

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

February 18, 2025

[REDACTED], MEMBER
ORION CARE LLC

RE: ORION PERSONAL CARE
2191 FERGUSON ROAD
ALLISON PARK, PA, 15101
LICENSE/COC#: 45576

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2025 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ORION PERSONAL CARE* License #: *45576* License Expiration: *07/09/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/14/2024* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *25* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/28/2025*

Inspection Dates and Department Representative

01/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *25* Residents Served: *16*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire Home* Capacity: *25* Residents Served: *16*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

01/28/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2025*

02/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2025*

Inspections / Reviews (*continued*)

02/12/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/17/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/17/2025

02/18/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/17/2025

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

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 approximately 11:55 a.m., the two AA batteries in the carbon monoxide detector mounted in the basement of the home were dated 4/2/18.

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 (█ - 02/12/2025)

The two AA batteries in the carbon monoxide detector mounted in the basement were replaced on 2/4/25 at 12:00p by administrator to be in compliance with regulation 2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations. A monthly walkthrough will be done by administrator and or designee to ensure compliance. Documentation will be kept. Administrator or Designee will be responsible for ensuring the batteries are changed at least annually and as needed

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented (█ - 02/18/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At approximately 11:45 a.m., the lock on the resident bathroom door handle was inoperable. The resident bathroom is located in the hallway between rooms #9 and #11.

At approximately 11:50 a.m., the lock on the resident bathroom door handle was inoperable. The resident bathroom is located in the hallway between rooms #5 and #6.

At approximately 12:06 p.m., the lock on the resident bathroom door handle was inoperable. The resident bathroom is located in the hallway on the second floor, between rooms #13 and #15.

Plan of Correction

Accept (█ - 02/11/2025)

On 4/4/25 the resident bathroom door handles were replaced by maintenance to be in compliance with regulation 2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures. A monthly walkthrough will be performed by administrator or

42s - Privacy (continued)

designee to ensure compliance of regulation. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/06/2025

Implemented (█) - 02/18/2025)

51 - Criminal Background Check**3. 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, hired █, does not have a criminal background check completed.

Plan of Correction

Accept (█) - 02/12/2025)

A criminal background check for staff person A was completed on 2/3/25 to be in compliance with regulation 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). A monthly audit will be completed by Administrator or designee to ensure all staff records are complete and in compliance Also a new Hire checklist will be implemented. An audit of all employee records will be completed by administrator on 2/14/25. Education to office staff responsible for helping with hiring process was given by administrator on 2/11/25

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented (█) - 02/18/2025)

65f - Training Topics**4. Requirements**

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.
 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 5. Personal care service needs of the resident.
 6. Safe management techniques.

Description of Violation

Direct care staff person B, hired █ did not receive training in the following areas during the 2024 training year:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- Personal care service needs of the resident.
- Safe management techniques

65f - Training Topics (continued)

Plan of Correction

Directed () - 02/12/2025

Trainings were provided to staff member B on 2/7/25 and 2/8/25 by administrator to be in compliance with regulation 2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.

Trainings are done with monthly staff meetings to keep in compliance. A review of all staff training was completed on 2/12/25 as part of the quality management review to ensure all annual staff training is complete. A review of all current staff files was completed on 2/12/25 by administrator. Documentation will be kept.

Within 15 days of receipt of the plan of correction - The administrator or designee will ensure each direct care staff person has a training plan in accordance with 2600.66a. The training plan will be reviewed periodically to ensure all staff persons complete required annual training. -- () 2/12/25

Directed Completion Date: 02/22/2025

Implemented () - 02/18/2025

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 5. Falls and accident prevention.

Description of Violation

Staff person B, hired () did not receive training in falls and accident prevention during training the 2024 training year.

Plan of Correction

Directed () - 02/12/2025

A training was administered to Staff person B for falls and accident prevention by administrator on 2/5/2025, also a review of current employee files to ensure all staff receive annual training and all training requires will be completed on 2/12/25 by administrator or designee to be in compliance with 2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 5. Falls and accident prevention. Documentation will be kept.

Within 15 days of receipt of the plan of correction - The administrator or designee will ensure each direct care staff person has a training plan in accordance with 2600.66a. The training plan will be reviewed periodically to ensure all staff persons complete required annual training. -- () 2/12/25

Directed Completion Date: 02/22/2025

Implemented () - 02/18/2025

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The following exhaust fans in the bathroom were covered in dust:

-The resident bathroom between rooms #9 and #11.

-The resident bathroom between rooms #5 and #6.

-The second-floor bathroom between rooms #13 and #15.

Plan of Correction

Accept (█) - 02/12/2025

Exhaust fans were cleaned by maintenance on 4/3/25 to be in compliance with regulation 2600.

85.a. Sanitary conditions shall be maintained. A monthly walkthrough will be performed by administrator or designee. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented (█) - 02/18/2025

87 - Lighting

7. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

At approximately 12:09 p.m. there was no illuminating light in the resident bathroom located on the second floor of the home, between resident bedrooms #13 and #15.

Plan of Correction

Accept (█) - 02/11/2025

On 4/3/25 the lightbulb was replaced in the second floor bathroom between resident rooms #13 and #15 to be in compliance with regulation 2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

A monthly walkthrough will be performed by administrator or designee. Documentation will be kept

Proposed Overall Completion Date: 02/06/2025

Licensee's Proposed Overall Completion Date: 02/06/2025

Implemented (█) - 02/18/2025

126a - Furnace Inspection

8. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The most recent furnace inspection was conducted on 10/20/2023.

Plan of Correction

Accept (█ - 02/12/2025)

Furnace inspection was completed on 2/5/25 by █ Heating and Cooling to be in compliance with regulation 2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection scheduled by administrator will be kept

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented (█ - 02/18/2025)

187a - Medication Record

9. Requirements

2600.

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

- 4. Strength.

Description of Violation

Resident #1 is prescribed Memantine HCL 10mg, take one tablet daily; however, the medication administration record (MAR) indicates Memantine HCL 5mg, take one tablet daily.

Plan of Correction

Directed (█ - 02/12/2025)

Resident #1's correct order for Memantine was obtained from physician and changed in the Medication administration record (MAR). Monthly MAR audit of all residents will be performed by administrator or resident care coordinator, med techs stay in compliance with regulation 2600.

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

- 4. Strength.

Training to resident care coordinator and MedTech's was given by administrator on 2/12/2025. Documentation will be kept

Within 48 hours of receipt of the plan of correction – A designated staff person will review physician orders after each medication change, including physician appointments, and after hospitalization to ensure all prescriptions orders are current and are accurately documented on all resident MARs and that the medication is available in the home. - █ 2/12/25

Directed Completion Date: 02/14/2025

Implemented (█ - 02/18/2025)

236 - Staff Training

10. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

The entire home is a Secured Dementia Care Unit (SDCU). Staff persons A and B did not receive 6 hours of annual training related to dementia care and services, in accordance with 2600.236 during training year 2024.

Plan of Correction

Directed (█ - 02/12/2025)

Trainings were provided to staff persons A and B by administrator for the six hours relating to Dementia Care and services on 4/5/25 and 4/7/25 to be in compliance with regulation 2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation). A review of all staff trainings for current employees will be reviewed and ongoing by administrator and or designee. Trainings are given at monthly staff meetings by administrator Documentation will be kept

Within 15 days of receipt of the plan of correction - The administrator or designee will ensure each direct care staff person has a training plan in accordance with 2600.66a. The training plan will be reviewed periodically to ensure all staff persons complete required annual training. -- █ 2/12/25

Directed Completion Date: 02/22/2025

Implemented (█ - 02/18/2025)