

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

Facility Information

Name: WHITEHEAD PERSONAL CARE HOME II **Licen e #:** 42814 **Licen e Expiration Date:** 05/28/2021
Addr e : 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7249256687 **Email:** [REDACTED]

Legal Entity

Name: DONALD WHITEHEAD
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA, 15697
Phone: 7249256687 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/11/1987 **Issued By:** Dept. of Labor & Industry

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 15 **Waking Staff:** 11

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/22/2021

Inspection Dates and Department Representative

02/22/2021 - On- [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 17 **Residents Served:** 14

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 14 **Are 60 Years of Age or Older:** 14
Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 4
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

02/22/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/27/2021

Inspections / Reviews (*continued*)

3/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/31/2021*

3/31/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/05/2021*

4/6/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

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 Repeat Violation

Resident #1 is prescribed Humalog Kwikpen Insulin three times daily before meals according to the following sliding scale:

Less than 150 0

151 180 2 units

181 200 4 units

201 250 6 units

251 300 8 units

301 350 10 units

351 400 12 units

greater than 400 call MD. However, the resident's blood glucose reading was not documented on the following dates and times:

2/1/21 at 8:00 am and 5:00 pm

2/2/21 through 2/6/21 at 5:00 pm

2/7/21 at 12:00 pm and 5:00 pm

2/8/21 through 2/12/21 5:00 pm

2/13/21 and 2/14/21 at 12:00 pm and 5:00 pm

2/18/21 2/20/21 at 5:00 pm

It was not possible to determine on these dates and times if the correct amount of insulin was administered.

Plan of Correction**Accept**

Currently, the PCH staff enters the Blood sugars into the MAR via the computer. At times there is an issue with the internet with various outages and updates. In addition to entering the blood sugars into the computer, staff will keep paper logs as well. This will allow a double-check of the blood sugars and will we will also always be sure to have the blood sugar readings documented. On a weekly basis, a designated direct care staff person will compare the written blood sugar readings to the MAR blood sugar readings. All documentation (both electronic and written shall be kept in the resident's file). The written papers shall be turned into the administrator monthly to be reviewed by the administrator. All staff shall be trained on the new policy that we are implemented by 04/01/2021.

Completion Date: 04/01/2021

Document Submission**Implemented**

The paper that is currently being used to record blood sugars by staff, and the training sheet that staff has read regarding the changes.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

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

Description of Repeat Violation

Resident #1 is prescribed Meloxicam 15 mg, take 1 tablet orally daily. The resident did not receive the medication in February because the medication was not available in the home. However, staff have documented that the medication was administered at 8:00 am from 2/1/21 through 2/22/21 on the resident's February medication administration record (MAR).

Repeat Violation 1/3/2020

Plan of Correction**Accept**

The administer will continue the medication audits at least quarterly and will review the MARS to the medication within the facility on at least 3 random residents. Documentation of the audits will be kept at the facility. The first such audit is scheduled for 03/24/2021 and shall be completed by the administrator. All direct care staff shall be educated by 04/09/2021 in regards to comparing the MAR to the medications and any areas of concern shall immediately be brought to the attention of the Administrator.

Completion Date: 04/09/2021

Document Submission**Implemented**

The medication audit is attached. The staff training sheet is attached.

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Meloxicam 15 mg, take 1 tablet orally daily. However, this medication was not administered to resident for the entire month of February because the medication is not available in the home.

Plan of Correction**Accept**

The medication was reordered and is now available within the facility. The error occurred during reordering from the pharmacy to the request from the physician. On a weekly basis, a staff person will review all reorders to be sure that all have been received. Documentation of the quick reviews shall be kept with the MAR audit documents.

Completion Date: 03/31/2021

Document Submission**Implemented**

The staff training sheet is attached

227h - Support Plan Refuse Sign**1. Requirements**

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 did not sign [REDACTED] support plan, dated 6/15/2020, nor is there an indication of [REDACTED] inability or refusal to sign.

Resident #2 did not sign [REDACTED] support plan, dated 7/6/2020, nor is there an indication of [REDACTED] inability or refusal to sign.

227h - Support Plan Refuse Sign (*continued*)**Plan of Correction****Accept**

The support plans were signed at the inspection. In the future, each support plan shall be signed at the time of completion or within 48 hours. The administrator shall check all support plans on 03/30/2021 to be sure that all are signed. In addition, the administrator will check that all support plans are signed prior to being submitted.

Completion Date 03/30/2021

Document Submission**Implemented**

All support plans were checked and attached are the 2 that were cited, and 1 random.