

Department of Human Services
Bureau of Human Service Licensing

September 24, 2020

MONIQUE HUTSON, MONIQUEHUTSON1118@OUTLOOK.COM
PERRY SOUTH PERSONAL CARE HOME LTD
1129 TWEED STREET
PITTSBURGH, PA 15204

RE: PERRY SOUTH PERSONAL CARE
HOME
1129 TWEED STREET
PITTSBURGH, PA, 15204
LICENSE/COC#: 43373

Dear Ms. Hutson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *PERRY SOUTH PERSONAL CARE HOME* License #: *43373* License Expiration Date: *09/20/2021*
 Address: *1129 TWEED STREET, PITTSBURGH, PA 15204*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Monique Hutson* Phone: *4127779828* Email: *moniquehutson1118@outlook.com*

Legal Entity

Name: *PERRY SOUTH PERSONAL CARE HOME LTD*
 Address: *1129 TWEED STREET, PITTSBURGH, PA, 15204*
 Phone: *4127779828* Email: *PERRYSOUTH1955@GMAIL.COM*

Certificate(s) of Occupancy

Type: *R-4* Date: *10/30/2008* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/14/2020*

Inspection Dates and Department Representative

08/28/2020 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *5*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *2*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/28/2020 - Partial

Lead Inspector: *Michael Marini* Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2020*

Inspections / Reviews (*continued*)

9/22/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *09/28/2020*

9/23/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *09/29/2020*

9/24/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 8/22/20, resident #1 was transported to and admitted to Allegheny General Hospital with a subdural hematoma, right wrist and ulna fractures as a result of a fall on 8/21/20. However, this incident was not reported to the Department until 8/24/20.

Plan of Correction

Accept

Perry South PCH will report all incidents immediately within 24 Hours of the incident, Administrator has trained all staff to report any incident immediately after the appropriate medical attention has been done for resident. Staff will file an incident report form and fax it to Dept of Aging along with calling the Dept of Aging, Staff will also fax incident report to Dept personal care home regional office . Once the incident has been submitted staff will then record their signature and date on our incident tracking sheet. Perry South will have training every 6 months on how to report and document an incident, this has also been placed on our yearly training calendar.

Completion Date: 09/22/2020

Document Submission

Implemented

See attached document

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

According to staff interviews, there have been bed bugs in numerous resident bedrooms and in the family room since June 2019.

Plan of Correction

Accept

Perry South has hired terminix to come and spray for Bed bugs every two weeks until there are no sightings of bugs, exterminator has informed the administrator that there are only bugs in one room. Administrator has moved the resident out of the room and placed him in a bug free room until that room has no sightings. Our prevention maintenance we will have Terminix to come out every 3 months to ensure that we are free from any bug or rodents. For new oncoming residents we will put all clothing in a dryer with high a temperatures. We will keep all invoices from all inspections that we have been inspected by Terminix and are bug and rodent free.

Completion Date: 09/22/2020

Document Submission

Implemented

See attached document

107b - Emergency Procedures

1. Requirements

2600.

107b - Emergency Procedures *(continued)*

- 107.b. The home shall have written emergency procedures that include the following:
1. Contact information for each resident’s designated person.
 2. The home’s plan to provide the emergency medical information for each resident that ensures confidentiality.
 3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
 4. Means of transportation in the event that relocation is required.
 5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident’s emergency needs.
 6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home does not have written emergency procedures.

Plan of Correction

Accept

Perry South has updated all information for emergency procedures and have trained all staff. Staff will be trained every 6 months on our emergency procedures.

Completion Date: 09/22/2020

Document Submission

Implemented

See attached document

143a - Emergency Medical Plan

1. Requirements

2600.

- 143.a. The home shall have a written emergency medical plan that includes the following:
1. The hospital or source of health care that will be used in an emergency. This shall be the resident’s choice, if possible.
 2. Emergency transportation to be used.

Description of Violation

The home's written emergency medical plan does not include the following:

** The hospital or source of health care that will be used in an emergency*

** Emergency transportation to be used*

Plan of Correction

Accept

Perry South has created a new revised emergency medical plan for each resident this plan will be kept up n the resident records. The Administrator will review all information on each residents emergency medical plan every 6 months to make sure all information is valid and up to date.

Completion Date: 09/22/2020

Document Submission

Implemented

See attached document