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

March 25, 2024

PERRY SOUTH PERSONAL CARE HOME LTD

RE: PERRY SOUTH PERSONAL CARE HOME
1129 TWEED STREET
PITTSBURGH, PA, 15204
LICENSE/COC#: 43373

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2024 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: *PERRY SOUTH PERSONAL CARE HOME* **License #:** *43373* **License Expiration:** *05/04/2024*

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:** *6* **Waking Staff:** *5*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Complaint, Incident* **Exit Conference Date:** *02/26/2024*

Inspection Dates and Department Representative

02/26/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served:** *6*

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:** *1*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *0* **Have Physical Disability:** *0*

Inspections / Reviews

02/26/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/31/2024*

03/22/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/29/2024*

Inspections / Reviews *(continued)*

03/25/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/01/2024*

03/25/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/25/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

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

On , at approximately resident while on cell phone went to bedroom on the second floor to get cigarettes. Residents and share the bedroom. When resident entered the room, resident was lying in bed and jumped out of bed and punched resident in the nose, causing it to bleed. Resident informed of the assault and staff person A and administrator. Resident was advised to call the police who arrived on site and only took a report. Crisis center was called and met with resident Interviews indicated prior to this incident, resident informed staff person A and B of the verbal threats resident was making towards resident , to include: "I'm going to get you in your sleep." Resident reported being fearful for life and feeling very unsafe sharing a room with resident After the assault on , resident was moved to the third floor for own safety.

On , resident and were roommates. At approximately resident and , arguing about the volume of the TV in their room. Resident got upset, scratching resident pulled the resident to the floor by neck and tried to punch the resident. Direct care staff person B heard resident yelling and when entered the room found resident on top of resident with arm pulled back to punch resident . Direct care staff person B immediately pulled resident off resident removing resident from the room to the first floor. Resident has several scratches on right side of face and hands. The police were notified and arrive on site with the EMT's a few minutes later. Resident injuries were superficial, a small scratch by the right eyebrow that required minor first aide and a few scratches on the top of the resident's hands. Resident was transported to WPIC by the police, voluntarily for a psychiatric evaluation. Resident was discharged on , back to the home.

On , the home called presented resident with a 30-day notice; however, the resident kept telling the home, "I'm not going anywhere. Interviews indicated resident continued to make threats of harm towards resident , telling resident #1, "I'm going to get you in your sleep." Staff person A and the administrator indicated they had a full census of 8 residents at the time and had no alternatives for room changes. None of the other residents wanted to room with resident , therefore, resident and continued to share the same room after the incident on , with no supervision or safety plan in place except to listen for arguments or raised voices then intervene. Interviews indicated resident verbal aggression towards staff and other residents was escalating. The home failed to provide proper supervision to ensure resident safety and other residents safety while in the home that resulted in resident being assaulted by resident on

Plan of Correction ***Accept - 03/25/2024)***

Implemented on all staff and residents have been educated that Perry South PCH will not tolerate verbal, physical abuse and intimidation by any residents or staff, this will result in immediate termination of lease and resident or staff must leave off of premises that day of incident. Police report will be filed and complaint will be sent in to DHS, Adult protective services will also be notified. All house rules have been updated and staff and residents have been educated to the updated house rules, copies have been given to all residents and staff showing the updated house rules.

On / Administrator issued resident a 30 day notice to vacate premises. Resident is no longer in the home. .

42b - Abuse (continued)

As of 3/22/24 the adminstartor has updated resident support plan and assessment for supervision needs while in the home. on the administartor has educated staff on how to do safety checks every hour while residents are in the home to ensure the saftey of all residents. The administator has conducted private interviews on of at least three residents, the administrtor will do interviews every week for three month with three residents. The administrator will continue to do interveiws with three residents monthly to ensure compliance with Regulation 2600.42(b). The administrtaor has created five questionnaires to interview residents that will help maintain the saftey of the residents. a record of these interviews will be kept in home.

Licensee's Proposed Overall Completion Date: *03/25/2024*

Implemented - 03/25/2024)

191 - Resident Right to Refuse

2. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

On , the home did not have documentation that resident was educated on the resident's right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction ***Accept - 03/25/2024)***

on Resident has been educted by the administrtor about rights to refuse medication, the administrator has documented that resident has been educated, resident has signed that has been educated about rights to refuse medication, this document will be kept in home located in residents records. an audit has been Implemented on by the administartor that all residents and staff have been educated on the rights to refuse medication a sign-off sheet has been created of the residents and staff being educated by administrator, this sign-off sheet will be kept in home.

Licensee's Proposed Overall Completion Date: *03/25/2024*

Implemented - 03/25/2024)

225a - Assessment 15 Days

3. 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

The assessment, dated , for resident , does not include an assessment for Sensory Needs: Tactile. The section is blank.

Repeat Violation: 1/4/23

Plan of Correction ***Accept - 03/22/2024)***

Implemented on resident assessment has been completed by administrator. The administrator has

225a - Assessment 15 Days (continued)

reviewed all resident assessments for completion. Administrator also educated staff on how to review all assessments to make sure that there are no blank spot on any part of the assessment for all residents. Administrator and staff will check all assessments every 6 months and the administrator has also added to the personal care home yearly training on how to review and document on all assessments as residents needs may change.

Licensee's Proposed Overall Completion Date: *03/21/2024*

Implemented - 03/25/2024)

225c - Additional Assessment

4. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment, dated for resident indicates the resident has no problem with short or long-term memory, orientation to time, place and person, judgment, and supervision. However, assessment does not include the information from the Discharge Transfer Report from the Allegheny Health Network JRH Rehabilitation at admission indicating the resident's Cognitive Status for Orientation level: disorientated to situation and has impaired judgement, as follows:
** On resident interviewed was unable to recall sharing a room with resident indicating, "I didn't share a room with resident , room was across the hall from me on the second floor." And then indicated, "If you say I shared a room with resident , then I will take your word for it." Resident and shared a room from to . Resident was assaulted by resident , on and ; however, when interviewed the resident's recall of both incidents was poor mixing up the details from when assaulted at a previous home prior to admission. The resident's supervision needs are not accurately reflected in the assessment based on the history and recent events.*

Plan of Correction ***Accept - 03/25/2024)***

As of The administrator has updated the assessment needs for resident that were listed on transfer report from Allegheny Health Network JRH Rehabilitation. The administrator has scheduled a PCP appointment for resident to have a new medical evaluation completed since the medical condition of the resident has changed, due to short-term memory loss at times, this appointment is scheduled for . The administartor has also conducted an audit for all current and new residents to ensure that their assessments have been compeleted in its entirety. The record of the audit will be kept in home . This has been implemented on .

Licensee's Proposed Overall Completion Date: *03/25/2024*

Implemented - 03/25/2024)

227c - Support Plan Revision

5. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision *(continued)*

Description of Violation

Resident support plan dated, , has not been updated to address the supervision needs of the resident to ensure safety while in the home, after being assaulted by resident , roommate, on and . Resident is assessed with having no supervision needs, no short- or long-term memory needs, is oriented to time, place and person, and no issues with judgment. However, resident was assaulted by resident , roommate on and . The residents support plan does not include a plan to address resident supervision needs or plan in place to ensure the residents safety while in the home. According to the resident's Transfer Report provided upon admission from AHN rehabilitation, indicates the resident's cognitive status as impaired judgement and disorientated to situation. On , resident could not recall being roommates with resident from to and indicated resident room was across the hall, but "if I said roomed with then would take my word for it." Resident not recall details of being assaulted by resident on and kept going back to an incident that occurred in a previous personal care home.

Resident support plan, dated , indicates the resident is assessed with no supervision needs in the home. However, based on resident recent behavior, the support plan has not been updated to address supervision needs in the home to ensure the safety of the residents in the home. Resident has been exhibiting aggressive behaviors and has physically assaulted resident on two different occasions, and , while sharing a room with resident . After the incident on 12/26/23, resident #2 continued verbally threaten physical harm to resident stating, "I'm going to get you in your sleep." The support plan was not updated to address a plan to ensure the safety of the residents and how the home would meet the supervision needs in the home.

Resident support plan, dated , indicates the resident has no supervision needs and exhibiting no hallucinations. The support plan indicates the plan to meet the needs of the mental health diagnosis, schizoaffective disorder is to ensure the resident goes to all doctor appointments and take all meds as prescribed. The support plan was not updated to address the supervision needs in the home to ensure the safety of the residents regarding the resident's recent aggressive behavior.

Plan of Correction ***Accept 03/25/2024)***

As of resident support plan has been updated to address supervision needs, this has been implemeted by the administrator on and documented that resident needs supervision in home. The administrator has educated and trained all staff on on how to supervise resident for safety.

As of Resident is no longer residing at the personal care home has moved out on . The administartor has updated resident support plan documenting that is to be supervised in any home due to aggressive behavior. The administrator has educated all staff on how to document and supervise resident's with aggerssive behavior. This has been implemented by the administrator on .

As of resident support plan for supervision needs have been updated by the administrator to reflect that is to be supervised in home. due to recent aggressive behavior. The administrator has educated all staff on how to document and supervise resident's with aggerssive behavior. This has been implemented by the administrator on .

The administrator has implemented an aduit on on all current resident records and all new resident's records to ensure that all support plans are timley and all residents have an updated and completed support plan. The administrator has kept a sign-off sheet to show that an audit was completed on this record will be

227c - Support Plan Revision (continued)

kept in home this audit has been scheduled yearly.

Licensee's Proposed Overall Completion Date: *03/25/2024*

Implemented [redacted] - 03/25/2024)