

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW CONCEPTS INC  
LEGAL ENTITY

To operate WARRIOR RUN HERITAGE HOUSE  
NAME OF FACILITY OR AGENCY

Located at 11430 STATE ROUTE 44, WATSONTOWN, PA 17777  
(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 20  
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 December 13, 2012 until December 13, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216960

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**JAN 23 2013**

Ms. Staci Calabro, President  
New Concepts 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 (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.

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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: WARRIOR RUN HERITAGE HOUSE		License Number: 216960
Address: 11430 STATE ROUTE 44, WATSONTOWN, PA 17777		County: Northumberland
Administrator: Staci Calabro		Region: NORTH
Legal Entity Name: NEW CONCEPTS INC		
Legal Entity Address: PO BOX 245, TURBOTVILLE, PA 17772		
Certificate(s) of Occupancy R-2 08/28/2009 Central Keystone		
Staffing Hours Resident Support: 18                      Total Daily Staff: 36                      Waking Staff: 27		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/18/2012: Yellenic, Cindy; Dumas, Gerald		
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: 20 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	
		

Violation Report: 21606 - 10/19/2012 - Yellenic, Cindy  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

**2a. DESCRIPTION OF VIOLATION**

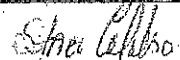
Residents #1, (Date of Admission 9/24/12) and Resident #2, (Date of Admission 9/24/12) did not sign the rent rebate page, contained within the homes contract acknowledging that 50 % of the resident's rebate will be held by the home.

**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.

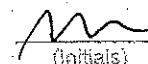
*The home obtained the residents signatures on the appropriate Rent Rebate Addendum to the Home Contract. This was completed on the day of inspection. In the future, the Administrator will utilize a check off list to ensure all components of the Resident Home Contract are completed properly. In addition, the Administrator will conduct monthly audits of 50% of resident files.*

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
Steve CALASERO	11/15/12

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

The above plan of correction is approved as of	12/17/12 (Date)	Plan of correction implementation status as of	12/17/12 (Date)
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: 21696 - 10/18/2012 - Yellanic, Cindy  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

**1. REGULATION 55 Pa.Code §2608**

2608.91 - 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 Personal Care Hotline # and the Complaint Hotline # are incorrect in the Procedure book and the Reportable Incidents and Conditions policy book.

**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 correct Personal Care Hotline number and Complaint Hotline number were added to the homes Policy & Procedure Manual on the day of inspection. However, the correct numbers were available to all staff and residents and posted at all telephones in the home. In the future, the Administrator will conduct monthly home reviews of home postings using a check list to ensure compliance. In addition, management will conduct quarterly reviews of Home Policy and Procedure to ensure compliance as well.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *11/13/12*

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

The above plan of correction is approved as of 12/17/12 (Date) Plan of correction implementation status as of 12/17/12 (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: 21696 -- 10/18/2012 - Yellenic, Cindy  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION  
 On 10/18/2012, at 2:45pm, there were two loose pills in a box, not in their original container(s), in the second drawer of the medicine cart.

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 loose pills were in the labeled box, but not in the med strip. A staff review was conducted regarding proper storage of all medications. Continued staff medication reviews are scheduled quarterly. In addition, the Administrator will conduct medication cart audits weekly to ensure future compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Orna Celso</i>	Date <i>11/19/12</i>
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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: 21686 - 10/18/2012 - Yellenic, Cindy  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

**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**

- The medication administration record for Resident #2 does not include initials that the medication, Haliperidol, was given on 10-18-2012 at 7:00am.
- The medication administration record for Resident #3 does not include initials that the medication, Metoprolol, was given on 10-18-2012 at 7:00am.
- The medication administration record for Resident #4 does not include initials that the medication, Fluphenazine, was given on 10-17-2012 at 6:00pm and 8:00pm.
- The medication administration record for Resident #5 does not include initials that the medication, Lorazepam, was given on 10-18-2012 at 7:00am.

**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.

*Confirmation was obtained from Staff persons administering medications to Resident # 2, 3, 4, 5 that they were in fact administered, at the designated times on the days noted. A staff review was conducted regarding the importance of the documentation of medications administered, as well as all medication policies & procedures. Staff are instructed to review MARs for signatures after administration. In addition, a designated staff person will audit the MAR daily for missed signatures.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/20/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Eric Calvaro*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *ERIC CALVARO* Date *11/15/12*

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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