



MAILING DATE: July 31, 2019

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

RE: Orion Personal Care
License #: 431260

Dear Ms. Constantakis:

As a result of the Department's Bureau of Human Services Licensing inspection on December 7, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is fluid and cursive.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: ORION PERSONAL CARE		License Number: 43128
Address: 211 FERGUSON ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Brandi Bankston		Region: WEST
Legal Entity Name: ORION PERSONAL CARE CORPORATION		
Legal Entity Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		
Certificate(s) of Occupancy C-2 LP 12/12/1999 Dept of L: I		
Staffing Hours Resident Support: 0 Total Daily Staff: 38 Waking Staff: 29		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/07/2018: Barry, Courtney		
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: 25 Number of Residents Served: 19 Secured Dementia Care Unit in Home: Yes Area: Entire building Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0	

Brandi Bankston 1/21/19

RECEIVED

JAN 21 2019

Violation Report: 43126 - 12/07/2018 - Barry, Courtney
PCH Name: ORION PERSONAL CARE

WEST VIRGINIA STATE POLICE
HUMAN SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600
2600.141(i)(2) - 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. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1, dated 9/14/18, does not include the residents prescribed medications.

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's prescribed medication list was completed on 9/14/18 and is on file in resident's Medical Record. Orion's policy is to have a copy of the medication list in both Resident File and Medical Record. A copy was made and placed in Resident File same day, December 7, 20018.

*See attachment (#1)

Immediately - The administrator or a designated staff person will review all medical evaluations for current residents to ensure that a current medical evaluation is in the record and that all of the required information is completed, including the resident's medication list. -- JRW 2/26/19

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


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Bankston, Administrator* Date *1/21/19*

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

The above plan of correction is approved as of 2/16/19
(Date)

Plan of correction implementation status as of 2/16/19
(Date)

The above plan of correction was approved by 
(Initials)

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

JAN 21 2019

Violation Report: 43126 - 12/07/2018 - Barry, Courtney

PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.225(f) - 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

Resident #1's assessment indicates her mobility needs are independent; however, she is a resident residing in the secured dementia care unit (SDCU).

Resident #2's assessment indicates his mobility needs are minimal mobile; however, he is a resident residing in the SDCU.

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

Admission date: 9/14/18, DME 9/14/18, Assessment 9/17/18.

Both DME & Assessment reflect that the resident is independently mobile and does not require an SDCU. *See attachment (#2, p.1-2)

Resident #2

Admission date: 8/17/18, DME 8/16/18, Assessment 8/20/18

Both DME & Assessment reflect the resident has minimal mobility needs and does not require an SDCU. *See attachment #2, p. 3-4)

Immediately - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the accurate documentation of mobility needs, including cognitive mobility needs. Documentation of the training will be kept.

Within 30 days from receipt of this plan of correction - The administrator or designated staff person will review all current resident assessments to ensure they are accurate, updated, including the mobility assessment. - JRW 4/1/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Bankston, Administrator* Date *1/21/19*

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

The above plan of correction is approved as of 4/1/19 (Date)

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

Plan of correction implementation status as of 4/1/19 (Date)

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

JAN 21 2019

Violation Report: 43126 - 12/07/2018 - Barry, Courtney
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on 9/14/18. The resident's medical evaluation, dated 9/13/18, does not indicate the need for the resident to be served in a secured dementia care unit.

Resident #2 was admitted to the secured dementia care unit on 8/17/18. The resident's medical evaluation, dated 8/16/18, does not indicate the need for the resident to be served in a secured dementia care unit.

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

The medical evaluation completed 9/13/18 does not indicate the need for this resident to be served in an SDCU. Resident has a diagnosis of dementia but does not require an SDCU. *See attachment (#3, p.1)

Resident #2

The medical evaluation completed 8/16/18 does not indicate the need for this resident to be served in an SDCU. Resident does not have a diagnosis of dementia and does not require an SDCU. *See attachment (#3, p.2)

Immediately and ongoing - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may resident in the SDCU if desired by the resident. The home will ensure the residents have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the SDCU. The home will evaluate residents' #1 and #2 at least every 3 months to ensure they can exit the SDCU independently. --JRW
 4/1/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Banksston, Administrator* Date *1/21/19*

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

The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status is of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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