



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

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

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 19, 2011

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 August 23, 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, appearing to read "M. Strauser".

Michele Strauser
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Willow View Home, 204 Herrville Road, Willow Street, PA 17584		CURRENT LICENSE NUMBER 322280	
INSPECTION DATE(S) (Include all dates of the inspection) 8/23/10		REGIONAL REPRESENTATIVE Lori Gensil and Mike Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Michael K Reinhart, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/4/11


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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	On or about July 5 th , 2010 (exact date unknown) resident #1 fell against the fireplace in the home and was taken to the hospital by ambulance. The resident sustained a fractured left arm. The home did not report this serious bodily injury to the department. SEP 21 2010	8/24/2010	On March 15, 2010 Willow View Home entered into an agreement with [REDACTED] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. Willow View has a policy on reportable incidents. That policy will be followed and is attached. Willow View will report any and all reportable incidents within the required time allowed by the 2600.16 regulation. All management staff have been retrained on this regulation. The House Manager will ensure continued compliance and will alert the administrator of all reportable incidents.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>11/14/11</u> (Initials: <u>MS</u>) (Initials: <u>DPW</u>)</p>

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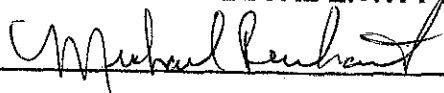

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51,52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). AND 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older	<ul style="list-style-type: none"> The home did not complete a criminal background check for direct care staff member A, hire date 6/2/10. The home completed a criminal history background check for staff member B, hire date 5/28/10, on 6/9/10. The background check reports two counts of theft by deception with the grade not reported. The home did not follow up to ensure that the charges do not make the staff member a prohibitive hire. 	9/8/2010	<p>On March 15, 2010 Willow View Home entered into an agreement with [redacted] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. Willow View's EPATCH account was suspended for nonpayment during the above mentioned period. The system was reinstated on 9/8/2010 and a criminal background check was completed on staff member A. The staff member has no record check is attached. Staff Member B was relieved of their position due to prohibitive charges on the criminal record. Both staff members were hired during the time that time frame of the above mentioned management. Willow View will follow our previous policy on hiring in the future (attached). The administrator will ensure continued compliance.</p>	<p>Steps have been taken to correct violation and compliance is not verified by DPW</p> <p align="right"> Mike Palermo Regional Representative DPW </p>

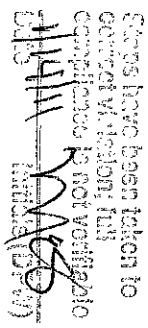
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Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				

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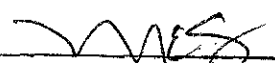
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	<ul style="list-style-type: none"> Direct care staff member A, hire date 6/2/10, worked alone in the home on 8/1/10, 8/5/10, 8/6/10, 8/9/10, 8/10/10, 8/14/10 and 8/15/10 from 4P-12:00 midnight. Direct care staff member A is not trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation. Direct care staff member B, hire date 5/28/10, worked alone in the home on 8/2/10, 8/4/10, 8/7/10, 8/8/10, 	8/23/2010	<p>On March 15, 2010 Willow View Home entered into an agreement with [redacted] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. Additional qualified staff were brought into the home during the periods that staff member A was scheduled. Staff member B was relieved of their position. Staff member A has been certified in both CPR and first aid. (attached) Currently all staff are certified in both CPR and first aid. A current list of CPR and first aid expirations on all staff will be kept in the office. The Administrator will ensure all appropriate staff is certified in CPR and first aid in the future.</p>	<p>Records have been taken to correct violation. Full compliance is not verified. (DPW)</p> <p></p>

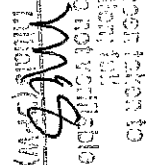
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	8/11/10, 8/13/10, 8/16/10 and 8/18/10 from 12:00 midnight-8AM. Direct care staff member B is not trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation.			

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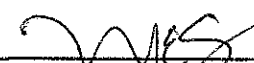
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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.	<ul style="list-style-type: none"> Direct care staff member A, hire date 6/2/10, did not receive any of the required trainings. Direct care staff member B, hire date 5/28/10, completed all required trainings, but the training documentation was undated. 	8/24/2010	<p>On March 15, 2010 Willow View Home entered into an agreement with [redacted] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. All newly hired staff will complete all training required by regulation 2600.65a during or before their first day of work. The administrator will use the attached sheet to verify training and continued compliance. Staff member B was relieved of her position. Staff member A was trained and the training verified.</p>	<p>Staff have been taken to correct violation and compliance is now confirmed  Mike Palermo (DPW)</p>

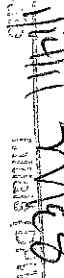
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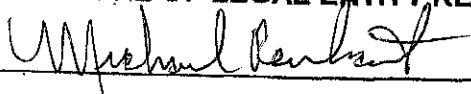

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(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

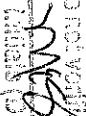
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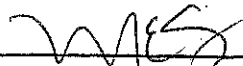
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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	<ul style="list-style-type: none"> Direct care staff member A, hire date 6/2/10, did not receive any of the required trainings. Direct care staff member B, hire date 5/28/10, completed all required trainings, but the training documentation was undated. 	8/25/2010	<p>On March 15, 2010 Willow View Home entered into an agreement with [REDACTED] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. All newly hired staff will complete all training required by regulation 2600.65b during or before their first 40 hours work. The administrator will use the attached sheet to verify training and continued compliance. Staff member B was relieved of her position. Staff member A was trained and the training verified.</p>	<p>Special Agent Report taken to Compliance Section for review and compliance is not verified by DPW</p> <p> Mike Palermo (DPW)</p>

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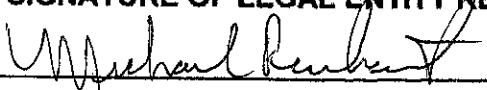

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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Direct care staff member C, hire date 6/24/09, completed the department's approved direct care training course on 7/23/09. Direct care staff member C provided unsupervised resident care prior to completing the training. Repeated violation-4/6/10	8/24/2010	Willow View Home has implemented a new procedure for newly hired staff. Before an individuals first day of employment the employee will complete the online competency test or provide a copy of their CNA registration. The administrator will ensure this procedure is followed for all future new hires and ensure continued compliance with regulation 2600.65d	<p align="center"> <small>Signature of person to complete this form Date: 11/11/11 Signature:  (Name: DPW)</small> </p>


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85a Sanitary conditions shall be maintained.	<ul style="list-style-type: none"> • There was a strong urine odor in the bathroom to the left off of the living room. • There was urine splattered on the trash can located by the toilet in the hallway bathroom. 	8/25/2010	All bathrooms were immediately disinfected and cleaned. A cleaning schedule and hourly checks have been implemented by the administrator, to make certain the restrooms are kept in a sanitary condition. The House Manager will continue to ensure these sanitary standards are being followed.	

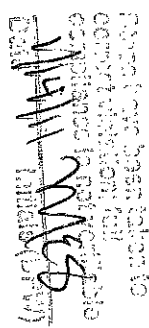
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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	The 3 rd floor exit which opens to a wooden fire escape did not have any exterior lighting. Repeated violation-4/6/10	8/28/2010	This violation was to be rectified by [redacted] in April 2010. Willow View has installed a spot light above the fire exit to ensure proper lighting in case of emergency. The lighting will be maintained by willow view staff. See attached picture	<p align="center">Special Agent Peter Lattner to confirm violation. Full compliance is not verifiable  (Mandatory)</p>

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89c A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.	The home's most current coliform water test is dated 2/2/10, which exceeds 3 months.	9/8/2010	Willow View has been under contract with Martins Water Conditioning for three years. There was a test performed in May 2010 according to the Vendor. The test in question was not and is not available to the current administration. The water was retested on 9/1/2010. The test is attached. The testing of the water will be completed every three months. The reports will be properly filed and available. The administrator will ensure continued compliance.	 <p style="font-size: small; text-align: center;"> Department of Public Welfare Compliance Section 330 North Second Street Harrisburg, PA 17102 (717) 781-2000 </p>

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The required telephone numbers are not posted by the phone in the hallway.	8/27/2010	All the required telephone numbers have been posted either on or by all telephones in the home. The house manager will ensure all telephones continue to have the appropriate numbers posted in the future. The administrator will perform random checks to ensure continued compliance.	

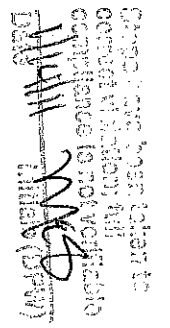
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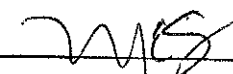
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The ceiling fan/light located in resident bedroom B does not work.	8/28/2010	The ceiling fan has been replaced and all lighting fixtures were inspected for correct operation and are in good repair. The PCA's will continue to check room lighting to ensure they remain in working order. Any fixtures in need of repair will be reported to the administrator immediately and a work order will be issued for the repair.	


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

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INSPECTION DATE(S) (Include all dates of the inspection) 8/23/10		REGIONAL REPRESENTATIVE Lori Gensil and Mike Palermo	
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101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	The gray bedspread on the bed to the far left in resident #1's bedroom has a 6 inch tear.	9/1/2010	An inspection of all bedspreads and linens was completed on 8/25/2010. Any bedspread being torn or stained was replaced. Willow View will be replacing all the bedspreads by 10/1/2010. PCA's will inspect bedspreads and linens for tears and rips as they are washed and or the beds made on a daily basis. Any spreads or linens in need of replacement will be discarded and replaced.	 <p>Compliance Verification Date: 1/14/11 Inspector: [Signature] Title: [Signature]</p>

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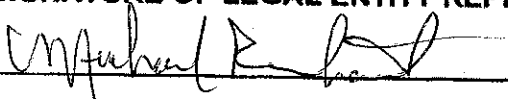

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	A fire safety expert has not completed a fire drill at the home within the past year.	8/24/2010	Attached is a letter from the fire safety expert stating that a drill was performed on April 8, 2010. The drill was omitted from his original letter. This addendum will be filed with the original letter for future reference. The annual fire safety expert drill will be completed on an annual basis.	 1/14/11

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141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2's, admission date 5/28/10, medical evaluation dated 5/27/10 was completed on the MA-51 form and not on DPW's required medical evaluation form. Additionally, the MA-51 dated 5/27/10 indicates the need for Nursing Facility level of care.	9/13/2010	On March 15, 2010 Willow View Home entered into an agreement with [REDACTED] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. Willow View had scheduled an appointment with resident's PCP for a new MA55. Resident was scheduled for surgery due to CA DX and was admitted to the Hospital then rehab unit before the PCP appointment. A new MA55 will be obtained when resident is assessed after rehabilitation. All resident will have the required MA55 obtained within 30 days of admission. The administrator will ensure continued compliance.	

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141a-2 The medical evaluation shall include the following: (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	<ul style="list-style-type: none"> • Resident #4's medical evaluation dated 6/28/10 did not include immunization history. • Resident #5's medical evaluation dated 6/18/10 did not include a list of medications. The medical evaluation indicates "see attached" in the medication section, but the attachment is not signed or dated by the physician. <p>Repeated violation-4/6/10</p>	9/14/2010	On March 15, 2010 Willow View Home entered into an agreement with [redacted] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. Both residents 4&5 had the MA55's returned to their respective PCP to be corrected. All MA55 forms will be checked for completion and accuracy prior to being charted in the resident records. Both the administrator and house manager will perform random audits and will be responsible for the charting to ensure continued compliance.	

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162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The posted menu includes food items that are not available in the home. The lunch menu for 8/23/10 included turkey sandwich, but the home does not have turkey. The administrator reported that the menu posted for the current week is not being followed and the specific food items are not available.	8/24/2010	On March 15, 2010 Willow View Home entered into an agreement with [redacted] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. An appropriate menu was posted immediately. All missing or omitted food items were purchased and made available. The current administrator will ensure the current and next weeks menu is posted and food items are available. If substitutions are necessary the appropriate 24 hour notice will be given. An administrator will ensure continued compliance.	

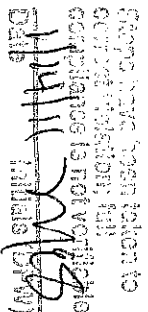
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Resident #3's 8/23/10 8AM dose of <i>Fluoxetine HCL 10mg</i> was administered, but was not initialed as given in the medication administration record. Repeated violation-4/6/10	8/26/2010	The morning medication tech was questioned and the initialing of the MAR was an oversight. Staff member was verbally warned and was retrained on the importance of accurate medication administration recording. This topic will be a part of our individual training plan. An administrator will randomly and no less than on a weekly basis to ensure proper documentation and compliance.	

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190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Direct care staff members A and B have not been trained by a certified diabetes educator, but have been administering insulin to resident #4 throughout August.	9/3/2010	On March 15, 2010 Willow View Home entered into an agreement with [REDACTED] to assume the operations of the facility, on August 19, 2010 the previous administration was reinstated. Additional insulin certified staffing were brought in to administer insulin until staff member A could be certified. A class was held at Willow View on 9/3/2010 for the entire staff. No staff member without the necessary training will be permitted to administer insulin currently all staff members are certified and trained by a certified diabetes trainer. An annual class will be held. The House Manager will ensure all staff will be trained and have current documentation.	 Stephene Green Director of Compliance (MGS) DPW