracy and compliance. The Administrator will also emphasize the sections of the contract/support plan regarding resident's funds and have each resident initial this section to acknowledge such conversation was made. The Administrator will also give all affected residents the opportunity to share their thoughts and how they wish to proceed going forward. The Administrator will make every effort to accommodate the resident's wishes as it pertains to the home storing, locking and accounting for the resident's monthly spending allowance.

On December 30, 2018, the Administrator educated all residents regarding the home's policy regarding resident funds. Administrator offered the residents to lock up funds if desired.

See attachment B-1, B-2

This will allow the resident some time to think about how they prefer to proceed before they meet individually with the Administrator on January 30, 2019. Until then, the option resident to request the med cart lockbox was reinstated.

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WEST REGION FIELD OFFICE
Human Services Licensing

2/5/19



KD/lg/12212018


Kevin Donahue

12/30/18
Date

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Violation Report: 43034 - 09/27/2018 - Flinger-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

JAN 01 2019

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

WEST REGION FIELD OFFICE
Harrisburg, Pennsylvania

2a. DESCRIPTION OF VIOLATION

According to multiple interviews, staff persons A and B frequently yell at residents, including when they have incontinent episodes. Also, staff person A repeatedly yells for the residents to come downstairs for breakfast and on Saturday mornings, staff person A does not permit residents to be downstairs before 7:00 a.m.

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.

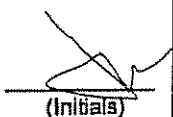
See Page 5A of 25

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) Kevin Donahue, Admin Date 12/30/2018

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

The above plan of correction is approved as of <u>2/5/19</u> (Date)	Plan of correction implementation status as of <u>2/5/19</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

Donahue's Personal Care 1

Page 5A of 25
Certificate #430340

2600.42(c)

Donahue's Personal Care values the importance all residents shall be treated with dignity and respect.

The Administrator and all staff members do have a caring positive relationship with all the residents we serve. Since the home's occupancy is smaller and most of resident's have been living at the home for 5 or more years, the Administrator often feels as if the home sometimes is a big family. Administrator has witnessed many times by the staff acts of random kindness, sincere guidance for hygiene and well being along with the staff going out of their way for the residents even sometimes on their own personal time. The home also has quite a few "smokers" who regularly come out of their room and downstairs well before 7:00 a.m. for their morning cigarette. Most of our residents are "early birds" and often eat breakfast at or before 7:00 a.m., therefore, the Administrator is puzzled by the description of this violation. The Administrator discussed and re-educated the staff and residents on December 30, 2018 regarding:

1. Resident Rights respect and dignity training with the staff.
2. Spoke to all residents regarding breakfast times, morning times, incontinence/cleanliness issues and the staff's responsibility for each.
3. Re-educated all residents of the Resident's Rights, emphasizing to share any/all complaints and concerns with the Administrator and ensure they know and understand the proper procedures for lodging or filing a complaint. Reminded all residents where the Resident Rights poster is posted and the complaint lines for such violation of rights.

See attachment A-1, A-2

As always, the Administrator will continue to speak casually with all residents daily to determine if there are any issues or problems that need reported or remedied.

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JAN 01 2019

WEST REGION FIELD OFFICE
Human Services Licensing

3/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinger-Alman, Lisa
 PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
 Human Services Licensing

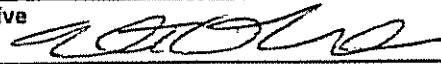
1. REGULATION 55 Pa.Code §2600
 2600.58(a) - If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 Since January 2018, at least 16 residents have been served in the home. According to multiple interviews, direct care staff persons A and B, who work overnight, have been observed sleeping.

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 6A of 25

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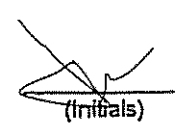
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue Admin</i>	Date <i>12/30/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/5/19
 (Date)

Plan of correction implementation status as of 2/5/19
 (Date)

The above plan of correction was approved by 
 (Initials)

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

2600.58(a)

Donahue's Personal Care believes it is vital and fully understands the importance of if the home serves or more residents, all direct care staff persons on duty in the home shall be awake at all times if one or more residents are present in the home.

On December 30, 2018, the Administrator included Regulation Code 2600.58(a) as part of the staff training in response to this VR report.

See attachment A1 - A2

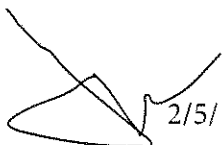
The Administrator informed all staff persons that any infractions relating to Regulation 2600.58(a) will not be tolerated and will result in disciplinary action including immediate suspension or possible termination of employment.

The Administrator also developed a checklist for six (6) unannounced night visits by the Administrator for each staff person involved to ensure ongoing compliance. The Administrator will store the checklist/notes for each staff member in the employee file and or immediately report to the Department any infractions and disciplinary action taken on behalf of the home.

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JAN 01 2019

WEST REGION FIELD OFFICE
Holland Services Licensing

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

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

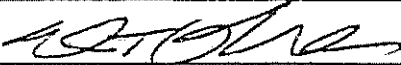
The home's record of annual direct care staff training on resident rights, conducted 8/15/17, does not include the length of the course.

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 9A of 25

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) Kevin Donahue Admin Date 12/30/18

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(Date)

Plan of correction implementation status as of 2/5/19
(Date)

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

The above plan of correction was approved by 
(Initials)

Donahue's Personal Care 1

Certificate #430340

2600.65(i)

Donahue's Personal Care and the Administrator understand the importance of having 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.

In 2017, the administrator conducted over 24 hours of training with the staff on different topics, different content with sperate sign in sheets all but one includes the necessary information to be in compliance with regulation 2600.65(i).

The training was coordinated and conducted with the Area Agency On Aging Local Ombudsmen. The Administrator updated the sign in sheet to include the length of the training.

See attachment C-1, C-2

The problem is a mere oversight on behalf of the Administrator by forgetting to add the length of the training for the Resident's Rights training that was conducted in 2017.

The Administrator will be sure to make sure all staff training sign in sheets include all pertinent information going forward. The Administrator believes this to a simple oversight and is fully confident this matter will not repeat itself going forward.

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WEST REGION FIELD OFFICE
Human Services Licensing



2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

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Violation Report: 43034 - 09/27/2018 - Finner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

JAN 01 2019

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Home Services Licensing

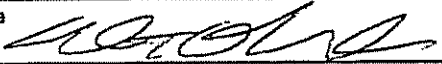
2a. DESCRIPTION OF VIOLATION

On 10/5/18 at 9:00 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of sanitary hand-drying in the common bathroom off of the living 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.

See Page 10A of 25

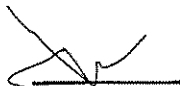
Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2017
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kevin Donahue, Admin Date 12/30/18

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Donahue's Personal Care 1

Certificate #430340

2600.85(a)

Donahue's Personal Care understands and values maintaining favorable sanitary conditions for our residents. The staff and the Administrator strive to ensure the home maintains daily compliance with Regulation 2600.85(a).

The Administrator spoke with the staff person on October 5, 2018, and then better educated the staff person in more detail on December 20, 2018 regarding such oversights. The staff immediately corrected the problem the day of the site survey and compliance was immediately met.

On December 30, 2018, the Administrator held training and discussion how to ensure maintaining compliance with 2600.85(a).

See attachment A-1, A-2

The staff is responsible for daily compliance.

The Administrator will conduct more frequent building walk through and identify areas needing attention. The Administrator will perform weekly inspections to ensure continued compliance and favorable sanitary conditions.

The administrator will monitor the staff's performance and address employees who are not meeting expectations.

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JAN 01 2019

WEST REGION FIELD OFFICE
Human Services Licensing

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

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Violation Report: 43034 - 09/27/2018 - Flinger-Alman, Lisa
 PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There was a nail protruding approximately 1" at the top of the second exterior handrail leading down from the home, posing a skin tear hazard.

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 11A of 25

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
Kevin Donahue, Admin	12/30/18

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Donahue's Personal Care 1

Page 11A of 25
Certificate #430340

2600.88(a)

Donahue's Personal Care works hard to ensure floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

The problem occurred when a part of the lower wood detached from the screw securing it. The other part of the problem is the screw blended in with the color of the railing making it difficult to see.

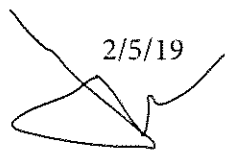
On October 9, 2018, the Administrator was easily able to re-secure and eliminate the problem with a drill and a couple new screws. Please see the attachment J-1

Immediately - The administrator will monitor the home at least monthly to ensure all items are in good repair. -- JRW 2/5/19


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WEST REGION FIELD OFFICE
Human Services Licensing

2/5/19


KD/lg/12212018


Kevin Donahue

12/30/18
Date

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Violation Report: 43034 - 09/27/2018 - Flinner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Nutrition Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
There were no screens in several windows, to include the following:
- The window above the bed on the right side of the room and the window above the bed on the left side of the room in bedroom #5
- The window on the left above resident #2's bed in bedroom #8
- The window on the right in the bedroom located immediately to the right upon entering the home

There was a 8" by 2" tear in the screen on the left side of the room in the bedroom located immediately to the right upon entering 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.

See Page 12A of 25

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) Kevin Donahue, Admin Date 12/30/18

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

The above plan of correction is approved as of 2/5/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 2/5/19 (Date)

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

Donahue's Personal Care 1

Certificate #430340

2600.92

Donahue's Personal Care is conscience about making sure windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Where needed, the home provides removable 12-inch and 18-inch interlocking screens for the resident rooms. At times, a resident will request for the screened to be removed and the window shut. The staff or the resident will then place the interlocking screen behind the resident's dresser for storage. The home has many removable screens that can be used at any time. Most are stored in the bedrooms behind dressers, while extra screens are stored in the basement area.

Please see the attachment M-1

I think the problem with the screens may have occurred by the Inspector possibly not seeing the removable screens behind the dressers. The Administrator did an inventory check on October 9, 2018 to make sure the number of screens on hand are sufficient. The residents are aware and know to speak with the Administrator if they do not have one for any reason or if one needs to be replaced due to damage.

The window screen on the front side of the building did have a tear the day of inspection. A mesh screen repair kit was used on October 9, 2018 to repair the screen.

Please see attached pictures M-1

Immediately - The administrator will ensure all windows have clean screens that are in good repair by monitoring the home at least monthly.

--JRW 2/5/19

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JAN 01 2019

WEST REGION FIELD OFFICE
Human Services Licensing

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Finner-Alman, Lisa
 PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

There was no a handrail for the 4 1/2" step leading from the rear exit of the home.

The base of the second exterior handrail on the left leading down from the home, was unsecure resulting in the handrail moving approximately 2" inches in either direction.

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 13A of 25

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

Signature of Legal Entity Representative
 (Required on EVERY Page)



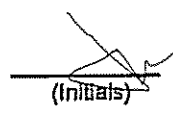
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kevin Donahue Admin

Date 12/30/18

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 2/5/19
 (Date)

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

Donahue's Personal Care 1

Certificate #430340

2600.93(a)

Donahue's personal care truly values the importance of ensuring each ramp, interior stairway and outside steps must have well secured handrail.

I believe the problem occurred due to the fact that the Administrator didn't view this as a step and the issue was never raised in the 35 years of the home's existence. Nonetheless, measurements were taken to determine if in fact it is a step.

The Administrator agreed that regardless of the size of the step, it is best that a hand rail be installed for preventative safety measures. Attachment L-1

A handrail was purchased and installed on October 9, 2018 to meet compliance. The lower back porch railing was secured by a drill and new screws. See attached picture K-1


Going forward, the Administrator will periodically enter the premise from the back entrance to ensure the hand rails are tight and secure. The Administrator will arrange repairs should there be any future issues.

Immediately - All handrails will be monitored by the administrator at least monthly. -- JRW 2/5/19

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JAN 01 2019

EAST REGION FIELD OFFICE
Human Services Licensing

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

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JAN 01 2019

Page 14 of 25

Violation Report: 43034 - 09/27/2018 - Flinner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The dirt pathways leading from the fire escape and back door exits are uneven and pose a potential trip/fall hazard. Also, approximately 21 feet of the ground has eroded into an approximately 9 inch deep gully leading from the wooden porch in the back yard to the front stairs leading to the street.


There was a significant amount of debris, measuring approximately 10 feet by 6 feet and approximately 5 feet high, next to the steps on the right side of the backdoor exit, including: Six sheets of roof shingles, twelve loose boards, a piece of corrugated metal approximately 6 feet by 3 feet, a 6-foot ladder and a pile of leaves.

There was a corrugated metal vent, approximately 4 feet long, which extends from the downspout and juts out from the corner of the house towards the pathway, posing a potential tripping hazard.

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 14A of 25

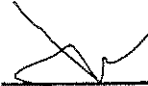
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kevin Donahue, Admin Date 12/30/18

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(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/5/19
(Date)

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

Donahue's Personal Care 1

Certificate #430340

2600.100(a)

Donahue's Personal Care understands the importance of the exterior of the building or yard must be in good repair and free of hazards.

The problem occurred because the home has to schedule with the refuse pick up vendor a week to two weeks in advance for any bulk items needing to be removed. Normally, this location of the outside of the home is a good spot to temporarily place bulk items for trash since it is tucked out of the way, however, due to the length of the boards they were sticking out. The Administrator contacted the refuse company to confirm the date and time they were scheduled to pick up the bulk items. The bulk trash debris was removed, please see attached picture K-1 of the area by the trash containers in question.

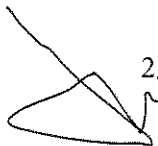
The Administrator contacted the landscaper to add some fill and dirt to better level the "dip" on the ground walk way to around to the front of the building.

The Administrator is responsible to check the outside of the premise and will continue to monitor the grounds for safe walk ways and remove any possible debris posing tripping hazards. The Administrator has added this area to the monthly internal building inspection form.

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JAN 01 2019

WEST REGION FIELD OFFICE
Alameda, San Jose Licensing

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flnner-Alman, Lisa
 PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
 Home Services Licensing

1. REGULATION 65 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.


2a. DESCRIPTION OF VIOLATION
 On 10/5/18 at 3:03 p.m., there was a used, unlabeled bath towel on the grab bar to the left of the toilet in the upstairs bathroom.

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 15A of 25


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
Kevin Donahue Adams	12/30/18

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

The above plan of correction is approved as of <u>2/5/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>2/5/19</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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Donahue's Personal Care 1

Certificate #430340

2600.102(k)

Donahue's Personal Care and the Direct Care Staff work hard to ensure proper hygiene measures are met prohibiting the use of a "common towel".

At Donahue's Personal Care we do not allow residents to share a hand towel or bath towels. Our residents are educated to take one clean bath towel and one clean wash cloth from the linen closet each time for single use. Typically, residents are very compliant and do ask or retrieve new towels independently. Residents are also fairly helpful by returning the used bath towels and wash cloths to the laundry area to be washed after each use.

The problem occurred by a resident forgetting to remove the bath towel after a shower. This is highly unusual for any of the home's residents and the staff does a good job checking up on and cleaning up after residents regularly. It was busy this day assisting the inspectors, which, does delay bathroom rounds.

On December 30, 2018, the Administrator re-educated the residents and staff regarding the home's policy to use a new bath towel for each and every use. See attached H-1


The Administrator and the staff will remind the residents regularly to continue to bring used towels to the laundry area or tell a staff member so the used towel can be retrieved and then placed in the laundry area for wash.

The staff is responsible daily during bathroom cleaning rounds to identify and remove items left in the bathrooms.

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JAN 01 2019

WEST REGION FIELD OFFICE
Human Services Licensing

2/5/19 

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinner-Aiman, Lisa WEST REGION FIELD OFFICE
PCH Name: DONAHUE S PERSONAL CARE I Human Services Licensing

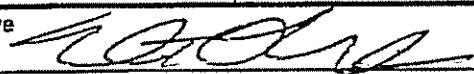
1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 9/27/18 at approximately 9:50 a.m., the home's thermometer in the kitchen refrigerator indicated 0 degrees Fahrenheit, however, none of the food was frozen. At approximately 2:03 p.m., agents of Department remeasured the temperature and the temperature indicated 54.5 degrees Fahrenheit.

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 16A of 25

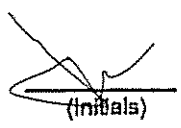
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Donahue Admin Date 12/30/18

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

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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 2/5/19 (Date)

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

Donahue's Personal Care 1

Page 16A of 25
Certificate #430340

2600.103(f)

Donahue's Personal Care understands the importance of food requiring refrigeration to be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit. Thermometers are required in refrigerators and freezers.

Unfortunately, this was the beginning of the end for the refrigerator on site. On September 27, 2018, we were able to unplug and plug back in and adjust the temperature controls to once again be in the desired refrigerator temperature.

The following Tuesday, October 2, 2018, we had our appliance repair person on site. We learned there was a needed somewhat costly repair. The Administrator thought it would be best to purchase a new one and then purchased a new refrigerator/freezer from home depot. The new refrigerator/ freezer was then delivered. See attachment G-1

The new refrigerator/freezer has been operating perfectly and both the freezer and refrigerator have thermometers in place. See attachment G-1

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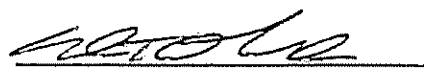
JAN 01 2019

EAST REGION FIELD OFFICE
Maternal Services Licensing

2/5/19



KD/lg/12212018


Kevin Donahue

1/2/30/18
Date

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JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Fliinner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

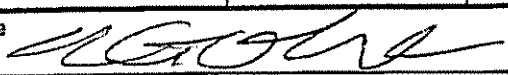
1. REGULATION 55 Pa.Code §2600
2600.104(a) - A dining room area shall be equipped with tables and chairs and be able to accommodate the maximum number of residents scheduled for meals at any one time.

2a. DESCRIPTION OF VIOLATION
On 9/27/18 and 10/5/18, there were 16 residents living in the home. However, there were only 7 chairs available at the dining room table. Some residents must wait until other residents are finished before they can eat.

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 17A of 25

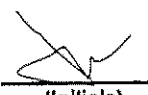
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kevin Donahue Admin Date 12/30/18

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

The above plan of correction is approved as of 2/5/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/5/19
(Date)

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

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Donahue's Personal Care 1

JAN 01 2019

2600.104(a)

WEST REGION FIELD OFFICE
Human Services Licensing

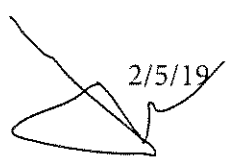
At Donahue's Personal Care we value our ability for our dining room are shall be equipped with tables and chairs and be able to accommodate the maximum number of residents scheduled for meals at any one time.

The problems were that the staff noticed one of the dining room chairs was cracked at the base of the seat and needed to be removed for the resident's safety. The chair was place outside and picked up by our refuse vendor.

The dining area was then down one seat. A new "Life-time" warranty chair was purchased from Sam's Club and brought to the home to once again meet the maximum number of residents we serve at a time.

On October 9, 2018, the Administrator checked the other dining room chairs to ensure no others were cracked/broken needing to be replaced. The Administrator did find another dining room chair needing to be replaced and then purchased another "Life-time" warranty chair for Sam's club.

The Staff is responsible to report to the Administrator daily when a chair is broken or removed and needs replaced.

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

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JAN 01 2019

Page 18 of 25

Violation Report: 43034 - 09/27/2018 - Finner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures do not include the following:

- Contact telephone numbers of local and state emergency management agencies and local resources for housing and emergency care of residents.
- Means of transportation in the event that relocation is required.

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 18A of 25

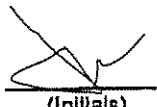
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue, Admin</i>	Date <i>12/30/18</i>
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The above plan of correction is approved as of 2/5/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/5/19
(Date)

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

Donahue's Personal Care 1

JAN 01 2019

Certificate #430340

2600.107(b)

WEST REGION FIELD OFFICE
Human Services Licensing


Donahue's Persona Care values the home shall have written emergency procedures that include the following:

1. Contact information for each person's designated person.
2. The home's plan to provide emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and state emergency management agencies and local resources for housing and emergency care of the residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of the staff persons during evacuation, transportation and the emergency location. These duties shall be specific to each resident's emergency needs.
6. Alternate needs of meeting resident needs in the event of a utility outage.

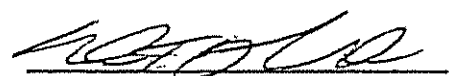
The problem is that the contact numbers of local and state emergency management agencies and local resources for housing were not included and the information pertaining to the means of transportation in the event that relocation is required were not updated.

On December 20, 2018, the Administrator developed the needed/missing information. See attachments. On January 15, 2019, the Administrator will review the emergency management plan with the staff. The Administrator will then fax evidence of annual training to the department.

The Administrator is responsible to make changes/edits to the emergency preparedness plan as needed.

2/5/19


KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinner-Alman, Lisa PCH Name: DONAHUE S PERSONAL CARE I	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures were not reviewed in 2017.

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 19A of 25

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue, Admin</i>	Date <i>12/30/18</i>
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 (Date)

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 (Initials)

Plan of correction implementation status as of 2/5/19
 (Date)

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

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Page 19A of 25
Certificate #430340

Donahue's Personal Care 1

JAN 01 2019

2600.107(d)

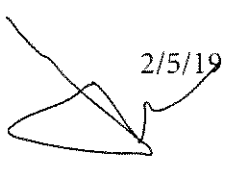
EAST REGION FIELD OFFICE
Human Services Licensing

Donahue's Personal Care understands the importance of the written emergency procedure hall be reviewed, updated and submitted annually to the local emergency management agency.

The problem occurred when the emergency procedure plan was reviewed in March of 2017 as part of our Quality Management Plan Review. During the annual Quality Management Review, such missing items of the emergency preparedness plan went unnoticed.

The Administrator will on January 15, 2018, review the homes emergency preparedness plan with the direct staff. The Administrator will then fax evidence of the training to the department. The Administrator shall also fax evidence of the emergency preparedness plan to be on file with the local emergency management agencies.

The Administrator has made note to emphasize a full review of the Emergency Preparedness with all members during the March 2018 Quality Management Plan review.

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Page 20 of 25

Violation Report: 43034 - 09/27/2018 - Finner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
The medical evaluation, dated 2/26/18, for resident #3 is blank in the areas of pulse rate, blood pressure and temperature.

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.

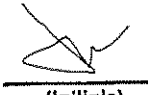
See page 20A of 25

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) Kevin Donahue, Admin Date 12/30/18

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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

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Donahue's Personal Care 1

JAN 01 2019

2600.141(a)(1)

EAST REGION FIELD OFFICE
Human Services Licensing

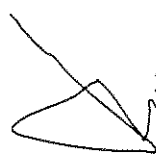
Donahue's Personal Care strives to work with physicians to ensure a resident shall have a medical evaluation by a physician, physicians assistant, or certified registered nurse practitioner documented on a form specified by the Department, with in 60 days prior to admission or within 30 days after admission.

The problem occurred due to the visiting physician falling to complete the medical evaluation in its entirety. Despite the Administrator's specific instructions, parts of the medical evaluation were omitted and not completed by the visiting physician as expected.

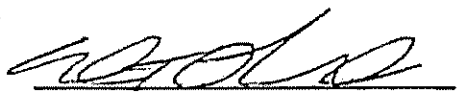
Going forward, the Administrator will be present with the visiting physician to ensure all medical evaluation forms are completed in its entirety. If the medical evaluation comes from an outside source, the Administrator will review for accuracy and completion and contact the physician's office should information be omitted.

The Administrator will take notes and insert into the resident's file should there be any problems, issues or non-response to any request for full and accurate completion of a resident's medical evaluation.

The Administrator will be responsible to reach out to the Department for technical assistance should there be instances of non-response from medical professionals in the future.

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinner-Alman, Lisa PCH Name: DONAHUE S PERSONAL CARE I	WEST REGION FIELD OFFICE Medicaid Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 10/5/18, staff person C threw a Hydroxyzine Pamoate 25mg capsule and a Risperidone 1mg tablet directly into the kitchen trash can.

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 21A of 25

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) <i>Kevin Donahue Admin</i>	Date <i>12/30/18</i>
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The above plan of correction is approved as of 2/5/19
 (Date)

The above plan of correction was approved by
 (Initials)

Plan of correction implementation status as of 2/5/19
 (Date)

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

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Donahue's Personal Care 1

JAN 01 2019

Certificate #430340

WEST REGION FIELD OFFICE
Human Services Licensing

2600.183(f)

Donahue's Personal Care values the importance of prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal State Regulations. Donahue's Personal Care direct care staff have been properly trained that when a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

The home has an established policy and process to properly discard discontinued medications into the hazardous waste, at which point, the home's pharmacy vendor picks up the hazardous waste bin when full. The staff has been trained on when and how to properly dispose such items.

The problem occurred because of the staff person on duty was distracted by trying to be helpful as possible to the site inspectors by going through med cart and answering all their questions. The staff person stated that she doesn't recall throwing them into the regular trash and she knows not to for any reason. This matter wasn't mentioned to the staff person or the Administrator the day of inspection, therefore, the Administrator was un able to consult the staff person immediately after the incident occurred.

On December 30, 2018, the Administrator spoke to and re-educated all staff persons regarding the proper disposal process for discontinued medications and for all residents who are no longer served in the home. See attachment A-1, A-2

The staff is responsible for daily compliance. The Administrator will conduct random checks for future discontinued medications. The Administrator is responsible to coordinate with the appropriate person and or pharmacy when the resident is no longer served by the home.

 2/5/19

KD/lg/12212018


Kevin Donahue

12/30/18
Date

11:15:01 a.m. RECEIVED

JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Finner-Alman, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

MULTI-REGION FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
On 10/5/18, the glucometers of residents #7, 8, 9, and 10 were not calibrated to indicate the current time.

On 10/5/18, there was a loose Hydroxyzine Pamoate 25mg capsule in the bottom of the 3rd drawer of the medication cart, and a loose single foil blister package containing Risperidone 1mg tablet in the bottom drawer of the medication cart. Also, there were two glucometers in the cart, belonging to former residents #5 and 6, discharge dates unknown.

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 22A of 25


Repeat Violation: Yes Date(s) of Previous Violation(s): 09/27/2017

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 *12/30/18*

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The above plan of correction is approved as of 2/5/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/5/19
(Date)

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

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Donahue's Personal Care 1

JAN 01 2019

Certificate #430340

2600.185(a)

WEST REGION FIELD OFFICE
Human Services Licensing

Donahue's Personal Care values the importance that the home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by the trained staff persons.


The problem occurred for resident's #7,8,9 calibrated glucometers of the date and time because the staff is trained to obtain resident glucose levels at the physician ordered time and then immediately record the reading into the Medication Administration Record (MAR). There has never been a need to set the date and time since the homes established process is to record the reading into the MAR as soon as the reading is taken. The Administrator, physician and staff have always referred to the MAR for this information when needed. To better manage the needs of the residents and for future MAR purpose, the dates and times have been set on the glucometers.

The residents #5 & 6, were both admitted to the hospital for health reasons. Resident #5, a long-time resident of the home had a lengthy stay in a rehabilitation center at which point his medical professional team elected a higher level of care. Resident #5's family member was contacted by a staff person to pick up his glucometer, however, the resident's family member indicated he/she has a new one and they will not be picking it up. Resident #6 moved to another care community following his/her discharge and simply never came back to pick up some belongings.

The problem occurred because when the staff first realized the resident or the resident's designated person would not picking up the glucometers, the staff should have called the pharmacy vendor to discuss whether to return to the pharmacy or discard. More importantly, the staff failed to keep a neatly organized med cart as trained and desired by the Administrator.

On December 30, 2018, the Administrator spoke to and re-educated all staff persons regarding a vacated resident's belongings and reminded the staff to work together as a team to keep a neat and organized med cart. All staff persons are responsible; however, the Administrator elected the Sunday day shift to oversee and ensure the med cart is neat and organized for the week.

The Administrator is responsible to check for staff compliance weekly and will handle vacated resident belongings personally to ensure all items are picked up by or delivered to the resident or the resident's designated person in a timely fashion.

2/5/19 

KD/lg/12212018


Kevin Donahue

12/30/18
Date

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Violation Report: 43034 - 09/27/2018 - Finner-Almen, Lisa
PCH Name: DONAHUE S PERSONAL CARE I

JAN 01 2019

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

WEST REGION FIELD OFFICE
Nutrition Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #7 is ordered Novolog Flexpen Syringe, inject subcutaneously per the following sliding scale:
180-229=1 unit, 230-279=2 units, 280-329=3 units, 330-379=4 units, 380-429=5 units, in addition to straight dose
*Call MD < 80.

However, staff person A handwrote a sliding scale on the July, August, September and October 2018 MARs as follows:
60-179=1 unit, 180-229=2 units, 230-279=3 units, 280-329=4 units, 330-379=5 units, 380-429=6 units, 430 and over=7
units call MD, under 60 call MD.

From 7/1/18 at 8:00 a.m. through 10/5/18 at 12:00 p.m. the incorrect dosage of insulin was administered to resident #7, to
include the following dates and times:
- On 7/1/18 at 8:00 a.m., 12:00 p.m. and 4:00 p.m.
- On 10/5/18 at 12:00 p.m.

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 24A of 25

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/22/2018

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 12/30/18

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The above plan of correction is approved as of 2/5/19
(Date)

Plan of correction implementation status as of 2/5/19
(Date)

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

The above plan of correction was approved by 
(Initials)

Donahue's Personal Care 1

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Page 24A of 25
Certificate #430340

JAN 01 2019

2600.187(d)

WEST REGION FIELD OFFICE
Human Services Licensing

Donahue's Personal Care understands the vital importance of changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

At Donahue's Personal Care, the staff and Administrator do not make changes to physician orders for a resident at any time for any reason. The staff and the Administrator fully understand only such changes can be made by medical professionals in accordance with regulation 2600.187(d). Donahue's Personal Care have not attempted and will not attempt make changes unless a written physician order is received.


The problem occurred due to confusion. The written sliding scale on the resident's Medication Administration Record (MAR) is not a change by the home of a resident's medication, it is merely a means to deliver the physician orders more efficiently. When looking at the MAR, there is a straight dose and a sliding scale dose as ordered by the physician of the same identical medication to be administered. The written sliding scale is in effort to help all staff members deliver the prescribed insulin injection in one single administration rather than two separate administrations. This is done to protect the resident's injection sites as much as possible and is a more efficient manner to administer the injections. This process was discussed and approved with the home's visiting physician. After further review it is clear that this is not a change of the prescriber's orders.

Please review attachment E-1, E2 for a better understanding.

On October 10, 2018, the administrator designee contacted the home's physician to discuss the situation. The designee explained the confusion and misinterpretation by the department of resident #7 insulin injections and requested a written order to save for file to eliminate any possible future confusion. On October 10, 2018, the physician then sent the order verifying his prior approval for a single dose insulin injection. See attachment E-1, E2.

On October 5, 2018, the Administrator discussed the situation to with the designee and explained that even though something may perfect sense internally, however, there are times where it can be confusing to others. Therefore, it is best to error on the side of caution by making sure there is an order for the single dose administrations and yet another order indicating the physician's approval to combine administrations for efficiency.

It is the Administrator's responsibility to identify and remedy possible like confusion in the future.



2/5/19

KD/lg/12212018



Kevin Donahue

12/30/18
Date

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JAN 01 2019

Violation Report: 43034 - 09/27/2018 - Flinger-Alman, Lisa
 PCH Name: DONAHUE S PERSONAL CARE I

WEST REGION FIELD OFFICE
 PERSONAL SERVICES LICENSING

1. REGULATION 56 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
 The assessment, dated 1/19/18, for resident #4 does not include the diagnoses of hypertension, and Parkinson's disease, as indicated on the medical evaluation, dated 1/24/18.

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.

See Page 25A of 25

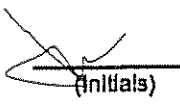
Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/01/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Donahue, Admin</i>	Date <i>12/30/18</i>
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The above plan of correction is approved as of 2/5/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/5/19
 (Date)

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

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Donahue's Personal Care 1

JAN 01 2019

2600.225(c)

WEST REGION FIELD OFFICE

Donahue's Personal Care values 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.

The problem occurred due to the oversight of the Administrator by not writing in the missing two diagnosis in the assessment section of the support pan. The Administrator was using the Medication Administration (MAR) record which only includes the diagnosis for specific medications being administered. Since there are no ordered medications for the missing diagnosis, it did not print at the bottom of the MAR.

The Administrator has been in contact with the pharmacy to ensure all resident diagnosis are present on the MAR. The Administrator will implement a system to review past assessments, recent DME and MAR to ensure no diagnosis are missed. And to ensure all future DME's and MAR's contain the necessary information.

The missing diagnosis were added, dated and initialed. See attachment F1-F2

The Administrator is responsible for the timeliness and accuracy of assessments. The Administrator will by January 30, 2019, review all assessments and cross reference with past DME's and MAR's to ensure this oversight does not occur again and that compliance is maintained for all assessments.

2/5/19


KD/lg/12212018


Kevin Donahue

12/30/18
Date