



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

Ms. Dorothy A. Whitehead  
Owner/Administrator  
Donald Whitehead  
517 South 9<sup>th</sup> Street  
Youngwood, Pennsylvania 15697

RE: Whitehead Personal Care Home II  
Certificate #: 428140

Dear Ms. Whitehead:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 12, 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](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

At approximately 9:30 AM, the resident privacy coding document, which included the names of residents #1 and #2, was attached to the license inspection summary, dated 1/3/18, and was posted on the bulletin board next to the administrator's office.

**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.*

We removed the privacy coding immediately. Going forward privacy coding page will be removed by administrator prior to posting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dorothy B Whitehead*

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

Dorothy Whitehead

Date 1/22/19

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

The above plan of correction is approved as of 2/28/19  
 (Date)

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

Plan of correction implementation status as of 2/28/19  
 (Date)

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

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired on 3/17/17, did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 11/29/17.

**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.

Direct care staff person was supervised during the time of hire and November. However to be sure there is no further confusion the competency test will be completed prior to hiring and verified by administrator.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all direct care staff person's records to ensure each direct care staff person has successfully completed and passed the Department-approved direct care training course and passed the competency test. Documentation shall be kept. *JH*

Repeat Violation: No	Date(s) of Previous Violation(s): <i>JH</i> 2/18/19	
----------------------	-----------------------------------------------------	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dorothy Whitehead</i>	Date <i>1/22/19</i>
------------------------------------------------------------------------------------------------------------	------------------------

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

The above plan of correction is approved as of <u>2/28/19</u> (Date)  The above plan of correction was approved by <i>JH</i> (Initials)	Plan of correction implementation status as of <u>2/28/19</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
-----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**  
 The following items were unlabeled and undated in the kitchen refrigerator:  
 \*Ziploc bag containing 1/2 of a cheeseburger  
 \*Ziploc bag 1/4 full of a beef-like substance  
 \*a butter container filled with rice

**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.

All staff persons were re-educated about proper food handling and importance of labeling and dating all foods. This training took place on 1-7-2019. Going forward management will check refrigerator weekly to check compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy Whitehead* Date *1/22/19*

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

The above plan of correction is approved as of <u>2/28/19</u> (Date)  The above plan of correction was approved by <u><i>LM</i></u> (Initials)	Plan of correction implementation status as of <u>2/28/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The evacuation time for the fire drill conducted on 5/29/18 at 12:01 AM was 3 minutes; however, the home does not have documentation in writing within the past year from a fire safety expert for a safe evacuation time exceeding 2 minutes, 30 seconds.

**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.*

All residents were educated on the importance of participating in fire drills and making sure to exit in a timely fashion. In the future should a drill exceed the time we will repeat the drill.

Immediately: A designated staff person shall review the fire drills monthly to ensure all residents evacuate the entire building to a public thoroughfare with 2 minutes, 30 seconds, or by a time specified in writing within the past year by a fire safety expert. If the evacuation exceeds the maximum safe-evacuation time, immediate action shall take place and another fire drill shall be held within 5 days.

IM  
 2/28/19

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy Whitehead*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy Whitehead* Date *1/22/19*

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

The above plan of correction is approved as of <u>2/28/19</u> (Date)	Plan of correction implementation status as of <u>2/28/19</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>IM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**1. REGULATION 55 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**  
 Resident #5's medical evaluation, dated 6/28/18, indicates "see medication addendum below" under the medications section; however, nothing is attached.

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

The administrator will check to be sure that all physicals are completed ontime.

A new medical evaluation was completed in its entirety for resident #5 on 1/23/19. *IM* 2/28/19

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, 60 days prior to admission or within 30 days after admission.  
*IM* 2/28/19

Immediately: A designated staff person shall review all completed medical evaluations upon receipt to ensure they are completed in their entirety.  
*IM* 2/28/19

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy A. Whitehead*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy Whitehead* Date *1/22/19*

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

The above plan of correction is approved as of <u>2/28/19</u> (Date)  The above plan of correction was approved by <i>IM</i> (Initials)	Plan of correction implementation status as of <u>2/28/19</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>IM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
-----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3's Glucose-4 gram chewable tablets expired in October 2018; however, the medication was still in the medication cart.  
 Resident #4 was prescribed Polyethylene Glycol 3350-Mix 17 grams (one capful) into 8 oz of clear liquids and take by mouth; repeat every 10 minutes until 2nd colonoscopy. The colonoscopy was performed on 9/13/18; however, the medication was still in the medication cart.

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.

Both items have been removed from medication cart at time of inspection. Medication carts will be checked ~~quarterly~~ Monthly *Ih* by Administrator. 2/28/19

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated on the home's procedures for the timely removal of medications which are discontinued or expired. Documentation of the education shall be kept. *Ih* 2/28/19

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy Whitehead*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy Whitehead* Date *1/22/19*

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

The above plan of correction is approved as of <u>2/28/19</u> (Date)	Plan of correction implementation status as of <u>2/28/19</u> (Date)
The above plan of correction was approved by <u><i>Ih</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Ih</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**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**

Resident #3's December 2018 medication administration record (MAR) indicates the resident did not receive a blood sugar check on 12/9/18 at 6:03 PM because he was out of the facility; however, the resident's glucometer indicates a blood sugar reading of 236 on 12/9/18 at 5:58 PM.

Resident #6's December 2018 MAR indicates a blood sugar reading of 266 on 12/3/18 at 5:00 PM; however, the resident's glucometer indicates a blood sugar reading of 226.

**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.

Employees have been reeducated regarding the importance of accurately detailing information on the MAR. The MAR's will be checked weekly for accuracy and compared to the blood sugar readings in each resident's glucometer.

Resident #3 is no longer in the facility.

*I/M*  
2/28/19

*I/M* 2/28/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dorothy P. Whitehead*

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

1/22/19 Dorothy Whitehead

Date 1/22/19

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

The above plan of correction is approved as of 2/28/19  
 (Date)

Plan of correction implementation status as of 2/28/19  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

*I/M*

- Fully Implemented
- Partially Implemented - Adequate Progress *I/M*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is prescribed blood sugar checks before meals and at bedtime. The resident refused the blood sugar checks on 12/10/18 at 11:00 AM and at 4:00 PM; however, the refusals are documented on the resident's December 2018 MAR as "physically unable to take".

**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.*

Employees have been re educated on the importance of documenting the MARs accurately. The MARs will be checked weekly by administrator for accuracy.

Resident #3 is no longer in the home. *IM*

2/28/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dorothy A. Whitehead*

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

Dorothy Whitehead

Date 1/22/19

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

The above plan of correction is approved as of 2/28/19  
 (Date)

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

Plan of correction implementation status as of 2/28/19  
 (Date)

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

Violation Report: 42814 - 12/12/2018 - Duncan, Amy  
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

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

2a. DESCRIPTION OF VIOLATION  
 Resident # 3 is prescribed Levemir Flex-T pen daily with breakfast; however, it was not administered on 12/8/18 through 12/12/18 because he had already eaten breakfast.  
 Resident #6 is prescribed blood sugar checks twice daily prior to meals; however, the resident's blood sugar was not measured the mornings of 12/7/18 and 12/11/18, because she had already eaten breakfast prior to testing the resident's blood sugars.

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.

Employees were re-educated on following physicians orders. Again all MARs will be checked weekly for accuracy

Resident #3 is no longer in the home. *LM*  
 2/28/19

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dorothy C. Whitehead*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dorothy Whitehead</i>	Date <i>1/22/19</i>
------------------------------------------------------------------------------------------------------------	---------------------

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

The above plan of correction is approved as of <u>2/28/19</u> (Date)  The above plan of correction was approved by <i>LM</i> (Initials)	Plan of correction implementation status as of <u>2/28/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
-----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------