



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

ADULT RESIDENTIAL LICENSING

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

MAY 08 2012

Mr. Michael 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 4, 2012 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.


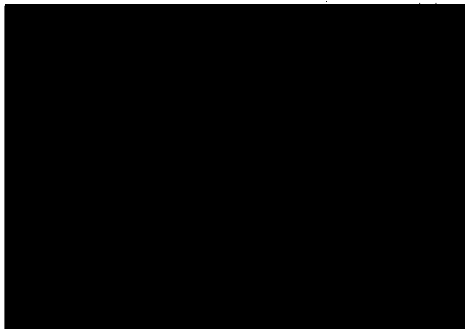
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: WILLOW VIEW HOME		License Number: 322280
Address: 204 HERRVILLE ROAD, WILLOW STREET, PA 17584		County: Lancaster
Administrator: Mike Reinhardt		Region: CENTRAL
Legal Entity Name: EQUITY HOUSING CORPORATION		
Legal Entity Address: P.O. BOX 219, WILLOW STREET, PA 17584		
Certificate(s) of Occupancy		
C-2 LP	n/a	n/a
02/04/1981		
Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 20	Waking Staff: 15
Type of Inspection: Full	BHA Docket Number: n/a	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/04/2012: Gensil, Lori; Chou, Serena		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 20 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who 	

PCH Division
of Region Field Office

APR 30 2012

RECEIVED

Violation Report: 32228 - 04/04/2012 - Gensil, Lori

1. REGULATION 55 Pa.Code §2600

2600.51 - 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 (relating to protective services for older adults).

2. DESCRIPTION OF VIOLATION

The criminal history background check for direct care staff member A, hired 11/7/11, is dated 4/29/10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A criminal background check was requested on 04/04/2012. See Attached.

Ongoing - Willow View Home will obtain a criminal background check on all new hires, regardless of any previous reports being submitted by employee. This will ensure continued compliance with regulation 2600.51

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michael Reinhart Admin

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michael Reinhart Administrator

Date

4/30/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4-30-12
(Date)

Verification of Legal Entity Representative Signature

4/30/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

RR
(Initials)

Violation Report 32228 - 04/04/2012 - Gensil, Lori

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2. DESCRIPTION OF VIOLATION

Resident #1's Nystatin 100,000 u, was unlocked and accessible in the resident's shared bedroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A physicians order was obtained for resident to self administer nystatin 100,000 u powder. Residents support plan was updated to reflect this change. Resident was supplied with a lock box and will now keep nystatin powder lock to ensure it is not accessible to other residents.

Ongoing - In the future if a resident is found to be capable of self administration and storage of medication a lock box will be provided to the resident. All required documentation will be kept in the resident record as required by regulation.

Attached is a copy of the order, resident support plan and picture of lock box.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michael Reinhardt Admin

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michael Reinhardt Administrator

Date

4/30/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/30/12
(Date)

Verification of Legal Entity Representative Signature

4/30/12
(Date)

The above plan of correction was approved by

LR
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32228 - 04/04/2012 - Gensil, Lori

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2. DESCRIPTION OF VIOLATION

Resident #1's Miralax was discontinued in 2/2011, but was located in the medication administration cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff meeting will be held on May 10, 2012 to review medication policies and procedures consistent with regulation 2600.183 (d). Miralax was removed from the medication cart and returned to pharmacy to be discarded.

Ongoing - In addition to our current medication policy we have assigned our Administrative Assistant the task of weekly medication checks to ensure all discontinued medications are removed and returned to the pharmacy to be discarded and to measure compliance with regulation 2600.183.

See Attached Staff Meeting Agenda.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michael Reinhart Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michael Reinhart Administrator

Date 4/30/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4-30-12
(Date)

Verification of Legal Entity Representative Signature

4-30-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

MR
(Initials)

Violation Report: 32228 - 04/04/2012 - Gensil, Lori

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION

Resident #1's Oystercal 500 was not initialed by the staff person administering the medication on 4/2/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff meeting will be held on May 10, 2012 to review medication administration requirements consistent with regulation 2600.187 (b) recording medication at time of administration.
 Ongoing - Willow View has assigned our House Manager the duty of random MAR reviews to ensure compliance with this regulation.
 See attached Staff Meeting Agenda

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Reinhart Admin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Reinhart Administrator* Date *4/30/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-30-12
 (Date)

The above plan of correction was approved by BR
 (Initials)

Verification of Legal Entity Representative Signature 4-30-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented