Department of Human Services
Bureau of Human Service Licensing

November 10, 2021

[redacted], PRESIDENT
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2021, 10/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ORION PERSONAL CARE* **License #**: *43126* **License Expiration Date**: *01/20/2022*
Address: *2191 FERGUSON ROAD, ALLISON PARK, PA 15101*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/12/1996* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *34* **Waking Staff**: *26*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *10/13/2021*

Inspection Dates and Department Representative

10/12/2021 - On-Site: [redacted]
10/13/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *17*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *25* **Residents Served**: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *17*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *17* **Have Physical Disability**: *0*

Inspections / Reviews

10/12/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/25/2021*

11/2/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/05/2021*

11/10/2021 - Document Submission

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

65a - FS Orientation 1st Day

1. 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:

Description of Violation

Direct care staff person A started working in the home on [redacted] However, staff person A did not receive training in any topics under regulation 2600.65a prior to or on the first day of work to include:

** 10/3/21 from 3:00 p.m. to 11:00 p.m.*

** 10/5/21 from 7:00 a.m. to 3:00 p.m.*

** 10/7/21 from 11:00 p.m. to 7:00 a.m.*

** 10/8/21 from 3:00 p.m. to 11:00 p.m.*

** 10/10/21 from 4:00 p.m. to 11:00 p.m.*

Plan of Correction **Accept**

Direct care person A did receive [redacted] 1st day orientation/training on [redacted] first day worked, which was on 10/3/21 (please see Attachment #1). The completed staff orientation form was included in her packet of paperwork supplied at time of licensing inspection, but must have been overlooked. Moving forward, Orion will continue to conduct 1st day orientation training prior to or during the 1st day worked.

Completion Date: *10/13/2021*

Document Submission **Implemented**

See attached

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed [redacted] take ½ tablet (12.5 mcg) once daily. However, the medication label indicated Levothyroxine 25mcg take one tablet daily.

Plan of Correction **Accept**

Regarding Resident #1 [redacted] prescription container label: a small label was added to the original prescription bottle label, below the medication name, dose, and directions that reads: 'Take 1/2 tablet (12.5mcg) once daily. See MAR'. Moving forward, any and all changes made to a Resident's medication per doctor's order, supplied in bottles and unable to obtain a new label, will immediately have an additional label placed on container with hand-written changes noted that identically match the Resident's MAR.

Completion Date: *10/13/2021*

Document Submission **Implemented**

see attached

234d - Support Plan Revision

1. Requirements

234d - Support Plan Revision *(continued)*

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 started to receive hospice services on [redacted] However, the annual support plan dated [redacted] did not indicate the care and supports or frequency of supports to be provided by hospice.

Plan of Correction **Accept**

Resident #1 support plan was revised/updated to include the care and supports provided by hospice (please see Attachment #2); including specific care/services provided on an ongoing weekly basis, the frequency, and Orion staff support in the event hospice is able to provide for any reason. Moving forward, Orion will include this detailed information on all Resident support plans when applicable

Completion Date: *10/13/2021*

Document Submission **Implemented**

see attached