



Emailing Date: May 4, 2023

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

RE: Perry South Personal Care Home
License #: 433730

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, licensing inspections on January 4, 2023, and April 13, 2023, the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Acting Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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: *03/03/2023*
Address: *1129 TWEED STREET, PITTSBURGH, PA 15204*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PERRY SOUTH PERSONAL CARE HOME LTD*
Address: [REDACTED]
Phone: [REDACTED] 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: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *01/04/2023*

Inspection Dates and Department Representative

01/04/2023 - 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: *1*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/04/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2023*

Inspections / Reviews *(continued)*

01/23/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/25/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2023

01/25/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/25/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/03/2023

04/27/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/25/2023
Reviewer: [REDACTED] Follow-Up Type: Exception

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired approximately 2 months ago to perform ancillary duties; however, the home did not request a criminal history background check until 1/4/23.

Plan of Correction

Accept [REDACTED] - 01/24/2023)

The administrator of Perry South PCH requested a background check on staff member A on 1/4/2023 and received the background check on 1/4/2023. The administrator has been educated that anyone who does ancillary work must have a background check to help around the home. The administrator updated the hiring policy on 1/4/2023.

(1/23/23) The administrator will make sure that prior to hiring a new employee all considered staff must have a criminal background check completed and received by Perry South for hiring. The administrator will monitor all newly hired employees' paperwork prior to hiring. The administrator has checked all employees' records to ensure that all employees have a criminal background check.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] 04/27/2023)

57a - Designee Present/Age

2. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

Multiple resident interviews indicate that on various dates and times, including overnight from 1/3/23 to 1/4/23, staff person A, who is [REDACTED] years of age, was the only staff person present in the home.

Plan of Correction

Accept [REDACTED] - 01/25/2023)

Staff person A has never been in the home overnight. the overnight policy for all staff members has been updated on 1/4/2023 At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services. All staff has been educated on the policy on 1/4/2023.

Updated (1/23/23) The administrator will create a weekly schedule for each employee, all employees working in the home that serves as a designee will be present in the home that is 21 years of age and that is CPR certified at all times. The administrator will monitor all employees worked scheduled hours weekly.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] 04/27/2023)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Multiple resident interviews indicate that on various dates and times, including overnight from 1/3/23 to 1/4/23, staff person A, who is not certified in obstructed airway techniques and CPR, was the only staff person present in the home.

Plan of Correction*Directed [REDACTED] - 01/25/2023)*

Staff person A is certified in CPR and First Aid, and [REDACTED] is certified in CPR, First aid on 2/6/2022, the administrator updated the policy on 1/4/2022 that all staff members must be CPR and First Aid certified before they can work at the home with residents.

Updated 1/23/23, All employees working in the home that serves as a designee will be present in the home that is 21 years of age and that is CPR certified at all times. The administrator has created a weekly work schedule to ensure that there is at least one staff member that is CPR certified in the home at all times, this schedule will be monitored weekly by the administrator. The administrator has checked all staff recorders to ensure that all staff members are CPR Certified and that their certifications for CPR and First-aid are up to date.

DIRECTED

Within 1 Calander day of receipt of the accepted plan of correction: The administrator shall audit the actual staff who worked in the home for the past week to ensure compliance with Regulation 2600.63(a) was met. 1/25/23 [REDACTED]

Directed Completion Date: 01/28/2023

Implemented [REDACTED] - 04/27/2023)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A was hired approximately 2 months ago to perform ancillary duties; however, this staff person did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers,

65a - FS Orientation 1st Day (continued)

smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 01/25/2023)

The administrator has been educated on 1/4/2023 about what training is needed for any direct care staff members and all ancillary workers. Staff A has been trained on 1/5/2023-1/9/2023,

Updated 1/23/23, Prior to new staff working in the home all staff members must be trained on 1. Evacuation procedures.

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

4. Smoking safety procedures, the home's smoking policy and location of smoking areas.

5. The location and use of fire extinguishers.

6. Smoke detectors and fire alarms.

7. Telephone use and notification of emergency services.

The administrator updated the hiring policy packet on 1/4/2023 that all new staff members must be trained on the above topics before doing any direct care staff duties or ancillary duties.

The administrator will monitor all training for new staff before employees are scheduled to work in the personal care home, this training will be kept on file in the employees' records. The administrator has checked all employee records to ensure that all staff members have completed Orientation 1st Day training.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [redacted] - 04/27/2023)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A was hired approximately 2 months ago to perform ancillary duties; however this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept [redacted] - 01/25/2023)

The administrator trained staff member A on 1/5/2023 on 1. Resident rights.

2. Emergency medical plan.

3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65b - Rights/Abuse 40 Hours (continued)

4. Reporting of reportable incidents and conditions.

Staff member A also completed the direct care competency test on 1/5/2023. The administrator updated the training policy on 1/4/2023 that all new hires and ancillary workers are to be trained before they can work in the home this updated policy has taken effect immediately on 1/4/2023.

The administrator will monitor all training for new staff members before employees are scheduled to work in the personal care home, this training will be kept on file in the employees' records. The administrator has checked all employee records to ensure that all staff members have completed the Rights/Abuse 40-hour training. Prior to being scheduled to work in the personal care home, the administrator will require that all staff members must complete the Direct Care Staff Competency Test and provide a certificate of completion, before being added to the weekly work schedule.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] 04/27/2023)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:33 a.m., there was an approximate 5" by 3' area of a red, sticky substance on the bottom shelf on the door of the Gibson upright freezer in the basement.

Plan of Correction

Accept [REDACTED] 01/25/2023)

The administrator cleaned the freezer immediately on 1/4/2023 and checked all conditions of the personal care home to ensure that its meeting sanitary conditions. Updated 1/23/23 The administrator trained staff members that all sanitary conditions must be met all around the home, and the administrator trained all staff that the personal care home needs to be cleaned daily or as needed. The administrator will continue to monitor all sanitary conditions throughout the home, all staff members will sign off to show that each staff member has completed cleaning around the home daily the administrator will monitor all cleaning around the home and monitor the daily sign-off sheet for scheduled staff members.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] 04/27/2023)

85e - Trash Outside Home

7. Requirements

2600.

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

85e - Trash Outside Home (continued)

Description of Violation

At approximately 9:40 a.m., there were various items of trash scattered in the side yard near the home's dumpster, to include 2 televisions, a surgical mask, (2) Mountain Dew soda cans, and a plastic cup. In addition, 2 of the 4 large plastic trash cans lined up against the home were overflowing with trash and could not fully close.

Plan of Correction

Accept [REDACTED] 01/25/2023)

The administrator and staff cleaned around the home on 1/4/2023, and all trash has been removed from the property on 1/5/2023, and the administrator trained and educated all staff to pick up trash from around the home on 1/4/2023, the administrator and staff walked around the home to ensure trash was not present around the home on 1/4/2023. Updated 1/23/23 The administrator will continue to monitor all sanitary conditions throughout the home inside and outside, all staff members will sign off to show that each staff member has completed cleaning around the home inside and outside daily, the administrator will monitor all trash outside the home and monitor the daily sign-off sheet for scheduled staff members.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented ([REDACTED] 04/27/2023)

103g - Storing Food

8. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:33 a.m., there was a 25oz. unsealed bag of cheese ravioli in the Gibson upright freezer in the basement.

REPEAT VIOLATION: 8/1/2022; 6/1/2022

Plan of Correction

Accept [REDACTED] 01/25/2023)

The administrator disposed of unsealed food, and educated, and trained staff on 1/5/2023 that all food must be closed or sealed. The administrator has checked all refrigerators and freezers to ensure that all food has been sealed and closed and dated and labeled. The administrator will train staff twice yearly and educate staff as needed about storing food. Updated 1/23/23 The administrator will monitor all food daily that is stored in the personal care home to ensure that it is dated and sealed properly, the administrator will check off to ensure that food was checked properly for dates and sealed correctly.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] 04/27/2023)

103i - Outdated Food

9. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 9:33 a.m., there were multiple unlabeled, undated foods in the upright Whirlpool freezer in the basement, including sweet potato waffle fries, 2 zippered bags of turkey tail, 2 packages of pie crusts, approximately 4lbs. of ground beef, and an ice cream sandwich.

103i - Outdated Food (continued)

Plan of Correction

Accept [REDACTED] - 01/25/2023)

The administrator has thrown any and all food away that was not dated on 1/4/2023, The administrator has checked all freezers and refrigerators to make sure all food was labeled and dated, and sealed properly. The administrator educated and trained staff on 1/5/2023 that all food must be labeled and dated with masking tape to prevent markers from running off of zip lock bags leaving them undated and unlabeled. Updated 1/23/23 The administrator will monitor all food daily that is stored in the personal care home to ensure that it is dated and sealed properly, the administrator will check off to ensure that food was checked properly for dates and sealed correctly.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] - 04/27/2023)

141a 1-10 Medical Evaluation Information

10. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] however, an initial medical examination was not completed until 7/28/22 and does not indicate the resident's temperature. This area of the form is blank.

Plan of Correction

Accept [REDACTED] 01/10/2023)

The administrator noticed on 7/1/22 that the DME was out of date and requested a new DME from the physician's office, The administrator was educated on 1/4/2023 that the DME was out of date and the Temperature was missing. The administrator has requested a new DME with all fields to be completed. The administrator checked on 1/5/2023 all residents' DME to make sure that they were up to date and all fields were completed, the administrator will continue to check all residents' DME twice yearly to ensure that all DMEs are completed to their entirety.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] - 04/27/2023)

141b1 - Annual Medical Evaluation

11. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #2's most recent medical evaluation, signed by the physician on 6/6/22, does not indicate the date the resident was evaluated and the date the form was completed, therefore, the timeliness of the medical examination is unable to be determined.

REPEAT VIOLATION: 6/1/2022

Plan of Correction

Accept (█) 01/10/2023)

The administrator has requested the physician to complete the date that resident #2 was examined on 1/5/2023, the administrator has checked all resident's Annual Medical Evaluations on 1/5/2023 to ensure all information on the form has been completed. The administrator will check all resident's annual medical evaluations twice yearly.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented (█) 04/27/2023)

187a - Medication Record

12. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed acetaminophen 325mg tab-Take 2 tablets by mouth every 6 hours as needed for pain; however, the resident's December 2022 and January 2023 medication administration records (MARs) indicate-Take 2 tablets by mouth every 4 hours as needed for pain.

Plan of Correction

Accept (█) 01/25/2023)

The administrator has been educated on 1/4/2023 that the MAR was incorrect from the medication label, and the administrator corrected the MAR on 1/4/2023, The administrator educated and trained staff on checking the label with the MAR on 1/4/2023. The administrator has checked all resident's medication labels with the MAR to ensure accuracy to avoid any medication errors. Update 1/23/23 the administrator will check MAR weekly to ensure that all medication is recorded correctly and giving in accuracy the administrator will sign off to ensure that this check is being done weekly. The administrator filed an incident report on 1/23/23, the administrator notified the prescriber of the medication, and the administrator notified resident #3 about the medication error and also what the prescriber said.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented (█) 04/27/2023)

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed acetaminophen 325mg tab-Take 2 tablets by mouth every 6 hours as needed for █ however, the medication was administered daily from 12/1/22 through 12/31/22 at 8:00 a.m., 12:00 p.m., 3:00 p.m., and 8:00 p.m., from 1/1/23 through 1/3/23 at 8:00 a.m., 1:00 p.m., 5:00 p.m., and 10:00 p.m., and on 1/4/23 at 8:00

187d - Follow Prescriber's Orders (continued)

a.m., 1:00 p.m.

REPEAT VIOLATION: 6/1/2022

Plan of Correction

Accept [REDACTED] 01/25/2023)

The administrator has been educated on 1/4/2023 and the administrator has corrected the MAR to be accurate with the medication label. The administrator has educated and trained staff to check MAR with medication labels. The staff will continue to be trained twice yearly to ensure the accuracy of medication administration. The administrator has checked all resident's medications to ensure that they are accurate with the resident's MAR on 1/4/2023. Update 1/23/23 the administrator will check MAR weekly to ensure that all medication is recorded correctly and giving in accuracy the administrator will sign off to ensure that this check is being done weekly.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] - 04/27/2023)

224a - Preadmission Screen Form

14. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening, dated 6/1/22, does not indicate the resident's mobility needs and ability to self-administer medications. These sections of the form were crossed out and left blank.

Plan of Correction

Accept [REDACTED] - 01/10/2023)

The administrator was educated on 1/4/2023 the administrator corrected the preadmission screening form for resident #1. The administrator also checked all resident's preadmission screening forms on 01/5/2023 to ensure that all forms were completed correctly, The administrator will check all resident's files twice yearly to ensure all forms are completed correctly and accurately.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented [REDACTED] - 04/27/2023)

225a - Assessment 15 Days

15. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED] does not indicate multiple diagnoses, including sleep apnea, hyperlipidemia, anxiety, depression, and vitamin D deficiency as indicated on the resident's medical evaluation, dated 7/28/22.

Plan of Correction

Accept [REDACTED] 01/25/2023)

The administrator was educated on 1/4/2023 the administrator corrected the assessment form for resident #1. The administrator also checked all resident's assessment forms on 01/5/2023 to ensure that all forms were completed

225a - Assessment 15 Days (continued)

correctly, The administrator will monitor and review all newly completed assessments for accuracy and completion within 15 days for all new residents. The administrator also educated and trained staff on 1/5/2023 to check RASP and medical assessment are completed correctly.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented [REDACTED] - 04/27/2023)