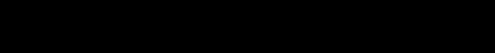


Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

March 28, 2023

  
ORION PERSONAL CARE CORPORATION  
2191 FERGUSON ROAD  
ALLISON PARK, PA, 15101

RE: ORION PERSONAL CARE  
2191 FERGUSON ROAD  
ALLISON PARK, PA, 15101  
LICENSE/COC#: 43126

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2022, 12/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  


cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *ORION PERSONAL CARE* License #: *43126* License Expiration: *01/20/2024*  
 Address: *2191 FERGUSON ROAD, ALLISON PARK, PA 15101*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ORION PERSONAL CARE CORPORATION*  
 Address: *2191 FERGUSON ROAD, ALLISON PARK, PA, 15101*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/12/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *12/14/2022*

**Inspection Dates and Department Representative**

12/13/2022 - On-Site: [REDACTED]  
 12/14/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *25* Residents Served: *18*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Entire Facility* Capacity: *25* Residents Served: *18*

Hospice  
 Current Residents: *4*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *18* Have Physical Disability: *0*

**Inspections / Reviews**

12/13/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/14/2023*

01/17/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/17/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/23/2023*

Inspections / Reviews (*continued*)

## 01/24/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/17/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/01/2023

## 03/28/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/17/2023

Reviewer: [REDACTED] Follow-Up Type: Not Required

## 28e - Death of a Resident

## 1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

## Description of Violation

Resident #1 passed away on resident #1's date of death. Resident #1's designated person donated resident #1's belongings to the home; however, resident #1's designated person did not receive a refund for the remainder of previously paid charges until [REDACTED]/22.

## Plan of Correction

Directed [REDACTED] - 01/24/2023)

Orion's Residency Agreement/Home Contract includes a section regarding death of a Resident and refunds due (see Attachment #1) It is our position that per state licensing regulations/Elder Care Restitution Act, that refunds due in the case of death, apply to care/personal care services fees etc., but not to monthly rent (room & board). Resident #1 CTB on [REDACTED] 22 and [REDACTED] room & board was pre-paid. Resident #1 was billed and paid only monthly room & board fee, no care/personal care (care packages) fees, so no refund was issued within 30 days. Resident #1's wife had the contract in her possession and was aware of the section. [REDACTED], Resident's wife requested refund for balance of [REDACTED]. In largest part, due to the fact that she never returned the contract to Orion, we refunded the balance in full on [REDACTED]/22.

In the event a Resident death, any/all refunds due will continue to be made by Orion within 30 days once the room is cleared of personal belongings. Per Orion's policy regarding death and refunds, the PCHA notifies the business office in writing following death and once personal belongings are cleared. In turn, the business office issues refund due within 30 days. (DIRECTED: Beginning on 1/25/23: In the event of a resident's death, refunds shall be issued to the resident's personal representative or guardian of the resident within 30 days from the date the resident's bedroom is cleared of personal property for all previously-paid charges. Documentation of the refunds shall be kept in the resident's record. All staff persons involved in issuing refunds shall be educated on the requirement by 2/1/23. Documentation of the education shall be kept. [REDACTED] 1/24/23).

Beginning on 2/1/23, then monthly thereafter: The administrator shall review the records for all residents who passed away to ensure timely refunds are issued in accordance with 2600.28e. [REDACTED] 1/24/23

Directed Completion Date: 02/01/2023

Implemented [REDACTED] - 03/28/2023)

## 85a - Sanitary Conditions

## 2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

On the mornings of 12/13/22 and 12/14/22, a strong odor of urine was present near the front door of the home.

## 85a - Sanitary Conditions (continued)

**Plan of Correction****Directed (LM - 01/24/2023)**

During exit interview on 12/14/22, licensing inspector reported smelling an odor of urine upon entering the home @ approx. 9a.m. mornings of 12/13/22 and 12/14/22. Inspector added, those were the only times he detected the urine odor. Explanation given: Approx. 10 feet from front entrance is a dining table where we seat 3 of our female Resident's for meals. All 3 Residents are immobile, require assistance with meals, and are fully incontinent. Breakfast is served from 8am-approx 9:30. After waking and prior to going to dining areas for breakfast, all incontinent Residents are changed. Once all Residents are done eating and the dining room is cleared, the 3 female Residents are then taken back to be changed. As a result, a temporary odor of urine is not uncommon at that time/place. At Orion, we consistently maintain a high standard of sanitary conditions, including the swift mitigation of odors resulting from bladder and bowel incontinence. Per Orion's policy, all incontinent Residents are changed daily upon waking, before bed, every 2 hours throughout the day, and/or as needed in between.

**DIRECTED:** Within 48 hours of receipt of the plan of correction: The supervisor on shift shall inspect the home daily to ensure sanitary conditions are maintained and that residents are receiving timely incontinence care in accordance with the home's policies and resident assessments and support plans. [REDACTED] 1/24/23

Directed Completion Date: 02/01/2023

**Implemented [REDACTED] - 03/28/2023)**

## 121a - Unobstructed Egress

**3. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

On 12/13/22, a mattress was leaning against the door on the outside of exit door #5, blocking this egress route.

**Plan of Correction****Directed [REDACTED] - 01/24/2023)**

On 12/13/22, the mattress was removed immediately. On 12/14/22, PCHA re-educated staff both verbally and in writing, that Exit doors must be free of obstruction at all times, in order to ensure clear and safe egress. Written documentation of staff re-education is kept in staff communication binder. Effective 1/1/23, weekly Exit door checks have been added to staff checklist; designated staff to conduct checks and sign off once complete. (DIRECTED: Documentation of the weekly checks of all exit doors shall be kept on the staff checklist. [REDACTED] 1/24/23).

Directed Completion Date: 02/01/2023

**Implemented [REDACTED] - 03/28/2023)**

## 131f - Fire Extinguisher Inspection

**4. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f - Fire Extinguisher Inspection (continued)

Description of Violation

On 12/13/22, the date the fire extinguisher was inspected and approved by a fire safety expert was not present on the fire extinguisher across from exit #5.

Plan of Correction

Accept [redacted] 01/17/2023)

On 3/23/22, Orion's annual fire extinguisher inspection was completed by Fire Fighter Co. (Attachment #2). While the fire extinguisher across from exit #5 was inspected and approved, the technician did not update the tag on extinguisher at the time. Contacted Fire Fighters on 12/14/22 requesting they return to update the tag, completed 1/6/23 (Attachment #3)

Moving forward, all fire extinguisher tags will be double checked by designated Orion staff at time of inspection to ensure that the updated tags are present on all extinguishers.

Licensee's Proposed Overall Completion Date: 01/14/2023

Implemented [redacted] - 03/28/2023)

132f - Alternate Exit Routes

5. Requirements

2600.  
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Exit #4 was used during each of the monthly fire drills conducted from 12/29/21 through 11/21/22.

The 2nd floor fire-safe area, located in bedroom [redacted], was not used during any of the monthly fire drills conducted from 12/29/21 through 11/21/22.

Plan of Correction

Directed ([redacted] - 01/24/2023)

Orion PCHA conducts monthly fire drills and documents all pertinent information on monthly fire drill log. PCHA designates in advance which exits will be used. Exit #4 will be included in monthly fire drills beginning this month, scheduled 1/30/23. Moving forward, Exit #4 will be included in drills on a quarterly basis.

DIRECTED: Beginning on 1/25/23: Exit #4 should not be used during the home's next two fire drills, which includes the fire drill currently scheduled for 1/30/23. Documentation of all fire drills shall be kept in accordance with 2600.132c. [redacted] 1/24/23

DIRECTED: Beginning on 1/25/23: The 2nd floor fire-safe area shall be used during the home's next 2 fire drills, which includes the fire drill currently scheduled for 1/30/23. Documentation of all fire drills shall be kept in accordance with 2600.132c. [redacted] 1/24/23

DIRECTED: Beginning on 2/1/23: The administrator shall review the home's fire drill records monthly to ensure alternate exits are being used. [redacted] 1/24/23

Directed Completion Date: 02/01/2023

Implemented [redacted] - 03/28/2023)

162c - Menus Posted

6. Requirements

162c - Menus Posted (*continued*)

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*On 12/13/22, the only menus posted in the home were dated 10/23/22 through 11/26/22.*

**Plan of Correction****Directed** [REDACTED] - 01/24/2023)

*Orion posts monthly menus 1 week in advance on public bulletin board in home. On 12/12/22, prior to 12/13/22 inspection date, the holiday menu was taken down temporarily to make changes to Christmas holiday meal selections. The revised monthly menu was re-posted on 12/13/22.*

*Orion's food service director is responsible for creating, posting, and maintaining monthly menus, which effective 1/1/23 has been changed to 2- week menu cycles, posted 1 week in advance. In the event any changes need to be made, a copy of the menu will remain on the bulletin board and replaced once changes have been made.*

*Moving forward, Food service director will check the bulletin board once a week to ensure the menu is posted.*

*(DIRECTED: The weekly checks conducted by the Food Service Director shall begin within 72 hours of receipt of the plan of correction to ensure the home's current weekly menu, as well as the menu for 1 week in advance, is posted in a conspicuous and public place in the home. [REDACTED] 1/24/23).*

**Directed Completion Date:** 02/01/2023

**Implemented** [REDACTED] 03/28/2023)

## 190a - Completion Medication Course

**7. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person A successfully completed the initial Department-approved medication administration course on [REDACTED]/08; however, staff person A has not completed an annual practicum since that time. Staff person A administered medications to numerous residents on numerous dates and times, to include administering the following medications to resident #2 at [REDACTED] AM on [REDACTED]/22, [REDACTED]/22 through [REDACTED]/22, [REDACTED]/22, [REDACTED]/22, and [REDACTED] 22 through [REDACTED]/22:*

- [REDACTED] -5 mg
- [REDACTED] 300 mg
- [REDACTED] -5 mg
- [REDACTED] L-0.4 mg

*Staff person B successfully completed the initial Department-approved medication administration course on [REDACTED]/08; however, staff person B has not completed an annual practicum since that time. Staff person B administered medications to numerous residents on numerous dates and times, to include administering the following medications*

**190a - Completion Medication Course (continued)**

to resident #2 at 8:00 AM on 12/2/22, 12/10/22, and 12/11/22:

- [REDACTED] -5 mg
- [REDACTED] 300 mg
- [REDACTED] 5 mg
- [REDACTED] 0.4 mg

**Plan of Correction****Directed [REDACTED] - 01/24/2023)**

Both staff person A & B completed the medication administration course in 2008. Since 2008, both have been active full-time med techs without breaks in service for 15 years at Orion. From 2009-2019, Orion's previous PCHA's and/or RN Resident Care Coordinator (certified med tech trainers) conducted annual med tech practicums, which were documented via the Annual Training for Direct Care Staff form, Medication Self-Administration section (see Attachment #4). At no time from 2009-2022 during annual licensing inspections, which included staff records review, was there ever a mention or violation cited regarding improper med tech training/documentation.

Moving forward, med tech training and annual practicums will be completed by a med tech trainer and documented using the state generated form. Orion uses a monthly audit/checklist form (included in each employee file) to monitor and track Orion and state required documentation and training, which is reviewed monthly by Resident Care Coordinator. Resident Care Coordinator or PCHA will continue to conduct monthly staff file audits to ensure timely compliance.

(DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: The Resident Care Coordinator shall review the training documents for all staff persons currently administering medications to ensure each staff person is qualified to administer medications and has successfully completed the Department-approved medications administration course, which includes successful completion of annual practicums. Documentation of the trainings shall be kept. [REDACTED] 1/24/23).

Orion has been actively seeking a med tech trainer for 2 years, to no avail. Orion will secure a med tech trainer and have all caregiving staff med tech trained/retrained no later than 3/1/23. (DIRECTED: Staff persons A and B will not administer any medications to residents until successful completion of the Department-approved medication administration course. Documentation of the trainings shall be kept. [REDACTED] 1/24/23).

**Directed Completion Date: 03/01/2023**

**Implemented [REDACTED] 03/28/2023)****221c - Post Activity Calendar****8. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

On 12/13/22, the home did not have a current activity calendar posted in a conspicuous and public and place in the home. The activity calendar that was posted was dated November, 2022.

## 221c - Post Activity Calendar (continued)

**Plan of Correction****Directed** [REDACTED] - 01/24/2023)

Orion monthly activity calendars are posted on a public bulletin board in home. The December activity calendar was created and posted by activity coordinator last week in November. On 12/12/22, prior to 12/13/22 inspection date, the activity calendar was temporarily removed to update Christmas/New Year week activities. The activity calendar was revised and reposted on 12/13/22. In the event changes need to be made moving forward, a copy of current calendar will be placed on bulletin board until revised calendar is reposted.

Effective 1/1/23, Orion has changed monthly (4 week) activity calendars to 2- week activity calendars. Activity coordinator will continue to create and post activity calendar, in addition will check the bulletin board once a week to ensure the calendar is posted. (DIRECTED: Within 48 hours of receipt of the plan of correction, then weekly thereafter: The Activity Coordinator shall check the home to ensure the current weekly activity calendar is posted in a conspicuous and public place in the home. [REDACTED] 1/24/23).

**Directed Completion Date:** 01/26/2023**Implemented** [REDACTED] - 03/28/2023)

## 233c - Key-Locking Devices

**9. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

On 12/13/22, the directions for operating the locking mechanism were not conspicuously posted near exit door #5.

**Plan of Correction****Accepted** [REDACTED] - 01/24/2023)

The access code to Exit door #5 was present on the door jam on 12/13/22 (see Attachment #5), but was not seen by inspector, most likely as the access code for Exit #5 is small and not conspicuous. The reason being, for 25 years Exit #5 has been 1 of 2 exit doors designated for emergency use only (applies to staff, Residents, and visitors), as it's located in the back of the house, re-entry is not possible, has uneven terrain, and is a good distance from the front of home. In addition, there are 3 additional Exit doors in close proximity, with egress to the front of home. In the case of emergency, the magnetic locking mechanism releases and Exit #5 may be used.

12/13/22, Inspector checked all Exit doors, no other findings reported during 1/14/22 inspection exit interview.

Following the inspection on 12/16/22, PCHA checked all Exit doors for access codes, all were present and accounted for. Effective 1/1/23, weekly Exit access code checks have been added to staff checklist; designated staff to conduct checks and sign off once complete.

**Licensee's Proposed Overall Completion Date:** 01/23/2023**Implemented** [REDACTED] - 03/28/2023)

## 253a - Record 3 Years

**10. Requirements**

2600.

253a - Record 3 Years (*continued*)

253.a. The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

**Description of Violation**

*Resident #1 passed away on resident #1's date of date; however, resident #1's resident-home contract could not be located.*

**Plan of Correction**

**Accept** [REDACTED] - 01/17/2023)

*As a rule, Resident records are maintained at Orion for a minimum of 3 years. Immediately prior to Resident #1 admission via hospital transport, I met with [REDACTED] POA at Orion to complete the contract. Prior to completion, we were alerted that Resident would be arriving any minute. [REDACTED] very concerned that crossing paths would be problematic, asked if [REDACTED] could take the contract with [REDACTED] and return it later. I agreed under the circumstances and stressed that the signed contract/residency agreement had to be returned by end of day, per licensing requirements. Resident's [REDACTED] did not return the contract as agreed. Over the weeks and months that followed, I regularly and repeatedly asked that the [REDACTED] verbally and in writing to return the contract, to no avail. At one point, I received a letter from the [REDACTED] and [REDACTED] attorney requesting that we amend the contract (which [REDACTED] would then sign and return) to include a clause regarding the discontinuation of all Resident's medication. I explained that was not possible, that no changes could be made, including specific healthcare requests. I continued to request the contract be signed and returned up to Resident's death, again to no avail.*

*Moving forward, Residents will not be admitted without signed contract prior to or by date of admission and all records will be maintained for a minimum of 3 years.*

**Licensee's Proposed Overall Completion Date:** 01/14/2023

**Implemented** [REDACTED] - 03/28/2023)