



October 8, 2019

Mr. Dennis W. Nebel, Psy.D.
Executive Director
Human Services Center
130 West North Street
New Castle, Pennsylvania 16101

RE: Caritas
2282 Old Princeton Road
New Castle, Pennsylvania 16101
License #: 441330

Dear Mr. Nebel:

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, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED

8/26/19

Western Region Field Office
Bureau of Human Services Licensing

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

PCH Name: CARITAS		License Number: 44133
Address: 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101		County: Lawrence
Administrator: Kim Perino		Region: WEST
Legal Entity Name: HUMAN SERVICES CENTER		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy R-4 07/09/2010 Code Sys Code Consulting		
Staffing Hours Resident Support: 0 Total Daily Staff: 11 Waking Staff: 8		
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: Evegés, Joseph; Barone, Barbara		
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: 11 Number of Residents Served: 11 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: 11 Are 60 Years of Age or Older: 5 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44133 - 02/28/2019 - Evegés, Joseph

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

There were 13 broken Venetian blind slats in the window located in bedroom #9.

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 9

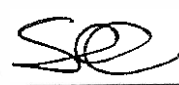
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jim Perrino PCH Administrator BSN Date 8.26.19

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

The above plan of correction is approved as of 8/27/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 8/27/19
(Date)

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

2600.101(r)(2)

Corrective Action – The venetian blind was replaced by maintenance on March 1, 2019 with a new window covering. The window covering is clean, in good repair, provides privacy and covers the entire window when drawn.

Education – On March 7, 2019 I had a staff meeting following the inspection on 02/28/2019 to discuss the exit interview with the staff. At that time I instructed the staff to inform me immediately of any no functional or broken window coverings in the home so that I can notify the maintenance department.

Monitoring – I will check the window blinds during my weekly walk through of the home. Should there be a damaged or nonfunctioning blind repairs will be made within 24 hours.



Kim Perrino PCH Administrator BSW 8/26/19

Violation Report: 44133 - 02/28/2019 - Evegés, Joseph

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was a layer of lint approximately 1/8 inch in the lint trap of the home's two laundry dryers.

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 9


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) Kim Perrino PCH Administrator BSW Date 8.26.19

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- Not Implemented

2600.105(g)(1)

Corrective Action – During the inspection the lint was removed from both dryers. On 08/26/2019 I placed signs by each dryer in the laundry room reminding staff and residents to remove lint from the dryers after every cycle.

Education – On 03/07/2019 during the homes staff meeting I reviewed the exit interview with the staff and reminded them that dryer fires are very common and can be prevented by emptying the dryer vent after every cycle is completed. I also reminded them that even though most of the resident do their own laundry, it is still staff responsibility to ensure their safety by checking the vent after each cycle.

Monitoring – In addition to placing signs in the laundry room staff are instructed to check the lint vent after every cycle of the dryer. I will also monitor the lint vents daily to ensure the safety of the residents.



Kim Perrino PCH Administrator BSW 8-26-19

Violation Report: 44133 - 02/28/2019 - Eveses, Joseph

PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records for drills conducted on 6/14/18 and 5/15/18 do not indicate if the drills occurred in a.m. or 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 4a of 9

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
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Kimberlin Administrator BSN

Date 8.26.19

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(Date)

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(Initials)

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(Date)

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

2600.132(c)

Corrective Action – I looked back on the schedules to see what shifts both staff had worked and wrote in the correct a.m. or p.m. correspondents, initialed, and dated the day the correction was made.

Education – During the staff meeting on 03/07/2019 I educated the staff that they must include the date, time, the amount of time it took to evacuate, the exit routes, number of residents in the home, the number of residents that evacuated, the number of staff, problems they encountered and whether the fire alarms or smoke detectors were operable. The staff had a fire safety training with Slippery Rock Township Volunteer Fire Department on 02/05/2019 as well.

Monitoring – I will check each month after a fire drill is conducted by staff that all fields on the Fire Drill Record are filled out correctly. This will ensure compliance with regulations relating to fire drills and will also help to identify any problems that need to be corrected.



Kim Perrino PCH Administrator BSN 8.26.19

Violation Report: 44133 - 02/28/2019 - Evegés, Joseph

PCH Name: CARITAS

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

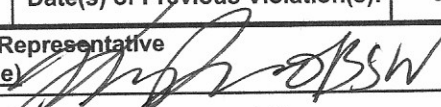
The glucometer for resident #1 is not calibrated to the correct date and time.

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.

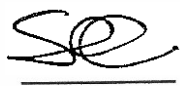
See page 5a of 9

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/18/2018	
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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) Kim Perrino PCH Administrator BSW Date 8.26.19


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

The above plan of correction is approved as of <u>8/27/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8/27/19</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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2600.185(a)

Corrective Action – On 08/26/2019 I called resident #1's PCP to order a new Glucometer. I have calibrated the glucometer several times and the date and time are continuously different when I check them the next day. Until I receive the new glucometer I will check and have staff check daily to ensure it is calibrated.

Education – I will inform all staff via telephone or in person that prior to taking blood sugars they need to check to make sure the date and times are correct and if they are not, the glucometer will need to be calibrated.

____ or any other resident's  8/27/19

Monitoring – Staff will check the date and time each time prior to checking Resident #1's blood sugar. This will ensure that the information stored on the glucometer is accurate.



Kim Perrino PCH Administrator BSW 8.26.19

Violation Report: 44133 - 02/28/2019 - Evesges, Joseph
PCH Name: CARITAS

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

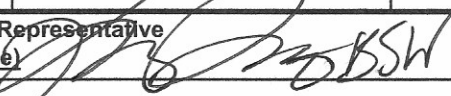
Resident #2 is prescribed Visatril 25mg – take one capsule twice daily. However, the resident's February 2019 medication administration record (MAR) reads: Hydroxyzine PAM 25mg – take one capsule twice daily and take one capsule as needed.

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 9

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) Kim Perrino PCH Administrator BSN	Date 8.26.19
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 (Initials)

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 (Date)

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

2600.187(a)

Corrective Action – In looking through resident #2's medical file I found 2 orders for Vistaril 25mg tablets, one from 02/26/19 and one from 03/26/2019 in which both read to take the medication BID. Staff and administrator failed to see the error on the MAR printed by the pharmacy. After verification I made the changes with the pharmacy and in March 2019 they printed the MAR correctly.

Education – On 03/07/2019 I reviewed the Medication Administration Policy as well as what information should be included on the residents MAR's. We reviewed to always compare the script from the doctor to the pharmacy label and MAR to ensure the residents safety.

Monitoring – As the medication trainer I will do med-cart audit at least monthly to ensure that staff are able to keep track of all medications administered and that are in the medication cart, this will ensure the health and safety of all residents. **Documentation included 3 pages.**



Kim Perrino PCH Administrator BSW 8/26/19

Violation Report: 44133 - 02/28/2019 - Eveges, Joseph
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION


Resident #2's preadmission screening, dated 9/25/18, is incomplete. The part III determination section is blank.

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 7a of 9

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Perrino PCH Administrator BSW	Date 8.26.19
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 (Date)

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

2600.224(a)

Corrective Action – On 02/28/2019 I filled in the missing fields in section III of the Preadmission Screening for resident #2.

Monitoring – I have assigned a second administrator to check my resident files quarterly and upon an admission or a discharge to ensure forms are present and properly filled out. This will ensure the home is can safely meet the needs of the residents prior to admission. **Documentation is enclosed (2 pages).**



Kim Perrino PCH Administrator, BSN 8-26-19

Violation Report: 44133 - 02/28/2019 - Eveges, Joseph
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #3's annual support plan, dated 2/19/19, does not include the signatures of participants in the support plan. The signature page is missing.

Resident #4's annual support plan, dated 8/10/18, does not include the signatures of participants in the support plan. The signature page is missing.

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 8a of 9

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)

Nim Perrino PCH Administrator BSN

Date *8-26-19*

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 (Date)

Plan of correction implementation status as of 8/27/19
 (Date)

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

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

2600.227(g)

Corrective Action – I failed to print the last page of the RASP. No one participated in the completion to develop a support plan for residents #3 and #4. I added the last page on the date of inspection on 02/28/2019 for both residents.

Monitoring - I have assigned a second administrator to check resident RASP's annually for each resident to ensure that all field are completed and to ensure there is documentation on who participated in the development of the support plan.



Kim Perrino PCA Administrator BSW 8-26-19

Violation Report: 44133 - 02/28/2019 - Evegés, Joseph
PCH Name: CARITAS

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

White out was used to correct the financial records of the following residents:

- resident #3 on 6/8/18 and 11/9/18.
- resident #2 on 12/7/18.

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 9a of 9

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) Kim Perrino PCH Administrator BSW Date 8-26-19

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 (Date)

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

Plan of correction implementation status as of 8/27/19
 (Date)

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

2600.251(b)

Corrective Action – The staff will no longer use white out on any resident records so that the record shall be permanent, legible, dated and signed by the staff person making the entry.

Education – I explained to both staff on 03/01/2019 that all resident records need to be detailed accurate and unaltered. I explained that if an error is made, a straight is should be drawn through it, initialed and dated properly.

Monitoring – I have been checking the residents financial records monthly to ensure staff are not using white out and that all forms are completed correctly.

A handwritten signature in black ink, appearing to read 'Kim Perrino BSW'.

Kim Perrino PCH Administrator BSW 8.20.19