



MAILING DATE: April 1, 2019

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

RE: Perry South Personal Care Home
License # 433730

Dear Ms. Howard:

As a result of the Department's Bureau of Human Services Licensing inspection on January 31, 2019, 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 that reads "Jon B Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 43373 - 01/31/2019 - Bartlett, Patricia
PCH Name: PERRY SOUTH PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/30/19 at approximately 1:15 p.m., an allegation of verbal abuse, alleging direct care staff person A is always telling resident #1 to "shut up," was reported to staff person B, the administrator. However, the home did not immediately report the allegation to the Area Agency on Aging until 1/31/19 at approximately 9:40 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.

Perry South Will immediately report any suspected abuse of Residents, in accordance with facing abuse Compliant To older adult protective services, Complying with requirements regarding restrictions on staff persons, Restrictions on staff person will follow with suspension until further notice of investigation of suspected abuse allegations. The allegations of abuse will be Reported Immediately.

Immediately: All staff persons shall be educated on the immediate reporting of any allegation of abuse in accordance with the Older Adult Protective Services Act. Documentation of education shall be kept. 3/21/19 *Ej*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Linda Howard Administrator* Date *3/19/19*

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

The above plan of correction is approved as of 3/21/19 (Date)

Plan of correction implementation status as of 3/21/19 (Date)

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

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

Western Region

Violation Report: 43373 - 01/31/2019 - Bartlett, Patricia
 PCH Name: PERRY SOUTH PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION

At approximately 11:30 a.m., the home did not maintain an adequate indoor temperature in areas used by the residents, when the residents are present in the home as follows:

- * The indoor air temperature in the first floor dining room measured approximately 58.1 degrees Fahrenheit.
- * The indoor air temperature in the second floor bedroom #1 measured approximately 62.7 degrees Fahrenheit. Resident #2 and resident #3 were fully dressed and lying under the comforters on their beds.
- * The indoor air temperature in the third floor bedroom #4 measured approximately 62.6 degrees Fahrenheit. Resident #1 and resident #4 were fully dressed and lying under the comforters on their beds.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Perry South will have furnace checked/inspected every year, Perry South will also change filter on furnace every 3 months as recommended. Perry South will also make sure that temperature will stay or be higher than 70°f as needed during the winter seasons.

Immediately: A designated staff person shall monitor the indoor temperature of the home, in areas that residents use, when the outside temperature is below 70 degrees Fahrenheit to ensure an indoor temperature of 70 degrees Fahrenheit is maintained. 3/21/19 *g*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Howard Administrator* Date *3/19/19*

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The above plan of correction is approved as of 3/21/19
 (Date)

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

Plan of correction implementation status as of 3/21/19
 (Date)

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- Partially Implemented - Adequate Progress *Eg*
- Partially Implemented - Inadequate Progress
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Violation Report: 43373 - 01/31/2019 - Bartlett, Patricia
PCH Name: PERRY SOUTH PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation, dated 10/31/18, is entirely blank on page two.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Perry South will ensure that every Resident has an annual medical evaluation form fully completed every year by Residents Doctor.

These Dates will be placed on Perry South Calendar for completion of ~~upcoming~~ annual medical evaluations forms for each Resident.

Resident #1's medical evaluation was corrected. 3/21/19 *EJ*

Immediately: The administrator or designated staff person shall review all current resident medical evaluations for accuracy and completeness 3/21/19. *EJ*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Howard

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

Linda Howard Administrator

Date

3/19/19

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(Date)

Plan of correction implementation status as of 3/21/19
(Date)

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