

Department of Human Services
Bureau of Human Service Licensing

July 18, 2022

[REDACTED] ADMINISTRATOR
[REDACTED]

RE: DONAHUE'S PERSONAL CARE I
1610 HYBLA STREET
PITTSBURGH, PA, 15212
LICENSE/COC#: 43034

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *DONAHUE'S PERSONAL CARE I* License #: *43034* License Expiration: *09/27/2022*
Address: *1610 HYBLA STREET, PITTSBURGH, PA 15212*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/14/2022*

Inspection Dates and Department Representative

06/14/2022 - On-Site: [REDACTED]

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: *7* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2022*

07/12/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/18/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/14/22, a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous place in the home.

Plan of Correction

Accept

The 55 PA Code Chapter 2600 (Pink Book) was located in the home's incoming mail bin by the front door and hung back up on the day of the survey. On the same day of the site survey the administrator immediately gave verbal instruction to the lead daytime staff person to ensure the Pink Book remains posted at all times. On June 19, 2022, the administrator met with all staff persons to educate them on how everyone is responsible to ensure the Pink Book is posted at all times. The administrator added this item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly for 3 months. The administrator met with the staff on June 27, 2022 to discuss VR report and new building check list.

Completion Date: 06/27/2022

Document Submission

Implemented

The 55 PA Code Chapter 2600 (Pink Book) was located in the home's incoming mail bin by the front door and hung back up on the day of the survey. On the same day of the site survey the administrator immediately gave verbal instruction to the lead daytime staff person to ensure the Pink Book remains posted at all times. On June 19, 2022, the administrator met with all staff persons to educate them on how everyone is responsible to ensure the Pink Book is posted at all times. The administrator added this item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly for 3 months. The administrator met with the staff on June 27, 2022 to discuss VR report and new building check list.

See attached

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/14/22, there was no running water available at the sink in the common bathroom on the second floor.

Plan of Correction

Accept

On June 19, 2022, the administrator unlogged the sink drain to put the 2nd floor sink back in operation. On June 27, 2022, the administrator spoke to all staff to educate them on the importance of the newly added building checklist. The administrator provided additional training to the administrator designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process. The administrator is responsible to review the building inspection sheets monthly to ensure 2nd floor bathroom sink is continuously operational. On July 6, 2022, the bathroom sink and vanity was replaced with a new vanity and a touchless faucet.

Completion Date: 07/06/2022

Document Submission

Implemented

On June 19, 2022, the administrator unlogged the sink drain to put the 2nd floor sink back in operation. On June

85a - Sanitary Conditions (continued)

27, 2022, the administrator spoke to all staff to educate them on the importance of the newly added building checklist. The administrator provided additional training to the administrator designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process. The administrator is responsible to review the building inspection sheets monthly to ensure 2nd floor bathroom sink is continuously operational. On July 6, 2022, the bathroom sink and vanity was replaced with a new vanity and a touchless faucet. See attached

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/14/22, at approximately 8:35 a.m., there were 2 large black garbage bags full of trash along the front side of the home facing [REDACTED]. At approximately 12:00 pm. there were a approximately nine or more large black garbage bags full of trash along the front side of the home.

Plan of Correction

Accept

On June 14, 2022, the administrator verbally instructed the lead staff person that we cannot take trash to curb for pick up too early in the day. On June 19, 2022 the administrator verbally instructed all staff members that trash may be taken to curb after 6:00 pm on garbage night. On June 27, 2022, the administrator educated all staff persons regarding the newly added bi-weekly building inspection form. The administrator designee is assigned to complete the bi-weekly inspection form to ensure continued compliance. The administrator will review the building inspection forms monthly for 3 months and immediately address any possible problems.

Completion Date: 06/27/2022

Document Submission

Implemented

On June 14, 2022, the administrator verbally instructed the lead staff person that we cannot take trash to curb for pick up too early in the day. On June 19, 2022 the administrator verbally instructed all staff members that trash may be taken to curb after 6:00 pm on garbage night. On June 27, 2022, the administrator educated all staff persons regarding the newly added bi-weekly building inspection form. The administrator designee is assigned to complete the bi-weekly inspection form to ensure continued compliance. The administrator will review the building inspection forms monthly for 3 months and immediately address any possible problems.

See attached

88a - Surfaces

1. Requirements

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 6/14/22, there was an area where the tile flooring was missing or broken, measuring approximately 12" by 6 3/4" in the kitchen by the dishwasher.

On 6/14/22, there is an area measuring approximately 25 1/2" by 6", of floor tile that is broken and/or missing from the floor between the dining room and hallway.

88a - Surfaces (continued)

On 6/14/22, the interior side of the wall around the emergency exit door in the rear hallway, is in disrepair. The wood around the door frame is broken in multiple areas and has small pieces of wood securing it together. The wall above the doorframe has a large crack, with one main one running the entire width of the wall and has shifted leaving a large gap. There is a large hole above the door on the right side of the wall, partially hidden by the lighted Exit sign above the door.

On 6/14/22, there are approximately 5 ceramic floor tiles that are loose and move, not secured by the tile grout when walking on them in the common bathroom on the second floor.

Plan of Correction**Accept**

On June 19, 2022, the missing VCT tiles in the kitchen and dining area were replaced with new VCT tiles. On June 29, 2022, the contractor repaired the interior side of the wall and wood around the door frame by the rear exit door. On July 6, 2022, the ceramic floors were torn out and new subfloor and laminate flooring were installed... bathroom remodeled. On June 19, 2022, the administrator immediately spoke to all staff persons regarding the site survey findings and the path moving forward. On June 27, 2022, the administrator better educated all staff persons on the newly added bi-weekly building inspection forms. The administrator designee has been assigned to complete the additional building inspection form to ensure continued compliance. The administrator will check building inspection forms monthly for 3 months to ensure compliance and address any possible problems.

Completion Date: 07/06/2022

Document Submission**Implemented**

On June 19, 2022, the missing VCT tiles in the kitchen and dining area were replaced with new VCT tiles. On June 29, 2022, the contractor repaired the interior side of the wall and wood around the door frame by the rear exit door. On July 6, 2022, the ceramic floors were torn out and new subfloor and laminate flooring were installed... bathroom remodeled. On June 19, 2022, the administrator immediately spoke to all staff persons regarding the site survey findings and the path moving forward. On June 27, 2022, the administrator better educated all staff persons on the newly added bi-weekly building inspection forms. The administrator designee has been assigned to complete the additional building inspection form to ensure continued compliance. The administrator will check building inspection forms monthly for 3 months to ensure compliance and address any possible problems.

See attached

94b - Non-Skid Surface**1. Requirements**

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The stairs off the small deck and emergency egress route facing the back of the home does not have a nonslip surface covering the entire surface of the steps. Only a portion of the steps on the right side had a piece of rubber matting secured to each step, measuring approximately 2' by 10", leaving more than half of each step without a nonslip surface.

Plan of Correction**Accept**

On June 22, 2022 the administrator purchased new step treads and installed as needed. Both sides of the steps to railings have slip resistant rubber step treads. On June 27, 2022, the administrator educated all staff persons on the importance of slip resistance on all exterior steps and also the newly added bi-weekly building inspection forms. The administrator designee has been assigned to complete the additional building inspection form to ensure continued compliance. The administrator will check building inspection forms monthly for 3 months to ensure compliance and address any possible problems.

Completion Date: 06/27/2022

94b - Non-Skid Surface (continued)**Document Submission****Implemented**

On June 22, 2022 the administrator purchased new step treads and installed as needed. Both sides of the steps to railings have slip resistant rubber step treads. On June 27, 2022, the administrator educated all staff persons on the importance of slip resistance on all exterior steps and also the newly added bi-weekly building inspection forms. The administrator designee has been assigned to complete the additional building inspection form to ensure continued compliance. The administrator will check building inspection forms monthly for 3 months to ensure compliance and address any possible problems.

See attached

95 - Furniture and Equipment**1. Requirements**

2600.

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

Description of Violation

On 6/14/22, the sink vanity in the second-floor common bathroom is in disrepair. There were multiple areas showing water damage to the vanity, where the Formica has pulled away exposing the particle board that has swelled and falling apart. The vanity door is broken.

Plan of Correction**Accept**

On July 5, 2022, a new vanity was purchased for installation. On July 6, 2022, the bathroom sink and vanity was replaced with a new vanity and a touchless faucet. On June 27, 2022, the administrator spoke to all staff to educate them on the importance of the newly added building checklist. The administrator provided additional training to the administrator designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process. The administrator is responsible to review the building inspection sheets monthly for 3 months to ensure 2nd floor bathroom sink is continuously operational and in good repair.

Completion Date: 07/06/2022

Document Submission**Implemented**

On July 5, 2022, a new vanity was purchased for installation. On July 6, 2022, the bathroom sink and vanity was replaced with a new vanity and a touchless faucet. On June 27, 2022, the administrator spoke to all staff to educate them on the importance of the newly added building checklist. The administrator provided additional training to the administrator designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process. The administrator is responsible to review the building inspection sheets monthly for 3 months to ensure 2nd floor bathroom sink is continuously operational and in good repair.

See attached

100a - Exterior - Free of Hazards**1. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The concrete step on the exterior side of the front entrance is in disrepair. The concrete is cracked across the entire step in multiple areas. The top layer of the concrete has chipped away exposing gravel. The riser is cracked along the entire top of the step with large gaps between the concrete, with pieces that have broken away and crumbled posing a hazard.

100a - Exterior - Free of Hazards (continued)

REPEAT VIOLATION 7/20/21

Plan of Correction**Accept**

On June 15, 2022, the administrator contacted the contractor to schedule for the concrete step to be repaired. Scheduled repair date was set for July 1, 2022. The step was then chiseled out and new concrete was set to repair step. On June 27, 2022, the administrator spoke to all staff to educate them on the importance of the newly added building checklist. The administrator provided additional training to the administrator designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process. The administrator is responsible to review the building inspection sheets monthly for 3 months to ensure the front step is being checked as instructed and remains in good repair.

Completion Date: 07/01/2022

Document Submission**Implemented**

On June 15, 2022, the administrator contacted the contractor to schedule for the concrete step to be repaired. Scheduled repair date was set for July 1, 2022. The step was then chiseled out and new concrete was set to repair step. On June 27, 2022, the administrator spoke to all staff to educate them on the importance of the newly added building checklist. The administrator provided additional training to the administrator designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process. The administrator is responsible to review the building inspection sheets monthly for 3 months to ensure the front step is being checked as instructed and remains in good repair.

See attached

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

On 6/14/22, resident #1's green vinyl mattress is in disrepair in bedroom #3 on the first floor.. It has multiple long cracks in the vinyl, exposing the threading holding it together, measuring approximately 24" long. There are two holes, measuring approximately 1" in diameter, in the mattress where the metal springs are poking through. The front side of mattress is broken down with several holes and the underneath is in poor condition with multiple cracks and several small holes.

On 6/14/21, resident #2's green vinyl mattress is in disrepair in bedroom #5 on the second floor. The entire top of the mattress has cracks, multiple lengths exposing the threads and there are three large holes, measuring approximately 2" in diameter where the springs are poking out. The underneath of the mattress is in worse condition than the top of mattress.

Plan of Correction**Accept**

On June 14, 2022, the administrator verbally instructed the lead staff person to report torn mattress to the administrator as noticed during routine linen changes. On June 14, both mattresses for resident #1 and #2 were discarded and new replacement mattress were pulled from storage and placed on both beds in question. The site surveyor witnessed the immediate mattress replacements and compliance was met same day. On June 19, 2022, the administrator met with all staff persons to educate them on how everyone is responsible to ensure all mattresses are in good repair. The administrator added this item to the home's bi-weekly building check list. The administrator

101j1 - Mattress Fire Retardant (continued)

designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly for 3 months to ensure ongoing compliance. The administrator met with the staff on June 27, 2022 to discuss VR report and new building check list in greater detail.

Completion Date: 06/14/2022

Document Submission**Implemented**

On June 14, 2022, the administrator verbally instructed the lead staff person to report torn mattress to the administrator as noticed during routine linen changes. On June 14, both mattresses for resident #1 and #2 were discarded and new replacement mattress were pulled from storage and placed on both beds in question. The site surveyor witnessed the immediate mattress replacements and compliance was met same day. On June 19, 2022, the administrator met with all staff persons to educate them on how everyone is responsible to ensure all mattresses are in good repair. The administrator added this item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly for 3 months to ensure ongoing compliance. The administrator met with the staff on June 27, 2022 to discuss VR report and new building check list in greater detail.

"Replaced same day"

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/14/22 at approximately 11:10 a.m., the bedside lamp for resident #2 was on the tall dresser measuring, approximately 4' from the residents bedside. The resident did not have a source of light that could be turned on/off from bedside.

Plan of Correction**Accept**

On June 14, 2022, the administrator verbally instructed the lead staff person to ensure all lamps are plugged in and in arms reach from bed. On June 14, 2022, the lead staff person moved the lamp from the dresser back to the bedside table. The administrator added this item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly to ensure ongoing compliance. The administrator met with the staff on June 27, 2022 to discuss VR report in greater detail and to better discuss the importance of the newly added building inspection form.

Completion Date: 06/27/2022

Document Submission**Implemented**

On June 14, 2022, the administrator verbally instructed the lead staff person to ensure all lamps are plugged in and in arms reach from bed. On June 14, 2022, the lead staff person moved the lamp from the dresser back to the bedside table. The administrator added this item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly to ensure ongoing compliance. The administrator met with the staff on June 27, 2022 to discuss VR report in greater detail and to better discuss the importance of the newly added building inspection form.
See attached

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 6/14/22, the ceiling tile in bedroom #5 on the second floor, has rust colored water stains on 3 of the ceiling tiles around the grated light from clogged gutters on exterior of home, causing water to back up into the home. The water stains measured approximately 16" in diameter, 6" and 12" in diameter.

Plan of Correction

Accept

On June 15, 2022, the administrator contacted a contractor to repair replace ceiling tiles. The earliest date available for repair was July 1, 2022, at which point the ceiling tiles were pulled down, discarded and replaced with new ceiling tiles. A roofer is scheduled the week of July 11, to unclog gutter and reflash chimney. Expected gutter repairs to be completed no later than July 20, 2022. The administrator added the ceiling tile item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly for 3 months. The administrator met with the staff on June 27, 2022 to discuss VR report and new building check list in greater detail.

Completion Date: 07/20/2022

Document Submission

Implemented

On June 15, 2022, the administrator contacted a contractor to repair replace ceiling tiles. The earliest date available for repair was July 1, 2022, at which point the ceiling tiles were pulled down, discarded and replaced with new ceiling tiles. A roofer is scheduled the week of July 11, to unclog gutter and reflash chimney. Expected gutter repairs to be completed no later than July 20, 2022. The administrator added the ceiling tile item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list. The administrator will review the building check list monthly for 3 months. The administrator met with the staff on June 27, 2022 to discuss VR report and new building check list in greater detail.

See attached

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 Violation

On 6/14/22, resident #3's glucometer was not calibrated to the correct time. The glucometer indicated a time of 5:37; however, the actual time was 1:12pm.

Resident #3's blood glucose readings were not recorded accurately on resident #3's June 2022 Medication Administration Record (MAR), as follows:

* On 6/2/22 at 7:30 a.m. glucometer indicated [redacted]; however, documented in MAR was [redacted]

* On 6/5/22 at 4:30 p.m., glucometer indicated [redacted]; however, documented in MAR was [redacted]

Plan of Correction

Accept

On June 14, 2022, the Administrator verbally instructed the lead staff person and the administrator designee to ensure glucometers have the correct date and time and to ensure glucometer reviews are performed for accuracy. On June 19, 2022, the administrator met with all staff persons to educate them on how everyone is responsible to ensure glucometer dates and times are set. All staff were shown how to change as needed through the glucometer settings. The administrator added this item to the home's bi-weekly building check list. The administrator designee

185a - Implement Storage Procedures (continued)

is responsible to complete the bi-weekly building check list to ensure glucometers remain set. The administrator will review the building check list monthly to ensure ongoing compliance is met. The administrator met with the staff again on June 27, 2022 to discuss VR report and new building check list. A bi-weekly glucometer reading will be conducted to gauge staff's attentiveness and accuracy in recording such information. The administrator advised all staff that any oversights may result in a suspension.

Completion Date: 06/27/2022

Document Submission**Implemented**

On June 14, 2022, the Administrator verbally instructed the lead staff person and the administrator designee to ensure glucometers have the correct date and time and to ensure glucometer reviews are performed for accuracy. On June 19, 2022, the administrator met with all staff persons to educate them on how everyone is responsible to ensure glucometer dates and times are set. All staff were shown how to change as needed through the glucometer settings. The administrator added this item to the home's bi-weekly building check list. The administrator designee is responsible to complete the bi-weekly building check list to ensure glucometers remain set. The administrator will review the building check list monthly to ensure ongoing compliance is met. The administrator met with the staff again on June 27, 2022 to discuss VR report and new building check list. A bi-weekly glucometer reading will be conducted to gauge staff's attentiveness and accuracy in recording such information. The administrator advised all staff that any oversights may result in a suspension.

See attached

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On 6/14/22, resident #1 is prescribed [REDACTED] tablet. Take one tablet under the tongue every 5 minutes, as needed for chest pain. However, the prescribed medication is not included in the residents June 2022 MAR.

On 6/14/22, resident #2 is prescribed [REDACTED] tablet, take 1½ tablet daily. The physician order, dated 5/24/22, indicates the resident is prescribed Lexapro 10mg tablet, take 1½ tablet daily. However, resident #2's June 2022 MAR indicates [REDACTED] 10mg tablet- Take one tablet daily.

Plan of Correction**Accept**

On June 14, 2022, the lead staff person manually wrote in the corrections on the MAR for resident #1 & #2. On June 28, 2022, the administrator designee contacted the pharmacy to send to the home corrected MAR's for July for resident #1 & #2. On July 1, 2022 the administrator designee reviewed MAR's for resident #1 & #2 and found no

187a - Medication Record (continued)

discrepancies. On July 27, 2022, the administrator held a training session on the importance of ensuring all medications and MAR descriptions match entirely. Med audits for resident #1 & #2 will be conducted bi-weekly with the newly added inspection form by the administrator designee. Documentation of med audits will be save for future viewing purposes. The administrator will check the newly added inspection form monthly for 3 months to ensure ongoing compliance and accuracy is maintained.

Completion Date: 07/01/2022

Document Submission**Implemented**

On June 14, 2022, the lead staff person manually wrote in the corrections on the MAR for resident #1 & #2. On June 28, 2022, the administrator designee contacted the pharmacy to send to the home corrected MAR's for July for resident #1 & #2. On July 1, 2022 the administrator designee reviewed MAR's for resident #1 & #2 and found no discrepancies. On July 27, 2022, the administrator held a training session on the importance of ensuring all medications and MAR descriptions match entirely. Med audits for resident #1 & #2 will be conducted bi-weekly with the newly added inspection form by the administrator designee. Documentation of med audits will be save for future viewing purposes. The administrator will check the newly added inspection form monthly for 3 months to ensure ongoing compliance and accuracy is maintained.

See attached