



COMMONWEALTH OF PENNSYLVANIA  
**DEPARTMENT OF PUBLIC WELFARE**  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

Sent via email to: [REDACTED]  
**MAILING DATE: July 10, 2012**

Ms. Staci Calabro, President  
New Concepts Assisted Living, Inc.  
PO Box 245  
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House  
11430 State Route 44  
Watsontown, Pennsylvania 17777

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on May 22, 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,

*Anne Graziano*

Regional Licensing Administrator

Enclosure  
Violation Report



Violation Report: 21696 - 05/22/2012 - Bloch, Betty

PCH Name: WARRIOR RUN HERITAGE HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - 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 the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

The home did not report to the Department the alleged sexual assault on resident #1 which was investigated by the Sunbury Police Department approximately two years ago. Resident #1 was taken to Evangelical Hospital by staff person A, who is the home's administrator, where the resident was examined.

The home did not report to the Department that resident #2 fell in the home in May 2011 and dislocated her/his hip. Resident #2 was transported to Geisinger Medical Center in Danville where s/he was treated and released.

**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 alleged sexual assault was never substantiated and this incident did not take place in the personal care home. This Administrator was not aware that incidents occurring outside of the home are reportable. In the future, the Administrator will refer to the Reportable Incident Guideline to clarify the requirement to make a reports and follow all Guidelines for making oral/written reports, within the required timelines, to the appropriate agencies. In addition, a review was conducted with staff persons on 6/25/12 regarding reporting of Reportable Incidents, and staff responsibilities for reporting such incidents

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Staci Calabro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **STACI CALABRO** Date *6/12/12*

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

The above plan of correction is approved as of <u>7-9-12</u> (Date)	Plan of correction implementation status as of <u>7-9-12</u> (Date)
The above plan of correction was approved by <u><i>SC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21696 - 05/22/2012 - Bloch, Betty  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**2a. DESCRIPTION OF VIOLATION**

On 5/22/12, the balance in resident #3's personal needs allowance was \$11.04. Review of the "Resident Monthly Financial Transaction Record" indicated the balance should be \$20.10. There was a difference of \$9.06 which is owed to the resident.

**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 inadvertently charged the resident twice for their pharmacy bills of \$9.06. The error was reviewed with the resident on 5/23/12 and \$9.06 was added to the residents account. To ensure future compliance and avoid accounting errors the Administrator will have two staff persons review residents financial records monthly to reduce the risk of accounting errors.*

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Stacy Calabro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *STACY CALABRO* Date *6/1/12*

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

The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

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

The above plan of correction was approved by *SC*  
 (Initials)

Violation Report: 21696 - 05/22/2012 - Bloch, Betty  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 The home failed to manage and secure eye and dental appointments for resident #4, as indicated on the resident's most current assessment (dated 9/12/11) and support plans (dated 9/26/10 and 9/26/11). It was determined through an interview with the resident that s/he has not been examined by an eye doctor or dentist within the past two years. Also, the resident's prescription eyeglasses were broken two years ago and have not been replaced. The resident was admitted to the home on 8/29/08.

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 administrator conducted a staff review session regarding resident assistance in accessing health services as indicated by their Assessment and Support Plan. In order to ensure future compliance, staff will complete monthly audits of resident records on the 15<sup>th</sup> of each month. Staff will record all residents that received assistance to secure eye and dental exams, who still requires care, and if the home is listed on the Support Plan as assisting with accessing the care, if the home is responsible, the Administrator will secure appointments, if another party is responsible the Administrator will notify that party of the residents necessary care needs. In addition Resident #4 had an eye appointment for exam on 6/13/12 and ordered glasses 6/13/12. A dental exam was arranged and completed on 6/13/12.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Staci Calbro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>STACI CALBRO</b>	Date <i>6/13/12</i>
---	---------------------

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

The above plan of correction is approved as of <u>7-9-12</u> (Date)	Plan of correction implementation status as of <u>7-9-12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21696 - 05/22/2012 - Bloch, Betty  
 PCH-Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.42(i) - A resident shall receive assistance in accessing health services.

2a. DESCRIPTION OF VIOLATION

The home failed to assist resident #4 in securing eye and dental appointments in the past two years. The resident's most current support plans (dated 9/26/10 and 9/26/11) indicate the home will assist the resident in securing and maintaining annual appointments in these areas of need. It was determined through an interview with the resident that s/he has not been examined by an eye doctor or dentist within the past two years. Also, the resident's prescription eyeglasses were broken two years ago and have not been replaced. The resident was admitted to the home on 8/29/08.

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.

Originally, Resident #4's family was responsible for securing eye and dental care appointments and the home arranged for primary care visits, which were completed. The resident did break glasses when [redacted] was out with [redacted] family. The actual date is uncertain. The home arranged an eye appointment which was completed on 5/22/12 and the client ordered new glasses on 6/1/12. A dental appointment was secured for 6/13/12. The administrator conducted a staff review 5/25/12 regarding resident assistance in accessing health services. In order to ensure future compliance, staff will complete monthly audits of resident records on the 15th of each month and record residents that receive eye and dental care, who still needs care, and if the home is listed on the Support plan as assisting with accessing the care. This report will be presented to the Administrator. The Administrator will review the report and secure appointments as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Debra Calabro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Calabro* Date *6/12/12*

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

The above plan of correction is approved as of <u>7-9-12</u> (Date)	Plan of correction implementation status as of <u>7-9-12</u> (Date)
The above plan of correction was approved by <i>CC</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21696 - 05/22/2012 - Bloch, Betty  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

The following leftover foods which were stored in the kitchen's "Migali" refrigerator were not dated:

- 5 hotdogs in a plastic container
- 8 hotdogs in a plastic container
- 1 hamburger in a plastic container
- 13 rib patties in a plastic bag
- 10 rolls in a plastic bag
- 1 plastic pitcher containing milk

**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.*

Proper food storage, dating and labeling is part of staff orientation and training. A staff review was conducted 5/22/12 and 5/23/12. There is a guideline for food storage, dating, and labeling in place, the importance of this policy was reviewed. A check off list was created and posted for each shift to sign off regarding the food they are responsible for proper labeling and dating. The Administrator will conduct weekly audits of the records as well as the refrigerator and food storage area.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	Date <i>6/12/12</i>
--	---------------------

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

The above plan of correction is approved as of 7-9-12  
 (Date)

Plan of correction implementation status as of 7-9-12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

Violation Report: 21696 - 05/22/2012 - Bloch, Betty

PCH Name: WARRIOR-RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The most current medical evaluation (dated 12/19/11) for resident #5 did not include the resident's list of medications. The "Medications" section of the form stated, "see attached"; there was not an attachment to the form.

Repeated Violation - 10/20/11

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.

There was already previously a Suite listing requirements for Medical evaluations available for staff, which includes ensuring that attachments are included. The Administrator conducted a review with staff regarding the requirements of this regulation. It is the responsibility of the staff person receiving the medical records to utilize the check list to ensure completion. Upon noting missing information staff will immediately make a request for that information. If the information is not made available to the home, the Administrator will be notified and retrieve the information in person from the designated party/office. In order to ensure future compliance, staff will complete monthly audits of resident records and report findings to the Administrator. The Administrator will secure and maintain any missing information for resident records. This review was conducted on 5/25/12. The audits will take place on the 15th of the month.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/20/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Pro Calbro*

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

*Pro Calbro*

Date 6/12/12

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

The above plan of correction is approved as of

7-9-12  
(Date)

Plan of correction implementation status as of

7-9-12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 21696 - 05/22/2012 - Bloch, Betty  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**

The records of resident #s 1, 4, and 5 did not contain photographs of the residents taken within the past two years, as required by this regulation. The pictures were dated 2008, 1/22/08, and 7/09 respectively. The photograph in the record of resident #2 was not dated.

**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 Administrator has created a new check off list for Resident Record Information Requirements and updating and maintaining current photographs has been added to the list. Each current resident record contains an updated photograph now, this was completed on 5/25/12.  
 The Administrator conducted a review with staff persons on how to utilize the check off list. In order to ensure future compliance staff will complete monthly audits of resident records, including maintaining and securing current resident photographs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Steve Calabro*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *STEVE CALABRO* Date *6/12/12*

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

The above plan of correction is approved as of 7-9-12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 7-9-12  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented