



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **KEVIN & ROMONA DONAHUE**  
LEGAL ENTITY

To operate **DONAHUE'S PERSONAL CARE I**  
NAME OF FACILITY OR AGENCY

Located at **1610 HYBLA STREET, PITTSBURGH, PA 15212**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **17**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 22,** **2021** until **October 22,** **2021**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **430341**

*Jennifer Biderpad*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:** April 22, 2021

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) licensing inspections on December 10, 2020; December 11, 2020; December 14, 2020 and December 15, 2020, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, mistreatment or abuse of clients being cared for in the facility or receiving service from the agency, the Department hereby REVOKES your certificate of compliance (430340) dated July 23, 2020 to July 23, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 22, 2021 to October 22, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-Term Living

Enclosure  
License  
Licensing Inspection Summary

cc: Eugene Cuccarese, Office of General Counsel  
Jeanne Parisi, Director, Human Services Licensing  
Brent Sutherland, Regional Director, Human Services Licensing  
Shivani Patel, Enforcement Manager, Human Services Licensing

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

**Facility Information**

Name: *DONAHUE'S PERSONAL CARE I* License #: *43034* License Expiration Date: *07/23/2021*  
 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*  
 Phone: *4127616421* Email: *DONAHUESPC@GMAIL.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/26/1985* Issued By: *City of Pittsburgh*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *17* Waking Staff: *13*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *12/15/2020*

**Inspection Dates and Department Representative**

*12/10/2020 - On-Site: Laurie Garrigan*  
*12/11/2020 - Off-Site: Laurie Garrigan*  
*12/14/2020 - Off-Site: Laurie Garrigan*  
*12/15/2020 - Off-Site: Laurie Garrigan*

**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* Are 60 Years of Age or Older: *8*  
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 12/10/2020 - Partial

Lead Inspector: *Laurie Garrigan*Follow-Up Type: *POC Submission*Follow-Up Date: *01/08/2021*

## 1/14/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *01/18/2021*

## 1/22/2021 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *02/06/2021*

## 3/4/2021 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Exception*

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

Staff person A's [redacted] who did not work or reside in the home and who was not permitted in the home by staff person B due to prior incidents, was given access to the home by staff person A on or around [redacted]/20. Staff person A's [redacted] entered resident #1's bedroom without consent, walked over and kissed [redacted], squeezed and smacked [redacted] repeatedly and then left the room. Shortly after, [redacted] returned [redacted] and leaned onto resident #1's dresser while [redacted]

On 10/15/20, the local Police Department notified Staff person B, the home's administrator of the alleged abuse; however, the home failed to report the incident to the Department.

Plan of Correction

Accept

Immediately, on December 10, 2020, following founded conclusion of complaint, staff person A was released without the possibility of return. The home administrator directed all residents and staff to contact 911 should staff person A or staff person A's [redacted] be seen on or around the premise.


Immediately, on or around December 15, 2020, following notification from the Department regarding this complaint, administrator spoke with an agent from AAA Protective Services. Protective services are aware of the details of the complaint.

On January 8, 2021, staff person B reviewed in detail information relating to the use of the correct forms for reporting to the Department. See attachment A1. Additionally, staff person B has reviewed in detail the directive from the Commonwealth of Pennsylvania, Department of Public Services listing some added reasons for reporting and the correct process to follow when completing reporting. See attachment A2. Staff person B has been educated and is now better prepared with proper reporting procedures.

On March 26, 2021, staff person B will attend a more formal in class 6-hour training session titled "Abuse, Neglect, Prevention and Reporting," offered on by the Butler Community College starting. See attachment B. Following this training, on March 29, 2021, staff person B is scheduled to use the aforementioned training material in-house with all staff persons. The administrator shall keep record of such training and file on location for quick viewing purposes. Starting on January 26, 2021, and for 180 days, staff person B will speak with a minimum of 25% of the current residents bi-monthly specifically aimed to ascertain if the resident is aware of or have witnessed unwanted visitors inside the home.

Staff person B is responsible to ensure appropriate agencies are notified of such incidents and proper reporting procedures are followed.

Completion Date: 03/31/2021 Licensee's Proposed Date for POC Implementation

 4/5/21

Document Submission

Not Implemented

18 - Compliance With Laws

1. Requirements

2600.

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

18 - Compliance With Laws (continued)

Description of Violation

Section 501(a) of the Adult Protective Services Act 70 of 2010, requires an employee or an administrator who has reasonable cause to suspect that a resident is a victim of abuse or neglect to immediately make an oral report to the local contracted provider of protective services agency.

Staff person A's [redacted] who did not work or reside in the home and who was not permitted in the home by staff person B due to prior incidents, was given access to the home by staff person A on or around [redacted] 20. Staff person A's [redacted] entered resident #1's bedroom without consent, walked over and kissed [redacted], squeezed and smacked [redacted] repeatedly and then left the room. Shortly after, [redacted] returned [redacted] and leaned onto resident #1's dresser while [redacted]

On 10/15/20, the local Police Department notified Staff person B, the home's administrator of the alleged abuse; however, the home failed to report the event to the local contracted provider of protective services agency.

Plan of Correction

Accept

Immediately, following notification from the Department regarding the complaint, the administrator shortly thereafter spoke with an agent from Protective Services on or around December 15, 2020. Protective services are aware of the details of the complaint.

Immediately, on December 10, 2020, following founded conclusion of complaint, staff person A was released without the possibility of return. On December 10, 2020, the home administrator directed all residents and staff to contact 911 should staff person A or staff person A's [redacted] be seen on or around the premise.

On January 8, 2021, staff person B reviewed in detail information relating to Adult Protective Services Act – Enactment of October 7, 2010 P.L 484, No. 70. Staff person B is better educated and aware of all chapters concerning Act 70 of 2010. See attachment C.


On March 26, 2021, staff person B scheduled to attend a more formal in class 6-hour training session titled "Abuse, Neglect, Prevention and Reporting," at the Butler Community College starting at 11:30 a.m. See attachment B.

On March 29, 2021 staff person B will use the aforementioned training material in-house with all staff persons in the home. The administrator shall keep record of such training and file for each staff person on location for Department's viewing purposes.

Starting on January 26, 2021, and for 180 days, staff person B will speak with a minimum of 25% of the current residents bi-monthly specifically aimed to ascertain if the resident is aware or witnessed unwanted visitors inside the home. The administrator currently speaks with all residents quite frequently, however, emphasis will be placed on any or all items relating to PA regulation 2600.16.c., and Act 70 of 2010.

Staff person B is responsible to ensure appropriate agencies are notified of such incidents and proper reporting procedures are followed.

Completion Date: 03/31/2021 Licensee's Proposed Date for POC Implementation

 4/5/21

Document Submission

Not Implemented

20b1 - Financial Records

1. Requirements

2600.

**20b1 - Financial Records (continued)**

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**Description of Violation**

*The home manages resident #1's finances; however, the home has no documentation of financial transactions to include the resident's personal needs allowance after 5/31/20.*

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

2600.20.b. 1

*If the home provides assistance with financial management or holds resident funds, the following requirements apply:*

1. *The home shall keep a record of financial transactions with the with the resident including the dates, amounts of deposits, amounts of withdrawals and the current balance.*

*The problem occurred due the failure of staff person B correctly articulating to the Department's investigator that what was collected the day of investigation for resident #1 was the quarterly resident statement and not the correct monthly resident allowance record titled "Adult Residential Licensing – Personal Care Homes Record of Financial Transactions." See attachment \_\_D\_\_.*

*Immediately, staff person B spoke to the investigator at the time of the exit interview via telephone when staff person B discovered the investigator was looking at the quarterly record and not the monthly record. The investigator was kind enough to allow additional time for staff person B to email the correct financial record for resent #1. Staff person B then emailed the correct monthly financial record on December 16, 2020; however, staff person B did not email timely and the correct document was unable to be attached to the investigator's findings.*

*Attachment \_\_D\_\_, illustrates the monthly needs allowance disbursements to resident #1 at the beginning of each month. Staff person B, personally oversees the monthly allowance disbursements and keeps record of such in a 1" black binder locked inside the med cart. Resident financial records are kept on site and are available for review upon request, by the residents, the resident's designated person and the Department.*

*Going forward, staff person B is responsible for completing accurate resident record for monthly disbursements.*

**Completion Date:** 12/16/2020

**Licensee's Proposed Date for POC Implementation**

**Document Submission**

**Implemented**

*[Signature]* **4/5/21**

**20b8 - Quarterly Account****1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**Description of Violation**

*Resident #1 has not received a quarterly account of financial transactions since 5/31/20.*

## 20b8 - Quarterly Account (continued)

**Plan of Correction****Directed**

*The problem occurred due to the increasing number of confirmed COVID-19 cases in Allegheny County leading up to the time of the scheduled 2020 3rd quarter financial records review with the resident. Staff person B postponed 3rd quarter reviews to limit all non-essential resident contact.*

*Following the completion of Covid 19 staff and resident vaccinations, staff person B is prepared to hold sit down quarterly reviews with all residents prior to the close of the 1st quarter of 2021.*

*On or before March 31, 2021, resident quarterly reviews shall be completed in its entirety. Record of resident quarterly financial activity shall be kept in the resident files on site and readily available for viewing purposes by the Department.*

*Staff person B, the administrator is responsible to ensure all quarterly financial activity reviews are completed and in a timely manner.*

**(Directed)-**

*By 2/1/21, then quarterly thereafter, the administrator or designated person will provide resident #1 and the resident's designated person (if applicable) an itemized account of financial transactions made on the resident's behalf. Documentation will be submitted to the Department. (J.G. 1/22/21)*

**(Directed)-**

*By 2/1/21, then quarterly thereafter, the administrator or designated staff person will review all resident accounts for residents receiving financial management assistance from the home and ensure that all residents receiving financial management assistance from the home are provided an itemized account of financial transactions. (J.G. 1/22/21)*

**(Directed)-**

*By 2/1/21, all staff responsible for assisting residents with financial management will be educated on §2600.20(b)(8). Documentation will be submitted to the Department. (J.G. 1/22/21)*

**(Directed)-**

*Beginning on 2/1/21, then for at least 6 months thereafter, the administrator or designated staff person will review resident financial records at least monthly, to ensure compliance with §2600.20(b)(8). (J.G. 1/22/21)*

**Completion Date: 03/31/2021 Licensee's Proposed Date for POC Implementation**

**Document Submission****Implemented**  
 **4/5/21**

## 25a - Written Contract and Review

**1. Requirements**

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

*Resident #1, admitted 1/14/19, did not have a resident-home contract completed. The contract in the resident's file was dated 7/31/16, from another home owned by the same legal entity.*

25a - Written Contract and Review (continued)

Plan of Correction

Directed

The problem occurred when resident #1 moved from one of staff person B's personal care home to the other. The administrator believed because the contents of the home agreement did not change from one location to the next, therefore, the administrator updated only the address of the personal care home contract. The affected resident reviewed, signed and dated the cover page of the contract acknowledging the location edit made to the contract. On December 10, 2020, staff person B agreed with the technical assistance of the department's investigator to complete an entirely new resident contract when a resident moves from one home to another.

Immediately, On January 8, 2021, staff person B reviewed all resident contracts for accuracy and found one resident file with a like situation. The resident's home contract will be redone in its entirety on or before March 31, 2021. On or before March 31, 2021, staff person B will ensure each resident contract entails a full, complete and correct contract in all files

Record of the review by staff person B on or before March 31, 2021, shall be kept on site and readily for review by the Department.

Staff person B is responsible to ensure compliance with resident contracts is maintained and will ensure an entirely new contract is created when a resident moves from one of our homes to another.

(Directed)-

By 2/1/21, the administrator or designated staff person will have a written resident-home contract between the resident and the home in place for the resident's current location. (J.G. 1/22/21)

Completion Date: 03/31/2021 Licensee's Proposed Date for POC Implementation

Document Submission

Implemented

4/5/21

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 was admitted on 1/14/19 and staff person A repeatedly physically and verbally abused and mistreated the resident. Staff person A yelled at the resident almost daily, refused to allow [redacted] to associate with a friend, pinched [redacted], poked [redacted] on the arm, shoved [redacted] hard, and spit on [redacted]. As a result, the resident was terrified of staff person A. Staff person B, the home's administrator, previously counseled staff person A about this behavior; however, continued to allow staff person A to work in the home unsupervised after she apologized to resident #1.

Staff person A's [redacted] who did not work or reside in the home and who was not permitted in the home by staff person B due to prior incidents, was given access to the home by staff person A on or around [redacted]/20. Staff person A's [redacted] entered resident #1's bedroom without consent, walked over and kissed [redacted], squeezed and smacked [redacted] repeatedly and then left the room. Shortly after, [redacted] returned [redacted] and leaned onto resident #1's dresser while [redacted]

## 42b - Abuse (continued)

## Plan of Correction

Accept

*Immediate action taken by the home's administrator:*

*On December 12, 2020, Staff person A was immediately terminated without the possibility of regaining employment. See attachment E.*

*On December 12, 2020, staff person B spoke to all other 16 residents to identify if there were other complaints that should be reported regarding staff person A's treatment towards other residents. No other resident complaints regarding staff person A's treatment were discovered at this time.*

*On December 12, 2020, staff person B directed all staff and residents who have cell phones to call 911 immediately should the alleged perpetrator be seen in or around the home's grounds. Residents were asked by staff person B to call staff person B's cell phone should there ever be any unknown guests in or around resident rooms.*

*Starting on January 26, 2021, and for the next 180 days, staff person B will interview randomly 25% of the residents bi-monthly to ascertain if there are other reasons for concern relating to staff's treatment and to identify if any unknown visitors are in the personal care home at any time. Record of resident interviews shall be kept and readily available in the home for viewing purposes by the Department.*

*On December 10, 2020 staff person B discussed the initial complaints with the staff and communicated clearly the importance of treating the residents with respect, compassion and dignity while emphasizing a zero tolerance for yelling, cursing or any display of frustration even through challenging moments.*

*On or before March 31, 2021, all staff will have a more in-depth training session regarding staff services and treatment towards residents and the home's policy on guests. Record of training and visitor policy will shall be kept and filed for the departments viewing. The administrator is responsible to ensure the staff is upholding the resident's rights.*

Completion Date: 01/19/2021 Licensee's Proposed Date for POC Implementation  
Document Submission

 4/5/21  
Not Implemented

## 141b1 - Annual Medical Evaluation

## 1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## Description of Violation

*Resident #1's most recent medical evaluation was completed on 1/16/19.*

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept

2600.141.b.1

A resident shall have a medical evaluation at least annually.

The problem occurred because resident #1 was out of the home for an extended period of time [REDACTED] [REDACTED] During this time, the visiting PCP came to the home and completed the annual DME's. Resident #1 was not in the home at the time and did not return for nearly two months afterwards. The administrator failed to catch the problem and did not add resident #1's DME to the administrator's calendar to complete DME upon returning back to the personal care home.

The administrator immediately spoke to the visiting PCP and requested all resident DME's be completed as soon as possible. The in-home visiting PCP visited the home on December 17, 2020, evaluated all residents and completed all DME's for the annuals.


The administrator reviewed all resident DME's for accuracy and completion.

The administrator will now pull all resident files for the PCP in home visit and mark each resident's file that may be out of the home for a hospital stay or rehabilitation. Special notations will be made for any resident not in the home at the time of the PCP's visit and then added to the administrators calendar for follow up upon the residents return to the home.

The administrator educated the administrator designee of the administrator's oversight and asked that all files be reviewed by the administrator designee following the administrator's initial review. The administrator designee is now better aware of the need for double coverage to ensure completion and accuracy during the PCP's annual DME evaluations.

Going forward, it is the responsibility of the administrator to ensure all DME's are completed accurately and in a timely fashion.

Completion Date: 03/31/2021 Licensee's Proposed Date for POC Implementation

 4/5/21

Document Submission

Not Implemented