



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: donahuespc@gmail.com

MAILING DATE: April 20, 2020

Mr. Kevin Donahue
Administrator
Kevin & Romona Donahue
1143 Lapish Road
Pittsburgh, Pennsylvania 15212

RE: Donahue's Personal Care I
1610 Hybla Street
Pittsburgh, Pennsylvania 15212
Certificate #: 430341

Dear Mr. Donahue:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 12, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: DONAHUE'S PERSONAL CARE I

License Number: 43034

Address: 1610 HYBLA STREET,, PITTSBURGH, PA 15212

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Kevin Donahue

Phone: 4127616421

Email: DONAHUESPC@GMAIL.COM

Legal Entity

Name: KEVIN & ROMONA DONAHUE

Address: 1143 LAPISH ROAD, PITTSBURGH, PA, 15212

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 17

Waking Staff: 13

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Fine

Inspection Dates and Department Representative

11/12/2019 - On-Site: Belinda Graziano, Christine Stanley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 17

Residents Served: 17

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5

Diagnosed with Mental Illness: 1

Have Mobility Need: 0

Are 60 Years of Age or Older: 11

Diagnosed with Intellectual Disability: 1

Have Physical Disability: 0

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1, #2, #3, and #4's glucometers are not set to the current time.

Resident #1 is prescribed blood glucose checks 4 times a day. On numerous dates/times, to include the following, resident's blood sugar readings did not match what was documented on the resident's November 2019 medication administration record (MAR):

| <u>Date/Time</u> | <u>Glucometer Reading</u> | <u>MAR Reading</u> |
|-----------------------|---------------------------|------------------------------------|
| 11/12/19 at 7:39 a.m. | 47 | no blood glucose reading indicated |
| 11/10/19 at 4:33 p.m. | 31 | no blood glucose reading indicated |

Resident #2 is prescribed blood glucose checks 3 times a day. On numerous dates/times, to include the following, resident's blood sugar readings did not match what was documented on the resident's November 2019 MAR:

| <u>Date/Time</u> | <u>Glucometer Reading</u> | <u>MAR Reading</u> |
|-----------------------|---------------------------|------------------------------------|
| 11/10/19 at 5:22 p.m. | 80 | 95 |
| 11/9/19 at 10:56 a.m. | 69 | no blood glucose reading indicated |

Resident #3 is prescribed blood glucose checks 2 times a day. On numerous dates/times, to include the following, resident's blood sugar readings did not match what was documented on the resident's November 2019 MAR:

| <u>Date/Time</u> | <u>Glucometer Reading</u> | <u>MAR Reading</u> |
|-----------------------|---------------------------|------------------------------------|
| 11/10/19 at 4:12 p.m. | "HI" | no blood glucose reading indicated |
| 11/10/19 at 8:32 a.m. | 165 | 169 |

Resident #4 is prescribed blood glucose checks 2 times a day. On numerous dates/times, to include the following, resident's blood sugar readings did not match what was documented on the resident's November 2019 MAR:

| <u>Date/Time</u> | <u>Glucometer Reading</u> | <u>MAR Reading</u> |
|-----------------------|---------------------------|--------------------|
| 11/11/19 at 8:00 a.m. | 102 | 109 |
| 11/9/19 at 8:11 p.m. | 82 | 84 |

Repeat Violation: 7/1/2019, et. al.

185a - Implement Storage Procedures (continued)

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 attached

Legal Entity Representative

Kevin Donahue
Signature

Kevin Donahue
Printed Name and Title

1/23/2020
Date

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

The above plan of correction is approved as of 4/15/20
(Date)

Plan of correction implementation status as of 4/15/20
(Date)

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

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

2600.185a

Donahue's Personal Care understands 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.

The problem causing the time feature on the glucometer to be off by one hour was due to the "daylight savings" time change. The Administrator quickly adjusted glucometer(s) times to "fall back" one hour to reflect the daylight savings time change. Compliance was immediately met at the time of the site inspection. The glucometer(s) time feature was previously adjusted and correct until the daylight savings change that occurred on November 3, 2019. The change created an 8-day period for the glucometer(s) to be off one hour. The administrator added glucometer adjustments to Google calendar for an auto reminder to adjust glucometer times for both of the annual daylight savings changes.

The incorrect readings recorded on the MAR were caused by an employee on duty allowing the residents to verbalize the reading to the staff person and then recording said reading given by the resident. The administrator made corrections to the incorrect readings and then spoke to the staff person responsible to ascertain how the mis-recordings could have occurred. The administrator provided the staff person with technical assistance that all glucometer readings must be personally verified by the staff person on duty and correctly recorded on the MAR. The staff person was reminded that there is zero tolerance for incorrect glucometer recordings. The staff person involved understands that all readings must be personally verified on the glucometer before entries are recorded.

The administrator is scheduling all staff persons for the 3rd week of March, 2020 (tentatively 3/18/2020) to be re-certified in diabetes education/training. The administrator has appointed the administrator designee to work more closely with the staff person involved and the administrator designee has been assigned to conduct three weekly glucometer MAR recording audits to ensure ongoing compliance is maintained. The administrator will receive weekly updates from the administrator designee as it relates to accuracy and known compliance issues. The administrator is tasked to perform a weekly audit of all staff persons and the administrator designee to ensure the process is working as designed. The staff person responsible for the mis-recordings was given a verbal warning that any/all future errors in glucometer readings may lead to suspension and or termination if employment. Administrator and administrator designee audit reports will be saved in the med-cart for future viewing purposes.



Kevin Donahue, Administrator