

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NASUN INC

LEGAL ENTITY

To operate HALLSWORTH HOUSE

NAME OF FACILITY OR AGENCY

Located at 1575 GRAND BOULEVARD, MONESSEN, PA 15062

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 55
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 October 26, 2012 until October 26, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428970**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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.

PW 628 - 01/11



SEP 19 2012

Mr. Jeff Naden, President
Nasun, Inc.
Hallsworth House
1575 Grand Boulevard
Monessen, Pennsylvania 15062

Dear Mr. Naden:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 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 Human Services Licensing so that compliance can be verified.

The license indicates the home's recent change in the name from Hallsworth House III to Hallsworth House.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish or initials.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

300 10 - 1121

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A received only 7 hours of annual training in training year 1/1/11 to 12/31/11.

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.

At Least by November 1 of Each year the Administrator will make a Review of all staff training (12 hours Requirement) that has been done to see who has missed or who is in need of Additional training. That List will be compared to the required training subjects to Reassure that all necessary training is completed by the end of the year.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Jeff NADEN, Administrator

Date 9/7/2012

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

The above plan of correction is approved as of 9-13-12
 (Date)

Plan of correction implementation status as of 9-13-12
 (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: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

SEP 10 2012

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

Three full cans of oven cleaner and a gallon bottle of grease gobbler cleaner were stored in the food pantry on the shelf.

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.

Items noted were removed day of inspection. Administrator has educated cooks on the subject, and will also make weekly checks initially and then convert to a monthly schedule of verification.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Jeff NADEN, Administrator

Date 9/7/2012

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9-13-12
 (Date)

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9-13-12
 (Date)

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

The above plan of correction was approved by

JN
 (Initials)

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

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.

2a. DESCRIPTION OF VIOLATION
 A bottle of 409 cleaner, with a manufacturer's label indicating "to contact poison control center if swallowed", was in a locked hallway closet with the key hanging beside the door knob. A 67 pound container of joint compound, with a manufacturer's label indicating "if ingested call poison control center", was unlocked and accessible to residents in the electrical closet. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

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 409 was behind a Locked Door. The Key WAS ± 36 inches AWAY.
 The Joint Compound WAS moved DAY of inspection. For future Administrator will continue to do daily inspections, we will Add to that inspection Any non normal daily items (ie. construction type) to assure compliance is kept up on.
 The key to the hallway closet will be placed in a secured area so as to prevent residents from accessing this closet and the poisonous materials contained within.

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The rear exit door to the home leads to a small concrete landing. Just beyond the concrete landing is a sharp 45 degree angle hillside down to the road below. There is no fence or other barrier to the hillside on that side of the home. The sharp hillside presents a fall hazard/ safety risk to the residents in the home with dementia and/or mobility needs.

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 fence has been planned for just not constructed.
 Bids will be sought and completion of fence will be done in less than 60 days. The type of fence planned is a "Horse Fence" style (two horizontal planks supported by 2 vertical posts)
 If this style is deemed unacceptable then please Alert Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Jeff Naden Administrator

Date

9/7/2012

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9-13-12
 (Date)

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9-13-12
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline

PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.101(g) - A resident's bedroom shall be used only by the occupying resident and not for activities common to other residents.

2a. DESCRIPTION OF VIOLATION

On 08/22/12, resident bedroom #18 was used for barber/beautician purposes for another 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.

Handwritten text: Hair dresser that visits every week has been instructed Not ~~to~~ USE A Residents ROOM to set up a hair dryer etc. Administrator will periodically check to verify she has not repeated back to using that room. An Alternate location for hair dresser will be considered as well.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

JEFF NADEN Administrator

Date *9/7/12*

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(Date)

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(Date)

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[Handwritten Initials]
(Initials)

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

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 food items were not labelled and/or dated in the kitchen refrigerator: Piece of lasagna, tray of cabbage in red sauce, container of yellow liquid, container of soft pink food, half of a pan of chicken pot pie, and a pan of cornbread, hash browns, and sausage patties.

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.


Items were dated but not labeled. Cooks have been instructed to properly label all leftover items to provide a description of what the item is. Administrator will initially verify cooks compliance weekly and then monthly for a routine check of compliance. In case now cook staff is potentially responsible for compliance, they will be educated as well.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeff Naven, Administrator	Date 9/7/12.
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by  (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: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following food items were not sealed in the refrigerator: Container of yellow liquid, container of soft pink food, half of a pan of chicken pot pie, and a stick of pepperoni.

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.

Cooks have been instructed to verify items ARE sealed better. Administrator will find storage containers to replace using "Saran" wrap and tin foil for sealing. Until then Administrator will check weekly to verify compliance AS well AS educate now cook staff not to Damage the integrity of the sealed items without properly Resealing them or discarding.

(Copy of Receipt showing some storage items purchased) Attached

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 9/17/2012

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Plan of correction implementation status as of 9-13-12 (Date)

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

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

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 8/22/12, there was an accumulation of lint in the lint trap and the housing around the lint trap of the commercial dryer.

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.

This is a commercial dryer with a 3 foot by 3 foot ~~by 3 foot~~ area to collect Lint, which is cleaned as required. The accumulation of Lint was about the size of a postcard and because of its location and size does not prohibit proper air flow and operation ~~and~~ possible overheating. The Lint screen had Lint removed as required. Attached is the manufacturer's maintenance checklist. It requires Lint to be cleaned DAILY from Lint screen not after each use as the state requires. This checklist will be followed excepting the Lint screen will be checked after each use. As you can note the manufacturer is concerned about restricted airflow and overheating. Small amounts of Lint in an area this large will not create a problem. Such as Reducing Airflow or Overheating.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 9/7/12
 Jeff Naeven Administrator

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 (Date)

Plan of correction implementation status as of _____
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42897 - 08/22/2012 - Goederl, Caroline
 PCH Name: HALLSWORTH HOUSE III


1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 A plastic recycling bin with empty cleaning product bottles, and a cardboard box were stored next to the hot water heater.

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.

Items were removed day of inspection. A protective barrier will be constructed around the hot water tank to prevent these items from being pushed back against the tank. Administrator will keep items from being pushed against the tank on a daily basis until the protective barrier is constructed. We expect less than 20 days to complete the barrier.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Seth Namer, Administrator Date 9/5/12

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The above plan of correction was approved by <u>ANP</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: 42897 - 08/22/2012 - Goedert, Caroline

PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.130(d) - If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

2a. DESCRIPTION OF VIOLATION

On 8/22/12, the fire alarm system indicated trouble and that the alarm had been silenced. The administrator stated that he had called to have the system taken offline on 8/21/12 at 9:00am due to performing construction work in the home, and that the system should have automatically reset after eight hours. The administrator did not indicate that a fire watch was performed.

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.

I, administrator, failed to restart (reset) the Alarm panel
 The sprinkler system, which is separate, WAS still Active
 Only half of the building Alarm system was affected. For
 future, projects that require the system, or even part of
 the system, to be taken offline, the administrator
 will initiate our fire watch program to ensure safety
 of our residents and compliance with the Regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Jeff Naden. Administrator

Date

9/17/2012

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

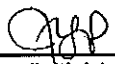
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9-13-12
 (Date)

Plan of correction implementation status as of

9-13-12
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline

PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #1 self administers some medications and stores medications in their room. On 8/22/12, Resident #1's skin repair cream and Nystatin powder were unlocked in the bathroom of the unoccupied room and accessible to all of the residents 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.

Until A secure system can be developed, (i.e. locking those items up in a resident's room) those items will be stored in our medicine CART and given to residents when needed, by our med. staff. Administration has instructed med. staff to do this and will see to it that any new or existing resident that has meds are either properly secured in their room or locked in the medicine cabinet.

10-13-12
A designated staff person will inspect all resident bedrooms and balconies to ensure any OTC or prescribed medications that are self administered are locked in a secure location. 9-13-12 JAP

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeff Nason, Administrator Date 9/7/12

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Plan of correction implementation status as of 9-13-12 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 42897 - 08/22/2012 - Goedert, Caroline

PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 08/22/12, Resident #2's oral syringe was attached to a liquid medication with a rubber band in the top drawer of the medication cart. The oral syringe was not covered or protected and was in a section of the drawer with other resident's medications.

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.

Was corrected prior to inspector leaving.

For future, monthly reviews of med cart and med room compliance will include contamination concerns.

Med staff have been educated on necessity and importance of keeping items from being potentially contaminated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/22/2011
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jeff Warden, Administrator	9/7/12

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The above plan of correction was approved by <u>JWP</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: 42897 - 08/22/2012 - Goedert, Caroline
 PCH Name: HALLSWORTH HOUSE III

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

Resident #3's document of medical evaluation (DME) dated 6/21/12 indicated that the resident was allergic to Penicillin and Sulfa. Resident #3's medication administration record (MAR) for August, 2012 did not identify any drug allergies.


Resident #4's DME dated 6/8/12 indicated that the resident was allergic to Haldol and Ativan. Resident #4's MAR for August, 2012 did not identify any drug allergies.

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.


DAY of Inspection pharmacist was notified to add Allergies to future MARs and we hand wrote info on current MARs. All MARs are reviewed monthly, this was missed, and will become PART of our routine checklist. to be done monthly prior to new MARs being printed, to verify information is included as required.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jeff Naden, Administrator* Date *9/7/12*

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