



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: eastdeerpc@aol.com
capuzzi227@aol.com

MAILING DATE: May 18, 2020

Mr. Len Capuzzi
Vice President/Administrator
East Deer Personal Care Home, Inc.
967 Freeport Road
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home
License #: 430780

Dear Mr. Capuzzi:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 6, 2020, 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 that reads "Jon B. Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

5/6/2020

Violation Report

Facility Information

Name: *EAST DEER PERSONAL CARE HOME*
 Address: *967 FREEPORT ROAD,, CREIGHTON, PA 15030*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: *43078*

Administrator

Name: *LEN CAPUZZI* Phone: *7242249997* Email: *CAPUZZI227@AOL.COM*

Legal Entity

Name: *EAST DEER PERSONAL CARE HOME INC*
 Address: *967 FREEPORT ROAD, CREIGHTON, PA, 15030*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/07/2008* Issued By: *L & I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *37* Waking Staff: *28*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

03/06/2020 - On-Site: Karen Georgoulis, Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *36*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: <i>6</i>	Are 60 Years of Age or Older: <i>33</i>
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>1</i>	Have Physical Disability: <i>0</i>

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. On 3/6/2020, at approximately 10:23 a.m., the home had not installed a carbon monoxide alarm in close proximity to the gas dryer in the second-floor laundry room, there were no other carbon monoxide detectors installed in any other location on the second floor.

On 3/6/2020, the Carbon Monoxide Detector in the employee room was not operable. The batteries were dead.

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.)

The batteries of the carbon monoxide detector in question were replaced during inspection on 3/6/20. Also, an additional Carbon monoxide detector was purchased within the 15 feet area of dryer. The direct care, night staff will monitor the alarms weekly. If they are not functioning properly the staff will report the problem to the Administrator. The Administrator will repair or replace the carbon monoxide detector at that time. This will ensure compliance with Regulation 2600.18

Legal Entity Representative


Signature


LEN CAPUZZI, ADMINISTRATOR
Printed Name and Title

5/4/2020
Date

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The above plan of correction is approved as of 5/6/2020
(Date)

Plan of correction implementation status as of 5/6/2020
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

25c2 - Fee Schedule

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's contract, dated 8/1/16, does not indicate the amount the home charges for rent.

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.)

An addendum has been issued with the current SSI rate spelled out. The residents have signed the addendum. It has been mailed to their designated person to sign and return. Upon completion of all signatures the addendum will be added to the residents contracts. A copy will be issued to the designated person; for their files. Moving forward the rate will be shown on each new SSI contract. Each time the SSI rate changes, any addendum will be issued. This will comply with Regulation 2600.25.c.

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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

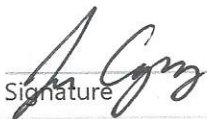
Direct care staff person A, hire date 2/1/16, has no record/certificate of completing the Department-approved direct care staff training course and competency test in their file.

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 could not remember their password to reprint the certificate. They did retake the test; it has been put in their file. A copy is enclosed.
Now two copies of the certificate will be made. One for the employee file, and the other for the employee to keep. They will be encouraged to record their user ID and password.
The Administrator will include employee staff training records to review during the Quality Management Review to maintain compliance with Regulation 2600.65.i.

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/6/2020, the main walking paths of the solarium has carpet that is buckled posing a tripping hazard, to include: An area measuring approximately, 3' by 9' at the entrance to the solarium and moving toward the left side of the room. A second area measuring approximately 4' by 2' between the windows and table on the left side of the room. The carpet is buckled approximately 1/2" high.

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.)

On 5/4/20 the carpet has been temporarily repaired to reduce a tripping hazard. A proposal has been accepted to remove and install a new carpet. This will be completed 60 days after the Governor's restrictions have been lifted and the work is permitted. A designated staff person will perform weekly checks of the home to ensure Regulation 2600.88.a is being maintained.

Legal Entity Representative

[Signature]
Signature

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/6/2020 at approximately 2:26 p.m., the round table with five chairs in the second-floor Solarium has a loose tabletop. The top wobbles significantly on the metal base and moves up/down approximately 1½" when pressure is applied.

On 3/6/2020, the drain in the sink of the private bathroom in bedroom #109, is not working properly. The water pooled in the sink during water temperature check and drained slowly.

On 3/6/2020, the door latch on the second-floor stairwell near the A side entrance has a bolt missing on the bottom left side and the door does not latch.

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 violations were corrected on 3/6/20. The staff will report any items that are in need of repair to the office. All repairs will be addressed at the time of the reporting. The Administrator will do a weekly walk through the building checking for any safety issues that need repaired. This will ensure Regulation 2600.95 is in compliance.

Legal Entity Representative

A. Capuzzi
Signature

LENCAPUZZI, ADMINISTRATOR
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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/6/2020 at approximately 10:39 a.m., there was no thermometer in the refrigerator/freezer sections of the refrigerator in the dining room on the second floor.

Repeat Violation 1/31/19

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.)

A thermometer has been purchased and mounted in the refrigerator to keep it secure. The dietary staff will check weekly to assure it is in place. If any issue occur they will be reported to the Administrator to correct. This will meet the regulations in 2600.103.f.

Legal Entity Representative

Len Capuzzi
Signature

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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's fire drill record indicates a fire drill was conducted on 8/29/19 at 11:07 a.m.; however, the home's fire drill record does not indicate the evacuation time.

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.)

On 5/4/20 the evacuation time for 8/29/19 was added to the fire drill log. The Administrator will review the fire drill log monthly checking that all information is included. This will ensure the compliance of Regulation 2600.132.c.

Legal Entity Representative


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LENGAPUZZI, ADMINISTRATOR
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132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's fire drill record indicates that the last four sleeping hour fire drills were conducted between 6:28 a.m. to 6:42 a.m.

* 3/3/20 at 6:30 a.m.

* 9/11/19 at 6:42 a.m.

* 3/3/19 at 6:40 a.m.

* 9/11/18 at 6:28 a.m.

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.)

A sleeping hour fire drill will be conducted within 30 days of Governor Wolf lifting bans on fire drills. The Administrator will monitor the times of fire drills to ensure they are conducted at varying times during sleeping hours as stated in Regulation 2600.132.g.

Legal Entity Representative

[Handwritten Signature]
Signature

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1's support plan, dated 8/16/19, was not signed by the resident. The support plan does not indicate if the resident is unable/or declined to participate or refused or unable to sign. The sections are blank.

Resident 2's support plan, dated 6/6/19, was not signed by the resident. The support plan does not indicate if the resident is unable/or declined to participate or refused or unable to sign. The sections are blank.

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 and #2 have signed their support plans. All support plans will be signed by residents that are able to sign. The support plans will be checked by the Administrator before filing, to confirm they have been signed by the resident. This will ensure Regulation 2600.227.h is being met.

Legal Entity Representative


Signature

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
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