



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAILING DATE: December 20, 2012**  
Sent via email to: [REDACTED]

Mr. Michael J. Beslin, COO  
NHS Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: NHS Lehigh Valley Center  
515 Delaware Avenue  
Bethlehem, Pennsylvania 18015

Dear Mr. Beslin:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 25, 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.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Violation Report



Violation Report: 22401 - 09/26/2012 - Navak, Ryan  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 56 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 2600.16 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 9/15/12 at 1:00pm the home notified the police department that Resident #1 could not be found. The police later returned Resident #1 to the home. The home did not submit an incident report to the Department until 9/17/12 at 3:00pm.

On 9/15/12 at 9:40pm the home called the non-emergency number for an ambulance for Resident #1. 2 police officers and an EMT responded to the home. Resident #1 was transported to the local emergency room for evaluation. Resident #1 was admitted to the Adult Behavioral unit. The home did not submit an incident report to the Department until 9/17/12 at 3:00pm.

**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.*

From 9/25/12 forward, the administrator of the home will ensure that all critical reportable incidents are sent to the department by fax or email within 24 hours. These incidents will also be called into the Northeast Field office. This will include nights and weekends and will be tracked by the administrator. The reports will also be kept on file in the administrator's office as per regulations. In the future, Administrator will review each incident with 2600 regulations to ensure that reporting is timely and in accordance with department guidelines.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michael Breslin*

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

Michael Breslin

Date 11/15/12

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

The above plan of correction is approved as of

12/18/12  
 (Date)

Plan of correction implementation status as of

12/18/12  
 (Date)

The above plan of correction was approved by

*m*  
 (Initials)

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

Violation Report: 22401 - 09/25/2012 - Novak, Ryan  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 56 Pa.Code §2600**

2800.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2800.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff Member A completed the initial medication administration training on 11/18/10. The home did not complete a annual practicum for 2011.

**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 completed an annual practicum on 10/26/11 and the record is attached. In the future the home will make sure that there are 2 Medication Administration Observations completed every 12 months. Also, 4 quarterly Medication Administration Record reviews will be completed. Both of these observations/reviews will be completed, monitored and tracked by a certified DPW trainer.

*The administrator will be responsible for ongoing compliance.*

*M  
12/18/12*

Repeat Violation: No

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 (Required on EVERY Page)

*Michael Breslin*

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

*Michael Breslin*

Date

*11/15/12*

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 (Initials)

Violation Report: 22401 - 09/25/2012 - Novak, Ryan  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 9/13/12 at 8:00pm Staff member A poured medications for Resident #2 & #3, placed the medication cups on the back counter in the medication room and then left the medication room and went to the kitchen. Staff member B took the medication cups and placed them on top of the medication cart. Staff member B turned to the back sink to get water for the medications. Resident #2 picked up Resident #3's medication cup and injected the incorrect medications. Staff member A failed to place the medications in Resident #2's hand to complete the medication administration process.

**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.*

During staff meeting on 9/27/12 all staff were trained on proper medication procedure. Staff was reminded of proper medication procedure and more specifically that one person must complete the entire medication administration process. They were also reminded that one person should be completing entire medication pass. At the recommendation of the department only one person per shift will administer medications to eliminate any confusion or errors. In the future the MAR will be reviewed regularly by the administrator and staff will be observed giving medications to ensure proper procedure. Please see attached Sign in sheet and agenda

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 22401 - 09/25/2012 - Novak, Ryan  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION # 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.

2a. DESCRIPTION OF VIOLATION

The home's medication policy notes "medication will be dispensed to 1 resident at a time." On 9/13/12 at 8:00pm Staff member A poured medications for Resident #2 & #3, placed the medication cups on the back counter in the medication room and then left the medication room and went to the kitchen. Staff member B took the medication cups and placed them on top of the medication cart. Staff member B turned to the back sink to get water for the medications. Resident #2 picked up Resident #3's medication cup and injected the incorrect medications. Staff members A & B failed to follow the home's medication policy as it relates to medication administration.

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.

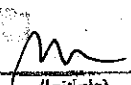
During staff meeting on 9/27/12 all staff were trained on proper medication procedure. Staff was reminded of proper medication procedure and more specifically that one person must complete the entire medication administration process. They were also reminded that one person should be completing entire medication pass. At the recommendation of the department only one person per shift will administer medications to eliminate any confusion or errors. Staff involved will review and sign off on Medication Administration Policy with administrator on 11/15/12 to ensure compliance. In the future the MAR will be reviewed regularly by the administrator and staff will be observed giving medications to ensure proper procedure. Please see attached Sign in sheet and agenda

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Michael Bredlin	11/15/12

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Violation Report: 22401 - 09/26/2012 - Novak, Ryan  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 85 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.

2a. DESCRIPTION OF VIOLATION  
 On 9/13/12 at 8:00pm Staff member A poured medications for Resident #2 & #3, placed the medication cups on the back counter in the medication room and then left the medication room and went to the kitchen. Staff member B took the medication cups and placed them on top of the medication cart. Staff member B turned to the back sink to get water for the medications. Resident #2 picked up Resident #3's medication cup and injected the incorrect medications. Staff member A reported that the medication administration records for Resident #2 & #3 was initiated by Staff person A prior to the administration of Resident #2 & #3's medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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During staff meeting on 9/27/12 all staff were trained on proper medication procedure. Staff was reminded of proper medication procedure and more specifically that medication should be signed for at the time of administration when the resident has taken the medications. They were also reminded that one person should be completing entire medication pass. At the recommendation of the department only one person per shift will administer medications to eliminate any confusion or errors. Staff involved will review and sign off on Medication Administration policy with administrator on 11/15/12 to ensure compliance. In the future the MAR will be reviewed regularly by the administrator and staff will be observed giving medications to ensure proper procedure. Please see attached sign-in sheet and agenda.

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