

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to VALLEY VIEW HAVEN
LEGAL ENTITY

To operate VALLEY VIEW HAVEN
NAME OF FACILITY OR AGENCY

Located at 4702 EAST MAIN ST.-THE TERRACE, BELLEVILLE, PA 17004
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 95
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 11, 2010 until December 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 335520

Robert E. Robinson
ISSUING OFFICER

Kim T. Casey
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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

ADULT RESIDENTIAL LICENSING

DEC 30 2010

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

Mr. Randy Sheaffer, Executive Director
Valley View Haven
4702 East Main Street
Belleville, Pennsylvania 17004

RE: Valley View Haven
4702 East Main Street – The Terrace
Belleville, Pennsylvania 17004

Dear Mr. Sheaffer:

As a result of the Department of Public Welfare's licensing inspection on October 25, 2010 and October 26, 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

NAME AND ADDRESS OF PERSONAL CARE HOME VALLEY VIEW HAVEN, 4702 EAST MAIN ST THE TERRACE BELLEVILLE, PA 17004		CURRENT LICENSE NUMBER 335520	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010 + 10/26/10		REGIONAL REPRESENTATIVE Thomas Roth, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>RANDY SHEAFFER, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Randy Sheaffer EXECUTIVE DIR.</i>	DATE 11/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 12/2/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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	Staff person A, whose date of hire was 10/05/09 2010, did not receive any of the required initial training in emergency procedures. <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">NOV 2 2010</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</p>	11-19-10 ⁽¹²⁾	Staff person A was a temporary employee until 10/5/09. All copies of training records are attached. Because staff person A is a Licensed LPN, she was not required by our facility to complete the D.P.W. approved on-line Direct Care Staff course relating to regulation 2600-25d. She has completed this course since the inspection. Our checklist for new employees has been revised. Our staff has been educated so that our records will be complete before starting employment. After reviewing our current records, it is believed that staff person A may have dated form titled staff training general fire safety wrong. It is believed the proper date should be 10/11/09. Copy of new orientation checklist attached.	11/18/10 C. Sharp <i>12/2/10</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">RANDY SHEAFFER EXECUTIVE DIRECTOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
location if applicable. (3) The designated meeting place outside the building or within the firesafe 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.			All new staff hired will complete our orientation as stated in 2600-65a and 65b.	11/18/10 C. Sharp cont'd

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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 (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A, hire date of 10/05/09, did not receive the initial training required within 40 hours of starting work, which includes training in resident rights, reporting of abuse and neglect, reporting of reportable incidents, and the home's emergency medical plan.	11-19-10 ^{CB}	This is the form we feel was not dated correctly. A copy of the form attached. In the future, all dates will be checked for accuracy and our new employee check sheet completed in a timely fashion. Staff was educated of the requirements.	11/18/10 G. Sharp 12/3/10 <i>CB</i>

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REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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SIGNATURE OF LEGAL ENTITY <i>Randy Sheffer, EXECUTIVE DIRECTOR</i>	DATE 11/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyber Amber</i>	DATE 12/3/10

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home did not have a current letter from a fire safety expert that authorized a maximum safe evacuation time. The home's letter was dated 11/12/2008.	11-19-10 ⁽²⁾	Our letter from our fire safety expert had expired and we failed to get it renewed. We contacted our fire safety expert, [REDACTED] and we did receive an updated letter indicating a safe evacuation time. In the future we will encourage our fire safety expert to use the new forms provided by D.P.W.	11/18/10 G. Sharp 12/3/10 CB

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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td>05/28/2010</td><td>08:00 AM</td><td>2min 5sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/03/2010</td><td>06:10 PM</td><td>3min 8sec</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/14/2010</td><td>10:25 AM</td><td>3min 4sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/10/2010</td><td>01:00 PM</td><td>3min 1sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/15/2010</td><td>07:00 PM</td><td>5min 37 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/08/2010</td><td>09:30 PM</td><td>5min 20sec</td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May	05/28/2010	08:00 AM	2min 5sec	No	Jun	06/03/2010	06:10 PM	3min 8sec	Yes	Jul	07/14/2010	10:25 AM	3min 4sec	No	Aug	08/10/2010	01:00 PM	3min 1sec	No	Sep	09/15/2010	07:00 PM	5min 37 sec	No	Oct	10/08/2010	09:30 PM	5min 20sec	No	Nov				No	Dec				No			<u>Cont'd</u>
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> The medical evaluation of 10/27/09, for resident #1, listed the medications as "per pharmacy sheet", but there was no sheet attached to the form. The medical evaluation of 3/09/10, for resident #2, listed the medications as "see attached", but there was no sheet attached to the form. The medical evaluation of 3/09/10, for resident #3, listed the medications as "see list", but there was no list attached to the form. The medical evaluation of 3/12/10, for resident #4, listed the medications as "continue present medications", but the attached medication sheet was not signed by the doctor. <p>Repeated Violations: 10/01/2009</p>	<p>11-19-10 ⁽³⁾</p>	<p>Resident #1 - Had [REDACTED] physician sign and date a medication list to be in compliance with the state regulations. A copy is attached. Educated staff of the importance of making sure that a list of medication always be signed, dated and attached to current medical evaluation.</p> <p>Resident #2 - When I went through the residents chart I discovered that the list was attached to the original doctor's note not attached to the medical evaluation. We have attached the signed and dated medication list. Educated staff so they can be aware of what to look for when residents return from doctor appointments.</p>	<p>3/17/10 G. Sharp</p> <p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date <u>12/3/10</u> Initials (DPW) <u>DP</u></p>

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			Resident #3 - Medical evaluation dated 3/9/10 did not have an attached dated and signed medication list. We have contacted [redacted] doctor at Geisinger Medical Group and have requested a medication list from [redacted] appointment of 3/9/10. See attached list. Staff education conducted to prevent this from happening in the future. Resident #4 - Medical evaluation dated 3/12/10 had an attached medication list but it wasnt signed by [redacted] physician. See attached signed copy. Educate staff to be checking for signed medication lists.	11/18/10 C. Sharp <u>Con+H</u>

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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	<ul style="list-style-type: none"> On 10/25/10, resident #5 stored two over the counter medications (Coricidin and Imodium) in his/her room, but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer medications. On 10/25/10, resident #6 stored the a medication (Nitroglycerin .4mg) in his/her room, but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer medications. 	11-19-10	<p>The OTC meds were removed from the apartment that day, Daughter aware that she is not to bring in any OTC meds. Staff was educated to be on the alert for all meds in resident apartments.</p> <p>The Nitro. was placed in [REDACTED] locked cupboard that was provided for [REDACTED]. Support plan was updated.</p>	<p style="text-align: center;">11-17-10 P. Under</p> <p style="text-align: center;">11-17-10 P. Under</p> <p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable 12/2/10 <i>CB</i> Date Initials (DPW)</p>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	On 10/25/10, the medication administration record for resident #5 did not include the medications Coricidin or Imodium.	11-19-10 [Ⓜ]	OTC meds were removed from [redacted] apartment and given to [redacted] daughter. Daughter aware that she is not to bring any OTC meds. Staff was educated to be on the alert for all meds in resident apartments.	11-17-10 P. Yoder steps have been taken to correct violation; full compliance is not verifiable 12/31/10 <i>CS</i> Date Initials (DPW)

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Contd</i>	