



Sent via email to: [REDACTED]
MAILING DATE: December 14, 2012

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 November 1, 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 black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

1. REGULATION 55 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 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/29/12 at approximately 5:30 pm the home lost power and needed to start implementing their emergency procedures. The home did not submit an incident report to the Department, or report the incident by telephone to the Regional office within 24 hours.

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 11.1.12 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, including on night and weekend shifts. These incidents will also be called into the Northeast Field office and staff will document that the appropriate calls were placed. Reportable incidents and the follow up actions will be tracked by the Administrator. The reports will also be kept on file in the Administrator's office as per regulations. The Program Administrator will review each incident with 2600 regulations to ensure that reporting is timely and in accordance with department guidelines.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/25/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Michael J. Breslin, Chief Operating Officer

Date

12/5/12

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

The above plan of correction is approved as of

12-12-12
(Date)

Plan of correction implementation status as of

12-12-12
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 22401 - 11/01/2012 - Novak, Ryan
PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
On 11/1/12 at 11:25 am a Lasko portable space heater was running and located in the tv room.

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.

Immediate action was taken on 11.2.12 to remove the heater from the TV room. The home will not use portable space heaters in the future. Staff will be reminded of this regulation during staff meeting on 12.6.12. The home is also revising its emergency plan to prepare for any future emergency situation. This is expected to be complete in by January 30th of 2013.


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 J. Breslin, Chief Operating Officer* Date *12/5/12*

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

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

The above plan of correction was approved by 
(Initials)

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

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