





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 25 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Michael K. Reinhart, President  
Equity Housing Corporation  
P.O. Box 219  
Willow Street, Pennsylvania 17584

RE: Willow View Home  
204 Herrville Road  
Willow Street, Pennsylvania 17584

Dear Mr. Reinhart:

As a result of the Department of Public Welfare's licensing inspection on April 6, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**



<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Willow View Home 204 Herrville Road, Willow Street, Pennsylvania 17584		<b>CURRENT LICENSE NUMBER</b> 322280	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 6, 2010		<b>REGIONAL REPRESENTATIVES</b> Doug Hoover, Ron Minnich	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 5/10/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
54a Direct care staff persons shall have the following qualifications:  (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Staff A did not have a high school diploma, GED or active registry status on the PA nurse aid registry.  PCH Division Central Region Field Office	4/17/10 CORRECTED	STAFF A'S TRANSCRIPTS WERE RECEIVED PRIOR TO HIRE BUT BECAME DISLODGED FROM EMPLOYEE FILE, FALLING TO THE BOTTOM OF THE FILING CABINET. DUE TO THE CONDITION OF THE ORIGINAL, AN ADDITIONAL COPY HAS BEEN RECEIVED ALONG WITH A LETTER (ATTACHED) THE HOME HAS ALSO FOLLOWED THE LMI GUIDANCE AND HAD STAFF A COMPLETE A NOTORIZED AFFIDAVIT ATTESTING TO RECEIPT OF A DIPLOMA. THIS IS ALSO INCLUDED IN EMPLOYEE'S FILE. ALL REQUIRED DOCUMENTATION IS INCLUDED IN MONTHLY AUDIT/REVIEW AS PART OF THE QUALITY MANAGEMENT PLAN TO ENSURE COMPLETE COMPLIANCE ONGOING. (SEE ATTACHED CHECKLISTS) ADMINISTRATOR OR CO-ADMINISTRATOR IS RESPONSIBLE.	MES 5/10/10

APR 26 2010

RECEIVED

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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Staff A, hired 11/24/09, did not complete and pass the direct care training/competency test until 12/14/09. Staff A provided unsupervised ADL services prior to 12/14/09.	4/7/10 CORRECTED	STAFF A'S HIRE DATE WAS ERRONEOUSLY REPORTED BY FORMER ADMINISTRATOR - THIS WAS DATE OF APPLICATION. DATE OF HIRE WAS 11/26/09 AND STAFF PARTICIPATED IN ORIENTATION, NOT PERFORMING UNSUPERVISED ADL ASSISTANCE (SEE ATTACHED STAFF SCHEDULE) HOWEVER, TO ENSURE ON-GOING COMPLIANCE, THE HOME'S ORIENTATION PAPERWORK HAS BEEN REVISED (SEE ATTACHED) AND NEW FORM MORE CLEARLY STATES NEW HIRE ORIENTATION TIMELINE. REVIEW OF TIMELINE AND PAPERWORK WILL BE CONDUCTED BY ADMINISTRATOR OR CO-ADMINISTRATOR PRIOR TO APPROVING SCHEDULES ANY MONTH IN WHICH A NEW TEAM MEMBER IS HIRED. THIS IS ALSO INCLUDED AS PART OF THE QMP.	YES 5/10/10

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Michael Lambert</i>	<b>DATE</b> 4/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>MES</i>	<b>DATE</b> 5/10/10



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87 The home's rooms, 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.	The 3 <sup>rd</sup> floor exit which opens to a wooden fire escape did not have any exterior lighting.	4/7/10  INSTALLED COMPLETED	THE HOME NOW HAS A LARGE EXTERIOR LIGHT INSTALLED DIRECTLY ABOVE THE 3RD FLOOR FIRE ESCAPE. (SEE ATTACHED PHOTO)	<i>MES 5/10/10</i>

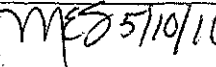
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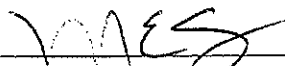
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature measured 125.2° Fahrenheit at the bathroom sink in the bathroom by the living room television.	4/6/10 IMMEDIATELY CORRECTED	THE HOT WATER HEATERS HAD JUST BEEN SERVICED DURING PREVIOUS MONTH (SEE ATTACHED) DURING PREVIOUS MONTHLY CHECKS INCLUDING MONTH OF SURVEY, TEMPERATURE WAS RECORDED WITHIN ACCEPTABLE LIMITS. THE HOME IMMEDIATELY REDUCED THE TEMPERATURE SETTING ON WATER HEATER AND CONDUCTED MORE FREQUENT CHECKS TO ENSURE COMPLIANCE. HOME WILL RECHECK TEMPERATURES DAILY X 7 DAYS, THEN WEEKLY X 4 WEEKS AFTER ANY FUTURE REPAIRS OR SERVICE OF WATER HEATERS. ADMINISTRATOR OR CO ADMINISTRATOR WILL CONTINUE AUDIT/REVIEW OF TEMPERATURE LOGS AS PART OF QMP.	Steps have been taken to correct violation; full compliance is not verifiable Date: 5/19/10 Initials: MMS (DPW)

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located in the medication closet did not have a thermometer.	4/6/10 CORRECTED	THE THERMOMETER LOCATED IN THE MEDICATION CLOSET HAS BEEN PLACED INTO THE FIRST AID KIT (SEE ATTACHED PHOTOS) ADMINISTRATOR OR CO-ADMINISTRATOR WILL REVIEW FIRST AID KIT CHECKLIST MONTHLY FOR ON-GOING COMPLIANCE	 5/10/10

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	There is a large and wide stream with steep banks at the rear of the property. There are no warning signs or barriers to prevent possible injury to residents from falling or drowning.	5/5/10	WHILE RESIDENTS HAVE SAFELY ENJOYED THE STREAM FOR 18 YEARS AND ALL RESIDENTS SERVED BY THE HOME ARE MEDICALLY EVALUATED BY A PHYSICIAN AS NOT REQUIRING SUPERVISION, THE HOME ORDERED CAUTION SIGNS FOR THE AREA (SEE ATTACHED INVOICE). THE HOME DOES NOT SERVE RESIDENTS REQUIRING CONSTANT SUPERVISION. SIGNS TO BE INSTALLED SAME DAY AS DELIVERED. (ORDERED ON: 4/23/10, EXPECTED ARRIVAL 5/5/10)	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/10/10 Date Initials (DPW)</p>

PPR 24 10 10:03:03  
 WILLOW VIEW  
 11/17/09 09:42  
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Michael Rebert</i>	<b>DATE</b> 4/27/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>MES</i>	<b>DATE</b> 5/10/10

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103d Food shall be stored off the floor.	There was a large plastic tub that contained a bag of macaroni pasta sitting directly on the floor in the 3 <sup>rd</sup> floor pantry.	4/7/10 UNEXPECTED	THE HOME CORRECTED THIS ISSUE WHILE SURVEYORS WERE ONSITE - THE TUB WAS REMOVED FROM FLOOR AND PLACED ON SHELF. STAFF HAVE BEEN REMINDED THAT FOOD AND/OR CONTAINERS OF FOOD MUST NOT BE ON FLOOR. ADDITIONALLY, A SIGN IS NOW POSTED REMINDING STAFF (SEE ATTACHED SIGN & PHOTO) ADMINISTRATOR OR CO-ADMINISTRATOR WILL ROUTINELY AND RANDOMLY MONITOR FOR COMPLIANCE.	<i>MES 5/10/10</i>

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141a The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation, dated 12/24/09, for Resident #1 referred to an attached sheet of listed medications. This attachment was not dated or signed by the physician.	4/7/10	THE HOME MANAGER WILL CONTINUE TO ENSURE ALL DOCUMENTATION FROM PHYSICIAN'S OFFICES ARE RECEIVED IN A TIMELY FASHION AND WILL ADD CHECKING FOR SIGNATURES ON ATTACHED FORMS NOT USED BY THE HOME / REQUIRED BY DPW. ADMINISTRATOR WILL MONITOR MONTHLY FOR COMPLIANCE.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/10/10 <i>MES</i> Date Initials (DPW)</p>

Apr 24 10 10:17P Willow View

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 4/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/10/10

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182c Medication administration includes the following activities, based on the needs of the resident:  (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand (for immediate administration).	Staff B was observed initialing the medication administration record (MAR) prior to giving PRN Tylenol to Resident #2 on 4/6/10. Staff B confirmed that the Tylenol was given after initialing the MAR.	4/14/10 AND ONGOING	THE TEAM RECEIVED MEDICATION ADMINISTRATION RE-TRAINING ON 4/14/10 (SEE ATTACHED) FROM LPN/MEDICATION ADMINISTRATION TRAINER. TRAINING INCLUDED THIS TOPIC/VIOLATION AS AN EXAMPLE. THE HOME WILL CONTINUE TO ENSURE COMPETENCY BY OBSERVING MED PASSES NOT LESS THAN QUARTERLY ADMINISTRATOR AND/OR MED TRAINER WILL BE RESPONSIBLE FOR ON-GOING MONITORING/COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable Date 5/10/10 Initials (DPW) <i>[Signature]</i>

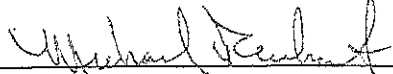
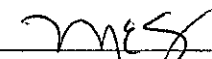
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(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.				

HPR 24 10 10:18p  
 WILLOW VIEW  
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The home was storing a bottle of <i>Warfarin, 5 mg tablets</i> for Resident #1. Staff B confirmed that this medication was no longer used by the resident as the prescription order had changed to a different dose of Warfarin.	4/7/10 →  4/14/10 AND ONGOING	MEDICATION WAS RETURNED TO PHARMACY BY FAMILY. THE TEAM RECEIVED MEDICATION ADMINISTRATION RE-TRAINING (SEE ATTACHED) FROM LPN / MEDICATION ADMINISTRATION TRAINER. TRAINING INCLUDED THIS TOPIC/VIOLATION AS AN EXAMPLE. THE HOUSE MANAGER WILL CHECK MEDICATIONS STOOD WITH MARS WITH EACH MONTHLY CHECK. ADMINISTRATOR WILL MONITOR FOR ON-GOING COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable 5/10/10  Date Initials (DPW)

Apr 24 10:10:19P Willow View 717/860942 P.33

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (14) Name and initials of the staff person administering the medication.	The name of Staff B who administers medications was not recorded on the MAR for April 2010.	4/6/10 ; 4/14/10	STAFF B'S NAME IS NOW ADDED.  THE TEAM RECEIVED MEDICATION RE-TRAINING ON 4/14/10 (SEE ATTACHED) FROM LPN/ MEDICATION ADMINISTRATION TRAINER.	<i>MES</i> 5/10/10