



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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www.dpw.state.pa.us

Mailing Date: **MAY 22 2012**

Mr. John Augustine, Chariman
Allegheny Christian Ministries, Inc.
Laurel View Village
2000 Cambridge Drive
Davidsville, Pennsylvania 15928

Dear Mr. Augustine:

As a result of the Department of Public Welfare's licensing inspection on April 19, 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.


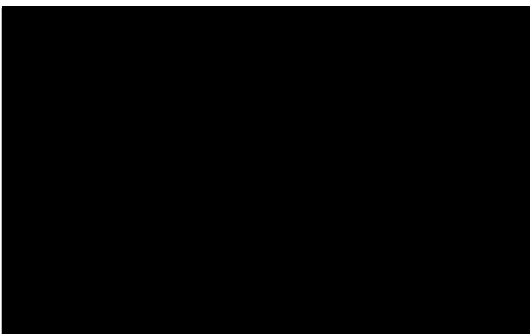
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: LAUREL VIEW VILLAGE		License Number: 321350
Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		County: Somerset
Administrator: Ginger Barnes		Region: WEST
Legal Entity Name: ALLEGHENY CHRISTIAN MINISTRIES INC		
Legal Entity Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		
Certificate(s) of Occupancy C-2 LP 11/04/1998 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 80 Waking Staff: 60		
Type of Inspection: Partial BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2012: Mazza, Larry; Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 107 Number of Residents Served: 65 Secured Dementia Care Unit in Home: Yes Area: First Floor 	Number of Residents who: 	

Violation Report: 32135 - 04/19/2012 - Mazza, Larry
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2. DESCRIPTION OF VIOLATION
 A can of Lysol disinfectant, with a manufacture's label indicating "If swallowed contact poison control center", was unlocked and accessible to residents in the public restroom of the secured dementia care unit.
 Three gallons of whirlpool disinfectant cleaner and 1 gallon of Med Care defoamer, with manufacture's labels indicating "If swallowed contact poison control center or physician", were unlocked and accessible to residents in the spa area near room #536. Residents #1, #2, #3, #4 and #5 have been assessed unable to safely use or avoid poisonous materials.

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.

All poisonous material will be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

To prevent the violation from occurring again:

- (1) The public restroom in the secure unit will be locked at all times. It will be the responsibility of all staff to make sure the restroom is locked at all times.
- (2) In the spa room, the whirlpool disinfectant, Med Care defoamer and any other poisonous materials will be kept in a locked cabinet at all times. It will be the responsibility of all staff to make sure that poisonous materials in the spa room are kept in a locked cabinet at all times when not being used by staff.
- (3) All staff has been in-serviced concerning the above.

The Administrator and/or RN Manager will QA for compliance to prevent this violation from happening again.

Completion date for the above is immediate.

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By 6/21/12 - A designated staff person will check the home for unlocked poisonous materials daily on each shift.
 ms 5/21/12

Western Field Office
 Adult Residential Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/24/2011	
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Signature of Legal Entity Representative (Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrator*
Ginger M. Barnes, NHA Date *05-18-2012*

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

The above plan of correction is approved as of <u>5/21/12</u> (Date)	Verification of Legal Entity Representative Signature <u>5/21/12</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>ms</i> <input type="checkbox"/> Not Implemented

Violation Report: 32135 - 04/19/2012 - Mazza, Larry

PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

Resident #6 is ordered "Proctofoam HC-Apply rectally once daily at bedtime as needed "; however, this medication was not available in the home.

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.

The home has developed and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff.

Following the inspection of 4-19-12, an investigation was completed concerning the Proctofoam HC not being available in the home. After speaking with the resident [redacted] said [redacted] was ordered the Protofoam HC November 2011 before moving to Personal Care, but never got the prescription filled and never used it, and did not want to use it, but [redacted] never informed [redacted] physician of this so the order continued and followed [redacted] to Personal Care. On April 20, 2012 the RN Manager spoke to the Resident's physician concerning the above, and the physician discontinued the Protofoam HC order.

To prevent the above from occurring again, the Personal Care Coordinator will verify that the medication ordered by the physician is available at the time of the Resident's admission to Personal Care. The LPN at the time a new medication is ordered will be responsible to verify the medication is available. This is the procedure whether the medication is administered by the LPN or self administered by the Resident. LPNs were in-serviced concerning this at their regular monthly meeting on May 16, 2012.

The Administrator and/or RN Manager will QA for compliance to prevent this violation from happening again. Completion date is immediate.

By 6/21/12 - A designated staff person will conduct a weekly check of all resident prescriptions, physician orders and medications to ensure all prescribed medications, including prn medications, are available in the home. ms 5/21/12

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Western Field Office
Adult Residential Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/24/2011		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ginger M. Barnes, NHA* Administrator Date *05-18-2012*

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Verification of Legal Entity Representative Signature 5/21/12 (Date)

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

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- Partially Implemented - Adequate Progress *ms*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32135 - 04/19/2012 - Mazza, Larry
 PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 8/11/11, indicates the resident is able to safely use poisons. However, the resident's medical evaluation, dated 7/25/11, indicates the resident cannot safely use or avoid poisonous materials.

Resident #2's assessment, dated 9/24/11, indicates the resident is able to safely use poisons. However, the resident's medical evaluation, dated 9/16/11, indicates the resident cannot safely use or avoid poisonous materials.

Resident #3's assessment, dated 9/21/11, indicates the resident is able to safely use poisons. However, the resident's medical evaluation, dated 9/6/11, indicates the resident cannot safely use or avoid poisonous materials.

Resident #4's assessment, dated 1/16/12, indicates the resident is able to safely use poisons. However, the resident's medical evaluation, dated 1/18/12, indicates the resident cannot safely use or avoid poisonous materials.

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 resident will have a written initial assessment that is documented on the Department's assessment form within 15 days of admission.

All of the residents listed were reassessed by the RN Manager to determine if they can safely use or avoid poisonous materials.

Resident #1 can safely use or avoid poisonous materials and [redacted] physician corrected the DME dated 8-1-11.

Resident #2 can safely use or avoid poisonous materials and [redacted] physician corrected the DME dated 9-6-11.

Resident #3 can safely use or avoid poisonous materials and [redacted] physician corrected the DME dated 9-7-11

Resident #4 cannot safely use or avoid poisonous materials due to low vision and the assessment dated 1-16-12 was corrected to indicate this.

To insure compliance, at the time of the completion of the initial assessment, the RN Manager will review the medical evaluation. If the assessment reveals the same indication as the medical evaluation that the resident can or cannot safely use or avoid poisonous materials, that is what will be documented. If the assessment's indication is different than the medical evaluation, the physician will be contacted and the assessment will be reviewed with him/her and changes will be made to the medical evaluation by the physician if needed and then the assessment will be completed.

The Administrator and/or Personal Care Coordinator will QA for compliance to prevent this violation from happening again. Completion date for the above was May 17, 2012.

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Repeat Violation: No	Date(s) of Previous Violation(s):			Western Field Office Adult Residential Licensing
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Signature of Legal Entity Representative (Required on EVERY Page) *Ginger M. Barnes, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ginger M. Barnes NHA Administrator* Date *05-18-2012*

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(Date)

Verification of Legal Entity Representative Signature 5/21/12
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented