

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLLIDAYSBURG VETERANS HOME
LEGAL ENTITY

To operate HOLLIDAYSBURG VETERANS' HOME
NAME OF FACILITY OR AGENCY

Located at P.O.BOX 319, HOLLIDAYSBURG, PA 16648
(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 167
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 February 22, 2013 until February 22, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 343600

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

FEB 22 2013

Mr. Martin C. Kupchella, Administrative Officer II
Hollidaysburg Veterans Home
Hollidaysburg Veterans' Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648

Dear Mr. Kupchella:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 27, 2012 and November 28, 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.


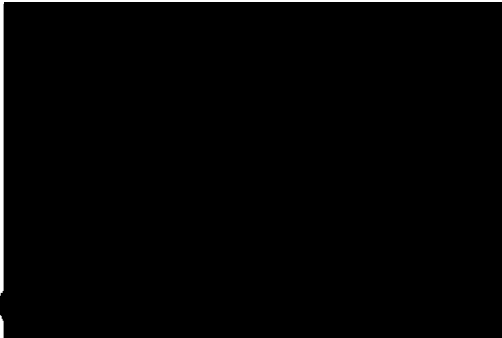
Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: HOLLIDAYSBURG VETERANS HOME		License Number: 343600
Address: P O BOX 319, HOLLIDAYSBURG, PA 16648		County: Blair
Administrator: Martin Kupchella		Region: CENTRAL
Legal Entity Name: HOLLIDAYSBURG VETERANS HOME		
Legal Entity Address: P.O.BOX 319, HOLLIDAYSBURG, PA 16648		
Certificate(s) of Occupancy Other 11/04/1954 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 141	Waking Staff: 106
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
11/27/2012: Rosenblat, Dale; Chou, Serena; Loudenslager, Lynn		
11/28/2012: Rosenblat, Dale; Chou, Serena; Loudenslager, Lynn		
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: 167 Number of Residents Served: 141 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

RE

JAN 11 2013

Violation Report: 34360 - 11/27/2012 - Rosenblat, Dale
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

During the past 12 months the home did not demonstrate that they can adequately respond to a fire emergency with the least number of staff during the 11pm-7am shift. The home's staff schedule routinely has 4 staff on the 11pm-7am shift. The home routinely conducts sleeping hours drills when additional staff are present. The home's sleeping hours drills consist of the following:

- 10/11/11 @ 6:50am - 9 staff
- 4/27/12 @ 6:50am - 9 staff
- 10/29/12 @ 6:45am - 8 staff

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.

Effective immediately, fire drills will not be conducted when additional staff persons are present.
 Effective immediately, all fire drills will be conducted by the Institutional Fire and Safety Specialist.

Fire drills conducted during sleeping hours will be conducted with the actual scheduled number of staff for that shift. *JE*

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

Printed Name and Title of Legal Entity Representative Martin Kupchella, Administrator (Required on EVERY Page)	Date 1/11/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/29/13</u> (Date)	Plan of correction implementation status as of <u>1/29/13</u> (Date)
The above plan of correction was approved by <u><i>JE</i></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: 34360 - 11/27/2012 - Rosenblat, Dale	
PCH Name: HOLLIDAYSBURG VETERANS HOME	
1. REGULATION 55 Pa.Code §2600 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	
2a. DESCRIPTION OF VIOLATION On 11/20/12, Resident #1's physician provided care instructions for Resident #1's tracheostomy. The care instructions included daily TEP cleaning, replacing tape to secure the inserter strap and verify that the TEP is still in place and to immediately see the physician if the TEP dislodges. The resident's support plan does not address how the home will assist the resident in meeting these needs.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> It is important that the support plan reflect the special care needs of each individual resident. This information was not reflected in the support plan of resident no. 1. [REDACTED] support plan did not include information about how staff was to provide TEP care. As soon as staff became aware of the omission this information was added to the support plan. An audit was also completed by the unit nurses to assure that all support plans reflected the care services that were being provided. Effective immediately, staff will provide proper support plan documentation. The RN Supervisors will also complete a CQI of all residents chart. The CQI will be completed 2x month for the first two months. If no problems are noted the CQI will then be conducted monthly x 2 months. If no problems are noted a follow up CQI will be completed six months after the completion of the last monthly CQI.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Martin Kupchella</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Martin Kupchella, Administrator	Date 1/11/13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1/29/13</u> (Date)	Plan of correction implementation status as of <u>1/29/13</u> (Date)
The above plan of correction was approved by <u><i>JK</i></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