



EMAILING DATE: November 7, 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 inspection on September 11, 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, appearing to read "L. Mazza", is written over a light blue horizontal line.

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

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Violation Report

NOV 01 2019

WEST VIRGINIA FIELD OFFICE
(Human Services Division)

License Number: 44840

Facility Information

Name: KELLY'S II PERSONAL CARE HOME
Address: 141 UNITY CEMETERY ROAD,, LATROBE, PA 15650
County: WESTMORELAND Region: WESTERN

Administrator

Name: Darlene Kelly Phone: 7248045916 Email: JWKPCH2@COMCAST.NET

Legal Entity

Name: KELLY S II PERSONAL CARE HOME INC
Address: 141 UNITY CEMETERY ROAD, LATROBE, PA, 15650

Certificate(s) of Occupancy

Type: R-3 Date: Issued By:
Type: C-2 LP Date: 05/15/1992 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

09/11/2019 On-Site: Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 7

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 0

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WEST HAVEN POLICE DEPARTMENT
COMMUNITY SERVICES DIVISION

KELLY'S II PERSONAL CARE HOME

44840

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has 4 cameras which are recording in the following areas of the home: The front living room, the dining room, the kitchen and the back living room.

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.)

(4) Live stream Cameras in the following areas: Front living room, dining room, kitchen, and back living room will be kept in tact for live stream viewing only. Absolutely NO recording will be permitted as of 9/11/19.
- Recording was turned off immediately upon being told by inspector.

Legal Entity Representative

Darlene Kelly
Signature

DARLENE KELLY, Administrator 10/31/19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/4/19 (Date)

Plan of correction implementation status as of 11/4/19 (Date)

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

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

KELLY'S II PERSONAL CARE HOME

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54a - Direct Care Staff

NOV 01 2019

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on 5/9/19, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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.)

Staff person A documents have been obtained and attached:

- Current transcript (LPN)

All New hires will submit all required forms ex. (High school diploma / GED / transcript) in a timely manner upon hire.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current direct care staff person's record to ensure a high school diploma, GED or active registry status on the Pennsylvania nurse aid registry is present. Documentation shall be maintained in each staff person's record. *JM* 11/4/19

Legal Entity Representative

Darlene Kelly
Signature

DARLENE KELLY, Administrator 10/31/19
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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, hired on 5/9/19, has been providing unsupervised ADL services to residents on numerous days, including on 9/11/19; however, the staff person did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 9/13/19.

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.)

JM on 9/13/19

Certificate of Direct Care training course completed and attached.

In future, All staff personal is to complete the direct care training course prior to completing ADL'S on any residents.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current direct care staff person's record to ensure each direct care staff person has successfully completed and passed the Department-approved direct care training course and passed the competency test. Certificates shall be maintained in each staff person's record.

Legal Entity Representative

JM 11/4/19

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 6/19/19, does not include the resident's weight. This section of the form is blank.

Repeat Violation: 4/3/2019

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.)

Resident #1 medical evaluation attached.

Staff personal will ensure PCP fills out all needed information on medical forms prior to being filed.

Legal Entity Representative - Resident #1 no longer at facility.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation completed in its entirety within 60 days prior to admission or 30 days after admission. 11/4/19

Darlene Kelly
Signature

DARLENE KELLY, Administrator 10/31/19
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141a 1-10 Medical Evaluation Information (continued)

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STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS

KELLY'S II PERSONAL CARE HOME

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183b - Meds and Syringes Locked

NOV 01 2019

Regulations

2600. 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:19 a.m., the home's medication cart was unlocked, unattended and accessible and contained medications for numerous residents in the home, including medications for residents #2 and #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.)

Medication cart is to be locked at all times, keys are only to be kept with staff personnel that have completed the state required medication administration course. As of 9/11/19 members of the management team including supervisors and administrator will check periodically to ensure medication cart is locked at all times.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated that all medications, OTC medications CAM and syringes shall be kept in an area that is locked. Documentation of the education shall be kept. 11/4/19 JM

Legal Entity Representative

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Signature

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187b - Date/Time of Medication Admin.

NOV 01 2019

Regulations

2600. 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3's September medication administration record (MAR) is not initialed by the staff person who administered the resident numerous medications on 9/10/19 at 8:00 a.m., to include the following medications:

- *Sertraline 50 mg-Take 1 tablet by mouth each morning
- *Donepezil 5 mg-Take 1 tablet by mouth each morning for memory
- *Furosemide 20 mg-Take 1 tablet by mouth everyday
- *Risperidone 0.5 mg-Take 1 tablet by mouth twice daily

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.)

All medications to be administered at the designated time according to script and state medication laws. Proper training is to be provided for staff regarding the proper handling of this situation and how to document properly. Resident #3 had been sick for week prior to inspection, refusing to take medications at designated times. Dr. had been notified of situation, and refusal to complete ADL's. Staff was informed of documenting what time a med was given if script doesn't specify a time.

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

On 9/11/19 at 9:10 a.m., staff person A, who has not successfully completed the Department-approved medications administration course, administered resident #2's Miralax.

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.)

Miralax had been measured and administered by med tech while on hold due to resident not wanting to wake up. med tech had to leave due to Drs. Appointment and was to administer miralax to resident upon return. All staff person at that have not completed state required medication administration course is not permitted to give any over the counter or prescribed medications under any circumstance. For future only med techs are to give resident over the counter medications or any medications.

Legal Entity Representative

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2019

NOV 01 2019

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on 6/13/19.

Plan of Correction (POC)

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Documents had been misplaced. ~~See attached.~~
All residents documents will be properly filed in at time of completion to avoid being misplaced.

- Resident no longer at facility

Legal Entity Representative

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Signature

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227a - Support Plan 30 Days

NOV 01 2019

Regulations

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.

Description of Violation

A support plan was not completed for resident #1, who was admitted to the home on 6/13/19.

Repeat Violation: 4/3/2019

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.)

Documents had been misplaced. ~~See attached.~~
All residents documents will be properly filed in at time of completion to avoid being misplaced.

- Resident no longer at facility

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