

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to VALLEY VIEW HAVEN  
LEGAL ENTITY

To operate VALLEY VIEW HAVEN  
NAME OF FACILITY OR AGENCY

Located at 4702 EAST MAIN ST.-THE TERRACE, BELLEVILLE, PA 17004  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 95  
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 March 21, 2013 until March 21, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 335520

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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAR 2 1 2013

Mr. Randy Sheaffer, Executive Director  
Valley View Haven  
4702 East Main Street  
Belleville, Pennsylvania 17004

Dear Mr. Sheaffer:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 10, 2012 and October 11, 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.

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

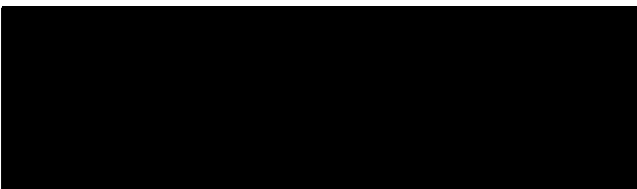
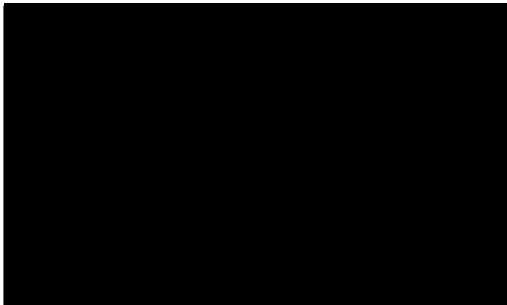
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: VALLEY VIEW HAVEN		License Number: 335520
Address: 4702 EAST MAIN ST THE TERRACE, BELLEVILLE, PA 17004		County: Mifflin
Administrator: Cindy Sharp		Region: CENTRAL
Legal Entity Name: VALLEY VIEW HAVEN		
Legal Entity Address: 4702 EAST MAIN STREET, BELLEVILLE, PA 17004		
Certificate(s) of Occupancy C-1 05/07/1998 DOH		
Staffing Hours Resident Support: 0                      Total Daily Staff: 84                      Waking Staff: 63		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/10/2012: Rouse, McKinley; Palermo, Michael 10/11/2012: Rouse, McKinley; Palermo, Michael		
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: 95 Number of Residents Served: 84 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

**RECEIVED**

JAN 2 2013

Violation Report: 33552 - 10/10/2012 - Rouse, McKinley  
 PCH Name: VALLEY VIEW HAVEN

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

At approximately 11:50am on 10/10/2012, the medication administration record was left unlocked and accessible on the medication cart while Staff Person A was in Room A119.

**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 staff that have access to the resident Medication Administration record will be inserviced to always pull the medication cart into the resident room if the cart will be out of their view. This regulation 2600.17 and our Medication Administration policy will be reviewed immediately and at our next staff meeting January 30, 2013. Our Medication Administration policy was updated and the proper procedure for our Team Leaders to follow was added. See attached policy with F added.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Randy Sheaffer*

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

RANDY SHEAFER EXECUTIVE DIRECTOR

Date 12-21-2012

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

The above plan of correction is approved as of 2-22-13  
 (Date)

Plan of correction implementation status as of 2-22-13  
 (Date)

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

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

Violation Report: 33552 - 10/10/2012 - Rouse, McKinley  
 PCH Name: VALLEY VIEW HAVEN

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B, C and D did not receive fire safety training in 2011, by a fire safety expert, or a person trained by a fire safety expert.

**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.*

Annually ancillary, volunteer and all substitute personnel will be included in yearly training. The staff will be provided the annual required training by the administrator. A copy of this training will be maintained in the Terrace training book for easier review. The Director of Volunteers will review regulation 2600.65 (g) with each new volunteer before they start and annually thereafter. A copy of the training is attached. A record for housekeeping staff and maintenance, along with volunteers will be available in a binder kept in personal care to prevent this violation from happening again.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Randy Sheffer*

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

RANDY SHEFFER EXECUTIVE DIRECTOR

Date

12-21-2012

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Violation Report: 33552 - 10/10/2012 - Rouse, McKinley  
 PCH Name: VALLEY VIEW HAVEN

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The phones in the following rooms did not have the current complaint hotline number:

- A226 the phone in the living room
- A320 the phone in the bedroom next to the bed
- A324 the phone in the living room
- A326 the phone in the bedroom next to the bed

**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 phones have been rechecked to make sure the appropriate phone numbers are posted on each phone. A226, A320, A324 and A326 and all resident phones are up to date with the current hotline phone number of 1-877-401-8835. New phone stickers with the correct number have been printed to avoid any future issues.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **RANDY SHEFFER, EXECUTIVE DIRECTOR** Date **12-21-12**

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The above plan of correction is approved as of <u>2-22-13</u> (Date)	Plan of correction implementation status as of <u>2-22-13</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33552 - 10/10/2012 - Rouse, McKinley  
 PCH Name: VALLEY VIEW HAVEN

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The ice cream freezer located in the kitchen had a temperature of 10 degrees Fahrenheit on 10/10/2012, at 2:30PM, and 5 degrees Fahrenheit on 10/11/2012, at 9:53AM.

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.*

As per policy 5.17 titled "Equipment Temperatures" (attached) all refrigerators, freezers, reach-in and storeroom temperatures are recorded utilizing the refrigeration and freezer temperature log.

Temperatures will continue to be recorded and monitored 2X daily, with temperatures being recorded in the AM & PM daily.

Ice cream (bulk) will not be stored in the cabinet. Bulk ice cream will be stored in the large reach-in freezer where temperatures are maintained below zero at all times.

Ice cream will only be dipped from the cabinet when ice cream is on the menu, then immediately returned to the reach-in freezer.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Randy Sheaffer*

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

RANDY SHEAFFER, EXECUTIVE DIRECTOR

Date

12-21-12

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 (Date)

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Violation Report: 33552 - 10/10/2012 - Rouse, McKinley  
 PCH Name: VALLEY VIEW HAVEN

**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 #1 has a physician's order for sliding scale insulin. The home documented the administration of insulin for the sliding scale for 8am on 10/1 through 10/11 and 11am on 10/1 through 10/3 and 10/6, 10/7, 10/10 and 10/11. However, the home did not record the units of insulin administered for any of the administrations.

**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 units of insulin administered are recorded for the sliding scale insulin on the MAR.

Attached is the MAR for Resident #1. This was started 11-1-12 on the November MAR.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RANDY SHEFFER EXECUTIVE DIRECTOR* Date *12-21-12*

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