



CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED MAILING DATE: August 31, 2022

[REDACTED]  
Perry South Personal Care Home LTD  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204  
License/COC #: 433731

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 1, 2022, and August 1, 2022, 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), the Department hereby REVOKES your certificate of compliance (license number 433730) dated September 20, 2021 – September 20, 2022, and issues you a FIRST PROVISIONAL license to operate the above facility. Additionally, your license dated September 20, 2022 – September 20, 2023, is REVOKED. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated September 20, 2022 – September 20, 2023, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 31, 2022 to March 3, 2023.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<b>Section:</b>					
184(a)	II	7	\$5	\$35	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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:

Jeanne Parisi, Bureau Director  
 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,

*Jamie F. Buchenauer*

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc: [REDACTED]  
[REDACTED]  
[REDACTED]

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: *09/20/2022*  
Address: *1129 TWEED STREET, PITTSBURGH, PA 15204*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4127779828* Email: [REDACTED]

**Legal Entity**

Name: *PERRY SOUTH PERSONAL CARE HOME LTD*  
Address: *1129 TWEED STREET, PITTSBURGH, PA, 15204*  
Phone: *4127779828* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *10/08/2008* Issued By: *City of Pittsburgh*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Interim* Exit Conference Date: *08/01/2022*

**Inspection Dates and Department Representative**

*08/01/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *7*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/01/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2022*

Inspections / Reviews (*continued*)

08/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2022*

08/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/18/2022*

08/15/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

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

At 10:05 a.m., resident #1's bedside lamp was unplugged and did not have a lightbulb.

Plan of Correction

Accept

As of 8/1/2022 there has been a light placed in lamp in resident room 1 and has been plugged in.

This has been implemented on 8/1/2022 when the administrator did a walk-through to make sure all resident's bedside lamps are plugged in and a light bulb is present this has been added to the resident room walk-through checklist that is done weekly. Documentation of the checklist will be kept in the home.

Completion Date: 08/03/2022 Licensee's Proposed Date for POC Implementation



8/15/22

Not Implemented

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The curtains on the window in resident #2's bedroom are sheer and do not provide privacy.

2 solid curtains are present on either side of a sheer curtain on the window in resident #3's bedroom; however, do not allow for the solid curtains to close completely to provide privacy.

Plan of Correction

Accept

The administrator has properly adjusted the curtains so that the curtains are closed all the way and provide privacy for the resident in bedroom [redacted]. The sheer curtains have been removed and replaced with curtains that are not sheer and provide privacy to residents in room [redacted]. The administrator has checked all other windows in the resident's rooms to make sure that the window is fully covered and provides privacy. Perry South Staff and administrators on 8/1/2022 have implemented this in our weekly room walk-through to ensure that all residents' window covering is providing privacy. Documentation of resident room walk-through will be kept in the home.

Completion Date: 08/03/2022 Licensee's Proposed Date for POC Implementation



8/15/22

Not Implemented

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:34 a.m., an open and unsealed bag of cinnamon toast sticks, as well as an open box containing loose 2 corn dogs were present in the kitchen freezer.


103g - Storing Food (continued)

**Plan of Correction**

**Accept**

*Perry South Staff and administrator have gone through all cabinets and freezers and refrigerators and made sure that all food was properly stored and sealed. The administrator has implemented a daily sign-off sheet on 8/1/2022 that all staff must sign off and date and itemize what food has been opened and stored in a ziplock bag if the original container can not be properly stored. The checklist is effective on 8/1/2022 the administrator will check this daily sign-off sheet or as needed to ensure that food is being stored properly. Documentation of all opened food that has been sealed and stored will be kept in the home.*

**Completion Date:** 08/03/2022 Licensee's Proposed Date for POC Implementation

 8/15/22

**Not Implemented**

184a - Labeling OTC/CAM

**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

*There is no pharmacy label present on resident #2's [REDACTED].*

*REPEAT VIOLATION: 6/16/2021, et. al.*


**Plan of Correction**

**Accept**

*Perry South staff and administrator will keep all containers to all medications even if it's damaged, all staff have been trained on 8/1/2022 and this has been implemented on 8/1/22. The administrator has checked all residents' medication to ensure that all medications are stored in their original containers. Documentation will be kept in the home that the administrator and staff will do a daily check that all medication is stored properly in its original container.*

*Medication for resident 2 has been discontinued on 8/2/22 documentation has been kept for discontinued medication and medication has been removed from home.*

**Completion Date:** 08/03/2022 Licensee's Proposed Date for POC Implementation

 8/15/22

**Not Implemented**

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**

*Resident #2 is prescribed blood sugar checks [REDACTED]. However, multiple readings on resident #2's blood glucose log do not match the readings on resident #2's glucometer, to include the following:*

- \* [REDACTED] /22 at breakfast: the glucometer reading was [REDACTED]; however, was documented as [REDACTED]
- \* [REDACTED] /22 at breakfast: the glucometer reading was [REDACTED]; however, was documented as [REDACTED]
- \* [REDACTED] /22 at breakfast: the glucometer reading was [REDACTED]; however, was documented as [REDACTED]
- \* [REDACTED] /22 at breakfast: the glucometer reading was [REDACTED]; however, was documented as [REDACTED]

**185a - Implement Storage Procedures (continued)****Plan of Correction****Directed**

*Perry South Administrator has ordered a new glucometer reading for resident 2 and received it on 8/2/2022. The administrator has also downloaded an app that also checks the readings to ensure the accuracy of the glucose readings, this has been implemented on 8/2/2022. documentation of the glucose readings will be recorded and kept on resident MAR and on app for accurate recordings.*

*DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review the blood sugar readings for all residents daily for one month, then weekly thereafter to ensure accurate blood sugar documentation in accordance with the resident's blood sugar readings present on their glucometers. LM 8/12/22*

**Completion Date:** 08/03/2022 Licensee's Proposed Date for POC Implementation



8/15/22

**Not Implemented**