

Department of Human Services  
Bureau of Human Service Licensing

January 8, 2021

KATHLEEN DOUGHERTY, OWNER  
WASHINGTON MANOR PERSONAL CARE HOME LLC  
320 SOUTH WASHINGTON STREET  
P O BOX 1935  
BUTLER, PA 16003

RE: WASHINGTON MANOR PERSONAL  
CARE HOME LLC  
320 SOUTH WASHINGTON STREET  
PO BOX 1935  
BUTLER, PA, 16003  
LICENSE/COC#: 44863

Dear Ms. Dougherty,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *WASHINGTON MANOR PERSONAL CARE HOME LLC* License #: *44863* License Expiration Date: *11/27/2021*  
Address: *320 SOUTH WASHINGTON STREET, PO BOX 1935, BUTLER, PA 16003*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

Name: *Kathleen Dougherty* Phone: *7242858115* Email: *WMPCH@ZOOMINTERNET.NET*

**Legal Entity**

Name: *WASHINGTON MANOR PERSONAL CARE HOME LLC*  
Address: *320 SOUTH WASHINGTON STREET, P O BOX 1935, BUTLER, PA, 16003*  
Phone: *7242858115* Email: *WMPCH@ZOOMINTERNET.NET*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *10/09/2020*

**Inspection Dates and Department Representative**

*10/09/2020 - On-Site: Joe Eveges*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *25* Residents Served: *25*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**10/09/2020 - Partial**

Lead Inspector: *Joe Eveges* Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2020*

Inspections / Reviews *(continued)*

## 12/10/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *01/08/2021*

## 1/8/2021 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Not Required*

**101j1 - Mattress Fire Retardant****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

**Description of Violation**

*A 12" section in the center of resident #1's mattress was completely broken down and multiple 1/2" holes were torn in it.*

*A 12" section in the center of resident #2's mattress was completely broken down and multiple 1/2" holes were torn in it.*

**Plan of Correction****Accept**

*Resident number #1 and #2 mattress damage was already discovered on 10-04-2020 by the administrator during the quarterly mattress check (see attached). The purchase of two mattresses was completed on 10-06-2020 (see attached receipt). The administrator planned on replacing both mattresses on Saturday 10-10-2020 when he had access to his truck again after it was repaired on 10-09-2020 (see attached). The administrator will continue quarterly mattress inspections and timely purchases to ensure this regulation is followed.*

**Completion Date:** 11/09/2020

**Document Submission****Implemented**

Sent

**101j3 - Bed/Linens/Pillows/Blankets****1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation**

*A tear, approximately 8" in length, was in the center of the red, fitted sheet on resident #3's mattress.*

**Plan of Correction****Accept**

*Resident #3 often does damage to the facility. The administrator has developed a physical site checklist specific to resident #3's living area to look for any damages himself. several times a week. Staff will continue to adhere to the bed changing schedule that exists and replace blankets/sheets as usual if needed.*

**Completion Date:** 11/09/2020

**Document Submission****Implemented**

Sent

**183b - Meds and Syringes Locked****1. Requirements**

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.

**183b - Meds and Syringes Locked (continued)****Description of Violation**

*3 vials of Albuterol, labeled with resident #1's name, were unsecured, unattended and accessible in the following locations in resident #1's bedroom:*

- \* 2 vials were hidden in the broken-down section of his mattress*
- \* 1 vial was sitting on his night stand*

**Plan of Correction****Accept**

*Resident #1 is designated as self-administer (see attached) and was previously provided with a lockbox for his medication(s) room storage. I reminded resident #1 about using his lockbox (see attached). To avoid future violations of this regulation the administrator has developed a room checklist (see attached) and will weekly conduct an inspection to make certain no medications are outside of the lockbox.*

**Completion Date:** 11/09/2020

**Document Submission****Implemented**

*Sent*