



July 19, 2019

Mr. Mark J. Chuff
Executive Director
UPMC Behavioral Health of the Alleghenies
500 East Chestnut Avenue
Altoona, Pennsylvania 16601

RE: Dorothy M. Tartaglio Home
1911 Twelfth Avenue
Altoona, Pennsylvania 16601
Certificate #: 360310

Dear Mr. Chuff:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 13, 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 "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: *DOROTHY M TARTAGL/O HOME*

License Number: *360310*

Address: *1911 TWELFTH AVENUE, ALTOONA, PA 16601*

County: *BLAIR*

Region: *CENTRAL*

Administrator

Name: *Lisa Leap*

Phone: *8149461885*

Email:

Legal Entity

Name: *UPMC BEHAVIORAL HEALTH OF THE ALLEGHENIES*

Address: *500 E. CHESTNUT AVENUE, ALTOONA, PA 16601*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *11/27/1996*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *12*

Waking Staff: *9*

Inspection

Type: *Full*

BHA Docket#:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

06/13/2019 - On-Site: Michael Showers, Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13*

Residents Served: *12*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *12*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *0*

Have Physical Disability: *0*

DOROTHY M TARTAGLIO HOME

360310

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A, who provides unsupervised AOL services, has not successfully completed and passed the Department-approved direct care training course and competency test.

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 have reviewed and updated UPMC BHA Procedure #8355 "Staff Training" per the PA DHS Personal Care Home Regulations. (Attachment 1)

Staff Person A has completed the department approved "Direct Care Training Course" and has received her certificate showing competency. (Attachment 2)

Procedure #8355 "Staff Training" will be reviewed with all personal care home staff at the scheduled staff meeting on 07-11-2019. Staff will sign that they have been educated on the revised procedure and training requirements.

* Within 10 days from the receipt of this plan, the administrator will audit the records of all staff performing direct care duties to ensure that each staff member has successfully completed and passed the Department-approved direct care training course and competency test. Any staff member who is in need of this element will not perform Direct Care until it has been successfully completed. Documentation will be maintained by the home,

Going forward: Prior to an employee initially being scheduled to perform direct care duties, the administrator will review the employees file to ensure that all required training and testing has been completed.

BAS 6/27/19

Legal Entity Representative

Signature 

Mark J. Chuff, Ex. Director
Printed Name and Title

6/26/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/27/2019
(Date)

Plan of correction implementation status as of 7/10/19
 Fully Implemented
 Partially Implemented- Adequate Progress
 Partially implemented- Inadequate Progress
 Not Implemented

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

DOROTHY M TARTAGLIO HOME

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 3. Care for residents with dementia and cognitive impairments.

Description of Violation

Direct Care Staff Member B did not receive training in "Care for residents with dementia and cognitive impairments" during training year 2018.

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 have reviewed and updated UPMC BHA Procedure # 8355 "Staff Training" per PA DHS Personal Care Home Regulations. (Attachment 1).

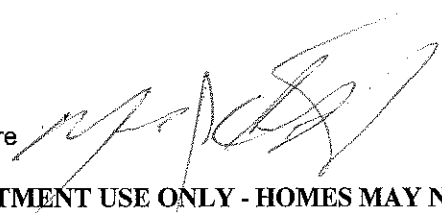
Personal Care Home Administrator will begin utilizing the most recent form "Adult Residential Licensing-Personal Care Homes Record of Training-PA Code 2600.65(i). (Attachment 3)

Staff Member B completed "Care for Residents with Dementia and Cognitive Impairments," for the 2019 year. (Attachment 4)

*Within 10 days from the receipt of this plan, the administrator will review each staff members' training to identify any missed trainings. Thereafter, the administrator will perform this review on a semi-annual basis to ensure that each staff member has received the required trainings and number of annual training hours. Documentation of the completed trainings shall be maintained for Dept. review.

BAS 6/27/19

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Signature 

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DOROTHY M TARTAGLIO HOME

360310

65i - Training Record

Regulations

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.

Description of Violation

The home's record of direct care staff training does not include Direct Care Staff Person A's training required on the first day of work (as specified in regulation 2600.65a) and training required by the completion of the first 40 working hours (as specified in regulation 2600.65b).

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We have reviewed and updated UPMC BHA Procedure #8355 "Staff Training" per the PA DHS Personal Care Home Regulations. (Attachment 1)

Procedure #8355 "Staff Training" will be reviewed with all personal care home staff at the scheduled staff meeting on 07-11-2019. Staff will sign that they have been educated on the revised procedure and training requirements.

*Within 10 days from the receipt of this plan, the administrator will review each staff members' training record to ensure that there is correct documentation of the completed trainings. Thereafter, the administrator will perform this review on a semi-annual basis to ensure ongoing compliance.

BAS 6/27/19

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Signature 

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DOROTHY M TARTAGUO HOME

360310

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door located near the living room was stuck and unable to be opened without the use of excessive force, creating an obstruction to residents of the home during an emergency evacuation.


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.)

UPMC BHA Facility Manager and designated contractor were on site on 06-18-2019 to take measurements and order new door and supplies to repair the exit door in the living room. The invoice is attached. (Attachment 5)

Contractor provided a letter stating that new door will be installed on the week of July 1st, 2019. (Attachment 6)

Legal Entity Representative

Signature 

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DOROTHY M TARTAGL/OHOME

360310

132c - Fire Drill Records

Regulations

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.

Description of Violation

The home did not record any of the required information for the fire drills conducted during the months of June 2018, July 2018, and August 2018.

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.)

UPMC BHA Fire Drill Procedure # 8374 was reviewed and updated to reflect that one unannounced fire drill will be scheduled once a month. (Attachment 7)

Fired Drills will be properly recorded on the Fire and Evacuation Drill Form. (Attachment 8)

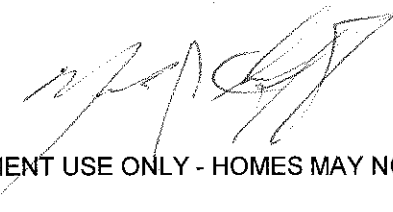
Fire Drill Procedure #8374 and "Fire and Evacuation Drill Form" will be reviewed with staff at scheduled staff meeting on 07-11-2019. Staff will sign off that they have been educated on the procedure and form.

Procedure #8374 "Fire and Evacuation Drill Form" will be reviewed with all personal care home staff at the scheduled staff meeting on 07-11-2019. Staff will sign that they have been educated on the revised procedure and training requirements.

*The administrator will review the fire drill log during the last week of each month to ensure that a fire drill has been completed and documented properly per regulations.

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DOROTHY M TARTAGLIO HOME

227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident l's most recent support plan, completed 1/24/2019, has not been updated to include the increased supervision the home implemented for the resident on 2/3/2019.

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.)

UPMC BHA Procedure # 8368 "Residential Assessment-Support Plan (RASP)" has been reviewed and updated on 06-24-2019. (Attachment 9)


Support Plan Revision for Resident 1 is attached to reflect updates. (Attachment 10)

Staff will be educated on Procedure #08368 "Resident Assessment-Support Plan (RASP)" at the scheduled staff meeting on 07-11-2019. Staff will sign that they received education & training on updated procedure.

UPMC BHA Procedure # 8373 "Bed Checks". (Attachment 11) has been implemented. Staff will be re-education on Procedure #8373 on 07-11-2019 at staff meeting and will sign off on receiving education.

The administrator will complete an audit of the most recent resident assessments and support plans (RASPs) completed for the current residents of the home to ensure that an accurate assessment of the current needs and of each resident and a description of how the needs of each resident will addressed by the home has been documented. Any found to be in need of an updated RASP shall have one completed. The audit and completion of any new RASPs will be completed within 20 days from the receipt of this plan. BAS 6/27/19

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