



May 23, 2019

Ms. Honey Nunez
Owner / Administrator
Paraclete Group, LLC
421 Cottage Lane
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home
108 Water Street
New Stanton, Pennsylvania 15672
Certificate #: 440570

Dear Ms. Nunez:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 28, 2019, 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 black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: GEORGE S PERSONAL CARE HOME		License Number: 44057
Address: 108 WATER STREET, NEW STANTON, PA 15672		County: Westmoreland
Administrator: Honey Nunez		Region: WEST
Legal Entity Name: PARACLETE GROUP LLC		
Legal Entity Address: 421 COTTAGE LANE, MONROEVILLE, PA 15146		
Certificate(s) of Occupancy C-2 LP 04/06/1995 L & I		RECEIVED APR 18 2019
Staffing Hours Resident Support: 0		Western Region Total Daily Staff: 16 Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/28/2019: Graziano, Belinda; Flinner-Alman, Lisa		
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: 18 Number of Residents Served: 16 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 14 Have Mental Illness: 13 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44057 - 02/28/2019 - Graziano, Belinda
 PCH Name: GEORGE S PERSONAL CARE HOME

Western Region

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

The home's license inspection summary, dated 02/23/18, was not posted in a conspicuous and public place 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.

The administrator found the home's current license inspection summary, and placed or kept it on the metal file folder organizer located at the top of the bed sheet cabinet in the dining room area.

The administrator will check monthly to make sure the current and 3 years license inspection summary will be kept on the metal file folder organizer located at the top of the bed sheet cabinet in the dining room area.

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) Honey Vener, Administrator	Date 4/15/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/7/19
 (Date)

The above plan of correction was approved by JW
 (Initials)

Plan of correction implementation status as of 5/7/19
 (Date)

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

Violation Report: 44057 - 02/28/2019 - Graziano, Belinda
PCH Name: GEORGE S PERSONAL CARE HOME

Western Region

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 direct care staff training does not include the duration of time to complete the 2018 annual training in fire safety.

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 reviewed with the staff the 1 hour annual fire safety training and kept the documentation.

The administrator will check monthly the staff trainings to ensure its completion, and document the length of training or the hours of the annual fire safety training.

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) Honey Nunez Administrator Date 4/15/19

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Violation Report: 44057 - 02/28/2019 - Graziano, Belinda
 PCH Name: GEORGE S PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's outside designated smoking area had two 18 inch by 18 inch fabric cushions on the wooden bench that did not have tags indicating they are fire resistant.

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 two 18 inch by 18 inch fabric cushions was removed immediately on that day of inspection.

The administrator educated the staff and the residents that fabric cushions are not permitted in the smoking area to prevent fire hazards.


The designated staff person or the administrator will check the smoking area daily to make sure the resident(s) will not bring any non fire retardant materials to the smoking area.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Henry Monez Administrator Date 4/15/19

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Violation Report: 44057 - 02/28/2019 - Graziano, Belinda
 PCH Name: GEORGE S PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

Only the current week's menu was posted. The home's menu for 03/03/19 - 03/09/19 was not posted in a conspicuous and public place 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.

The administrator posted the prepared menu for 03/03/19 - 03/09/19 on the dining room wall at the day of inspection.


The administrator will post a menu's 2 weeks in advance for the residents, and make a checklist to check weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
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Violation Report: 44057 - 02/28/2019 - Graziano, Belinda
 PCH Name: GEORGE S PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home's emergency medical plan indicates that staff person A, the home's owner, will transport residents if needed; however, the first aid kit in the owner's vehicle did not include a thermometer, scissors, a breathing shield, eye coverings and tweezers.

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 has an extra first aid kit, and completed the first aid kit for the car of staff person A (the pch owner).

The first aid kid of staff person A has a complete first aid kit on the day of the inspection with the inspector's presence.

The administrator will check the owner's car first aid kit list of supplies every six month to be sure nothing is missing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Honey Nunez Administrator Date 4/15/19

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Violation Report: 44057 - 02/28/2019 - Graziano, Belinda
 PCH Name: GEORGE S PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metformin 1000 MG HCL, take 1 tablet by mouth at bedtime; however, the March 2019 medication administration record (MAR) indicates Metformin HCL 500 MG tablet, take 2 tablets by mouth at bedtime.

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 spoke to the pharmacist that the PCH will not accept resident(s) medications and MAR if it is not exactly the same as prescribed by the doctor. The administrator explained to the pharmacist that the prescription should be followed exactly as it is even though the dose is the same.

The administrator, or the designated staff will check three times monthly the delivered monthly cycle of the residents medications, and MAR. Also to check three times the delivered new resident medication to ensure its all the same as doctor's order.

Resident #1's MAR was corrected to match the physician's order. *JW* 5/7/19

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) *Honey Nunez Administrator* Date *4/15/19*

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APR 18 2019

Western Region

1. REGULATION 55 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

Resident #3's annual assessment, dated 06/22/18, does not include the diagnosis of movement disorder nor the latex allergy that are indicated on the medical evaluation, dated 5/25/18.

Resident #4's annual assessment, dated 10/22/18, does not include the diagnoses of movement disorder of tremors, constipation, memory, hemorrhoids nor congestion that are indicated on the medical evaluation, dated 10/22/18.

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.

The administrator added the diagnosis of movement disorder, and latex allergy of resident #3's annual assessment on April 12,2019.

The administrator added the diagnosis of movement disorder or tremors, constipation, memory, hemorrhoids, and congestion of resident #4's annual assessment on April 12,2019.

The administrator will review three times the annual assessment of each resident to ensure all diagnosis and allergies documented on each resident's annual assessment.

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