



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL- RETURN RECEIPT REQUESTED
MAILING DATE: November 30, 2012

Ms. Staci Calabro, President
New Concepts, Inc.
P.O. Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749

Dear Ms. Calabro:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 18, 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,

A handwritten signature in cursive script that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 21312 - 10/18/2012 - Yellenic, Cindy
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 hit Resident #2 in the stomach after lunch and pushed #2 into the wall. Resident #1 hit Resident #2 while standing outside the office before lunch. On the evening prior(10-17-2012), the staff overheard Resident #1 say [redacted] was going to kill resident #2. The staff did half hour checks on Resident #1 and Resident #2 throughout the night. When the Department asked how close the two residents rooms were to each other, the reply was they were roommates and the facility did not put any positive interventions in place to avoid a physical confrontation between Resident #1 and Resident #2.

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 appropriate reports were made regarding the incident 10/18/12. A meeting was held with Resident #1, Casemanagement Services. A schedule of services was put in place to offer Resident #1 support to manage anger. A notification was given to Resident #1 that further acts of physical aggression will lead to discharge. The home did institute the 30 min. checks on the residents to help ensure safety. A staff review was conducted on resident rights and use of positive interventions. The home will conduct monthly staff reviews for resident rights and positive interventions for the next three months. In addition the home will seek outside training sources to assist with conducting the reviews.

The administrator will monitor for ongoing compliance.

mm
11/28/12

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) *SPENCER CALABRO* Date *11/28/12*

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

The above plan of correction is approved as of 11/28/12 (Date)

Plan of correction implementation status as of 11/28/12 (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: 21312 - 10/18/2012 - Yellenic, Cindy
 PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
 On 10/18/2012, Resident #1 hit Resident #2. On the evening prior (10-17-2012), the staff overheard Resident #1 say [redacted] was going to kill resident #2. The staff did half hour checks on Resident #1 and Resident #2 throughout the night. When the Department asked how close the two residents rooms were to each other, the reply was they were roomates and the facility did not put any positive interventions in place to avoid a physical confrontation between Resident #1 and Resident #2.

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 meeting was conducted regarding Resident #1 with [redacted] case management services regarding adding supportive services to manage inappropriate behaviors. Individual counseling sessions were added as well as other day programming and rehabilitative services weekly. A staff review was conducted for use of positive interventions. A monthly review for the next three months will include presentations from outside sources on positive interventions. In addition, the Administrator will conduct resident interviews weekly to ensure positive appropriate interactions between residents.

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) *STYEL CALABRO* Date *11/20/12*

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

The above plan of correction is approved as of <u>11/28/12</u> (Date)	Plan of correction implementation status as of <u>11/28/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 21312 - 10/18/2012 - Yellenic, Cindy
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #3 was completed on August 24, 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.

On the date of the incident 10/18/12 the RASP for resident #3 was not in the file. The previous day the Agency office had conducted assessments on several residents and the Assessment and Support Plan for Resident #3 were later located in another file. The home uses a monthly schedule to indicate upcoming resident DMES, Assessments, Support Plans to indicate the date and need for renewals. Staff review was conducted to instruct staff persons responsible for sharing resident information with other approved entities to review the resident file for all components that are required. In addition, the Administrator will conduct an audit of resident files of at least 30% on a monthly basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Patricia Calabro

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

Patricia Calabro

Date

11/20/12

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The above plan of correction is approved as of

11/28/12
(Date)

Plan of correction implementation status as of

11/28/12
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)