



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ORION CARE LLC

LEGAL ENTITY

To operate ORION PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 2191 FERGUSON ROAD, ALLISON PARK, PA 15101

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 9, 2024 until July 9, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455760**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: July 9, 2024

[REDACTED]
Orion Care LLC
[REDACTED]

RE: Orion Personal Care
2191 Ferguson Road
Allison Park, Pennsylvania 15101
License #: 45576

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on June 14 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes. a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

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

Juliet Marsala
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: *ORION PERSONAL CARE* License #: *45576* License Expiration: *06/21/2025*
Address: *2191 FERGUSON ROAD, ALLISON PARK, PA 15101*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ORION CARE LLC*
Address: [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: *38* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *06/14/2024*

Inspection Dates and Department Representative

06/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *19*

Secured Dementia Care Unit

In Home: *Yes* Area: *ENTIRE HOME* Capacity: *25* Residents Served: *19*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

06/14/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2024*

Inspections / Reviews (*continued*)

07/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/08/2024

Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

07/08/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 07/08/2024

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

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At 9:35 a.m., the two AA batteries in the carbon monoxide detector mounted between the kitchen and the laundry were dated 10/12/21. In accordance with the Care Facility Carbon Monoxide Alarm Standards Act, enacted June 2016, if a carbon monoxide detector is battery operated, the batteries must be replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

In accordance with the Care Facility Carbon Monoxide Alarm Standards Act, if a carbon monoxide detector is battery operated, the batteries must be replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

Day of inspection, Detector located between kitchen and laundry room was functional but indicated batteries last changed 10/12/21. Upon discovery, 2 new AA were installed in the carbon monoxide detector. In addition, a conspicuous label was placed on the front cover of detector (attached), including 6/14/24 date of battery change and directive to change annually. Starting 6/14/24, the Administrator will conduct a monthly check of the detector to ensure proper placement and function/operation, and replace batteries annually. The monthly check and annual change has been added to the monthly maintenance/monitoring checklist (attached).

Licensee's Proposed Overall Completion Date: 07/03/2024

Implemented [REDACTED] - 07/08/2024)

107c - Food/Water 3 Day Supply

2. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 6/14/24, the home served 19 residents, requiring 57 gallons of emergency drinking water. However, the home had only 10 gallons stored on site. The home does not have a contract with a company to supply emergency drinking water.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

The home shall maintain at least a 3-day supply of emergency drinking water for residents which will be replaced annually, per regulation. Home's food service vendor no longer provides contract to supply emergency drinking water.

Starting June 2024, home will supply emergency drinking water which will be stored on-site and replaced annually. On 6/27/24, existing supply of emergency water was replaced with 60 gallons of new drinking water. A clear and conspicuous label was added to top cover of drinking water, which includes replacement date and directive to replace annually (attached).

107c - Food/Water 3 Day Supply (continued)

Starting on 6/27/24, the Administrator will conduct a monthly check of the emergency water supply and will replace water supply annually. The monthly check and annual change has been added to the monthly management/monitoring checklist (attached).

Licensee's Proposed Overall Completion Date: 07/03/2024

Implemented [REDACTED] - 07/08/2024)

131f - Fire Extinguisher Inspection**3. 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.

Description of Violation

The fire extinguisher near bedroom #13 and the fire extinguisher near the courtyard door do not have tags indicating they have been inspected in the past year by a fire safety expert.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

Home's annual fire extinguisher inspection was conducted by Fire Fighters Co. in accordance with state regulations. Day of inspection, upon discovery of missing tags, Fire Fighters was called and arrived on-site prior to exit interview to apply missing tags (attached)- which was an admitted oversight on their part.

Starting June 14, 2024, Administrator and/or designee will conduct weekly fire extinguisher checks to ensure that tags are present and visible on all fire extinguishers throughout the home. Weekly fire extinguisher checks have been added to the monthly management checklist (Attached)

Licensee's Proposed Overall Completion Date: 07/03/2024

Implemented [REDACTED] - 07/08/2024)

132c - Fire Drill Records**4. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 1/2/24 and 2/5/24 do not include the time of the drill.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

Home will document time of fire drills on monthly fire drill log. Starting with next scheduled fire drill July 2024, Administrator will complete all entries on fire drill log and will check to ensure that all entries are complete, accurate and legible before initialing. In addition, Administrator will select a designated staff person present at time of drill to conduct a double check of the log to ensure the Administrator's documentation is complete, accurate, and legible. After review, designated staff person will initial and date on fire drill log next to Administrator.

132c - Fire Drill Records (*continued*)

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented (█) - 07/08/2024)

233c - Key-Locking Devices

5. 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

The directions for operating the home's locking mechanisms are not conspicuously posted near the devices in the following locations:

- Exit door next to bedroom 13.
- Exit Door in bedroom #14.
- Exit door in the first floor TV room.

Plan of Correction

Accept (█) - 07/08/2024)

Home will post directions to operate magnetic locking system in a conspicuous place near each device. On 6/14/24 prior to inspection exit interview, directions were re-posted in a conspicuous place at the 3 Exit doors indicated in the violation. Subsequently on 6/27/24, all new directions were conspicuously posted at each of the 6 Exit doors (Attached).

Starting June 2024, Administrator will conduct monthly checks to ensure directions are posted and in a conspicuous location near each device. The monthly check was added to the Management Checklist (attached).

Licensee's Proposed Overall Completion Date: 07/03/2024

Implemented (█) - 07/08/2024)