



June 3, 2019

Mr. Jerry W. Kelly
President
Kelly's II Personal Care Home, Inc.
141 Unity Cemetery Road
Latrobe, Pennsylvania 15650

RE: Kelly's II Personal Care Home
Certificate #: 448400

Dear Mr. Kelly:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 3, 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".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

Page 1 of 11

PCH Name: KELLY S II PERSONAL CARE HOME		License Number: 44840
Address: 141 UNITY CEMETERY ROAD, LATROBE, PA 15650		County: Westmoreland
Administrator: Darlene Kelly		Region: WEST
Legal Entity Name: KELLY S II PERSONAL CARE HOME INC		
Legal Entity Address: 141 UNITY CEMETERY ROAD, LATROBE, PA 15650		
Certificate(s) of Occupancy		
R-3	LP	
03/05/2010	05/15/1992	
Dept L and I	Dept L and I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/03/2019: Grace, Desmond		
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: 8 Number of Residents Served: 7 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: 1 Number of Hospice Residents in past year: -		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0

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MAY 13 2019

Violation Report: 44840 - 04/03/2019 - Grace, Desmond
PCH Name: KELLY S II PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 4/3/19 at 09:45 a.m., the privacy coding document with resident #1 name included was attached to the licensing inspection summary dated 4/5/18. The licensing inspection summary was unlocked, unattended, and assessable in the display case located on the wall in the entryway of 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.

- Corrected at time of inspection. Staff removed the privacy coding document immediately.
- Supervisor will make sure not to include any paperwork with residents' names when hanging up documents
- Designated staff will check any documents that are put up for display immediately afterwards.

Immediately: A designated staff person shall check the home weekly to ensure resident records and information is maintained in a confidential manner. 5/13/19 *EJ*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jerry W Kelly* Date *5-7-19*

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

The above plan of correction is approved as of 5/13/19
(Date)

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

Plan of correction implementation status as of 5/13/19
(Date)

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

MAY 13 2019

Violation Report: 44840 - 04/03/2019 - Grace, Desmond
 PCH Name: KELLY S II PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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
 Direct care staff person A's documentation of annual training completed from 1/1/18 to 12/31/18 does not include the date all of the training were completed.

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.

- Supervisor will look over certificates given for annual trainings before they are put in employee file to make sure the full date is noted.

Immediately: The administrator or designated staff person shall review all staff training records to ensure all staff training records have the required contents in accordance with regulation 2600.65(i). 5/13/19 *Ej*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terry W Kelly</i>	Date <i>5-7-19</i>
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PCH Name: KELLY S II PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bedside lamp located next to resident #1's bed did not have a light bulb and was not plugged into an outlet.

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.

- Corrected at time of inspection. Supervisor put light bulb in & plugged it in.
- Supervisor placed a battery operated LED light next to bed instead of lamp. Due to resident taking light bulb out of lamp & playing with it.

Immediately: A designated staff person shall check resident bedrooms weekly to ensure all residents have an operable lamp or other source of lighting at the resident's bedside. 5/13/19 *Ej*

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) *Jerry W Kelly* Date *5-7-19*

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- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44840 - 04/03/2019 - Grace, Desmond
PCH Name: KELLY S II PERSONAL CARE HOME

MAY 13 2019

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months
WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home conducted a sleeping hours fire drill on 10/20/17 at 2:15 a.m. However, the next sleeping hours fire drill was not completed until 7/8/18 at 4:45 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.

- Supervisor will ensure a sleeping hours fire drill is done at least once every 6 months.
- Supervisor will ~~ensure~~ utilize the fire drill tracking sheet to ensure this happens. I counted ahead 6 months from the last sleeping hours fire drill and put a star next to that row. Then counted ahead 6 more months and put a star next to that row.

Immediately: The administrator shall audit the home's fire drill record monthly to ensure a sleeping hour fire drill is conducted at least every six months. 5/13/19 *Ej*

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PCH Name: KELLY S II PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1's medical evaluation was completed on 3/23/18. However, the section for blood pressure was left blank.

Resident #3 was admitted into the home on 1/26/19. However, the resident did not have a medical evaluation completed.

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.

- Supervisor will ensure all medical evaluations are properly filled out by doctor before they leave to before putting it in residents file
- Within 2 weeks, a designated staff will check to make sure medical evaluations are complete.

Resident #1's and resident #3's documentation of medical evaluations was updated. 5/13/19 *Ej*

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) *Jerry W Kelly* Date *5-7-19*

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MAY 13 2019

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's medication evaluation was completed on 7/10/18. However, the section for height, weight, temperature, health status, and cognitive function were 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.

- Supervisor will ensure all medical evaluations are properly filled out by doctor before they leave & before putting it in residents file
- Within 2 weeks, a designated staff will check to make sure medical evaluations are complete.

Resident #2's medical evaluation documentation was updated. 5/13/19 *Ej*

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(Required on EVERY Page) *Jerry W Kelly*

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(Required on EVERY Page) *Jerry W Kelly* Date *5-7-19*

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WEST REGION FIELD OFFICE
Human Services Licensing

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

On 4/3/19 at 10:00 a.m., the menu posted in the home ended on 4/6/19. The menu for 4/7/19 to 4/13/19 was not posted 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.

- Corrected at time of inspection.
- At end of week when hanging new menu, Supervisor will check to be sure current week & following week's menu is hanging up at all times.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jerry W Kelly*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jerry W Kelly Date 5-7-19

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WEST REGION FIELD OFFICE
Human Services Licensing

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 #2's assessment was completed on 7/13/18. However, the resident was not assessed for medical diagnoses care needs to include depression and glaucoma as indicated on the resident's medical evaluation completed on 7/10/18.

Resident #4's current assessment was completed on 5/12/18. However, the resident's care needs for a bed cane attached to the resident's bed and medical diagnoses ambulatory dysfunction and confusion as indicated on the resident's medical evaluation completed on 5/15/18.

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.

- Supervisor will ensure each resident is assessed for the medical diagnoses care needs indicated on their medical evaluation

- Within 2 weeks, a designated staff will check to make sure each residents annual assessment includes all medical diagnoses care needs listed.

Resident #2's and resident #4's assessments were updated. 5/13/19 *Ej*

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(Required on EVERY Page) *Jerry W Kelly* Date *5-7-19*

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WEST REGION FIELD OFFICE
HUMAN SERVICES ADMINISTRATION

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted into the home on 1/26/19. However, the resident did not have a support plan completed.

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.

-Supervisor will ensure each new resident has a support plan. Supervisor will check within 30 days of arrival that each resident has support plans done.

Resident #3's assessment was completed. 5/13/19 *Ej*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gerry W Kelly*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Gerry W Kelly* Date *5-7-19*

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