



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
1401 North 7<sup>th</sup> Street  
Harrisburg, Pennsylvania 17102-1810

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July 16, 2010

Mr. Michael J. Breslin, COO  
NHS Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: Peiffers Lane Personal Care Home  
1460 Peiffers Lane  
Steelton, Pennsylvania 17113

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on April 12, 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.

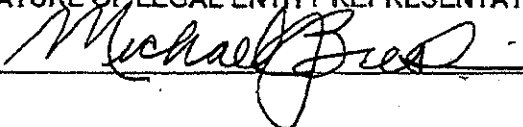
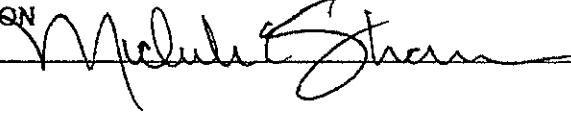
Sincerely,

A handwritten signature in black ink that reads "Michele Strauser / EDS".

Michele Strauser  
Regional Licensing Administrator

Enclosure  
Violation Report

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

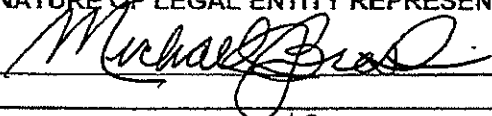
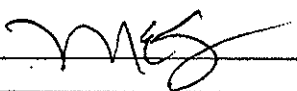
NAME AND ADDRESS OF PERSONAL CARE HOME Peiffers Lane Personal Care Home 1460 Peiffers Lane; Steelton, PA 17113		CURRENT LICENSE NUMBER 310360	
INSPECTION DATE(S) (Include all dates of the inspection) April 12, 2010		REGIONAL REPRESENTATIVE V. Beard and L. Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/6/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	A basement sewer line, at the floor level of the 1 <sup>st</sup> floor under the toilet, was leaking and sewer water was dripping directly onto the carpeted floor in the finished basement.	04/13/2010          Ongoing	Maintenance Supervisor pulled toilet off the floor, replaced toilet flange and wax seal and reinstalled toilet with new floor bolts. Maintenance Supervisor then steam cleaned the carpet with "Odoban" anti-bacterial odor disinfectant.  Administrator will include the area in regular safety rounds in ensure any issues are corrected in a timely manner.	



**MAY 27 2010**

**Adult Residential Licensing**

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

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>DATE</b> 5/21/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 		<b>DATE</b> 7/6/10
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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	
95 Furniture and equipment shall be in good repair, clean and free of hazards.	Per ancillary staff person A, a toilet seal was broken causing it to leak and sewer water to drip into the finished basement.	04/13/2010          Ongoing	Maintenance Supervisor pulled toilet off the floor, replaced toilet flange and wax seal and reinstalled toilet with new floor bolts.  Maintenance Supervisor then steam cleaned the carpet with "Odoban" anti-bacterial odor disinfectant.  Administrator will include the area in regular safety rounds in ensure any issues are corrected in a timely manner.		

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident # 1 was ordered physical therapy on 9/21/09 and received it starting 9/24/09 through 12/11/09. This information was not documented on the Support Plan in place at that time (4/29/09).	04/19/2010  04/29/2010  Ongoing	The administrator reviewed the need to update the Plan of Care with any changes at the April 2010 Nurses Meeting.  The administrator reviewed the need to update the Plan of Care with any changes at the April 2010 AM and PM Staff Meetings.  The administrator will update the Quality Management Plan binder with all Nurses/Staff Meeting notes.	