



Mailing Date: January 25, 2013

Sent via email to: [REDACTED]

Ms. Staci Calabro, President
New Concepts Assisted Living, 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 January 2, 2013 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.


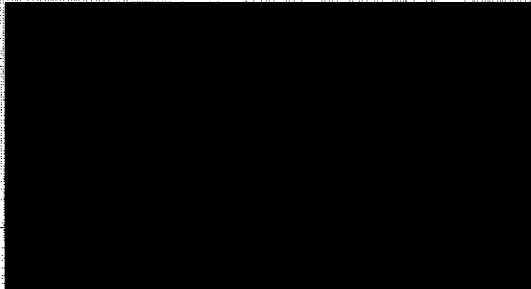
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 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 Other 08/28/2009 Central Keystone		
Staffing Hours Resident Support: nm Total Daily Staff: 20 Waking Staff: 15		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/02/2013: Patton, Leslie; Rushin, Julienne		
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: 20 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 

Violation Report: 21896 - 01/02/2013 - Patton, Leslie
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The financial record of resident #1 did not indicate the current balance of the resident's funds resulting from a transaction on 12/5/12.

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 indicated a withdraw was completed and the balance was inadvertently omitted from the log. The administrator reviewed the correct balance with the resident on 1/2/13. The Administrator will ~~review~~ utilize a checklist on a monthly basis to ensure compliance for resident financial transactions.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Staci Cacabro

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

STACI CACABRO PRES

Date *1/22/13*

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

The above plan of correction is approved as of

1/24/13
 (Date)

Plan of correction implementation status as of

1/24/13
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 21696 - 01/02/2013 - Patton, Leslie
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home has not completed an itemized accounting of financial transactions made on the behalf of resident #2 on a quarterly basis since the resident's admission to the home on 4/30/12.

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 is not the resident's payee and assists in managing only PVA funds. This was an oversight and the home produced a written itemized financial account of quarterly transactions for the resident on 1/23. In addition, the resident's name was added to a check list for quarterly reports. The administrator will prepare and provide copies of quarterly resident transactions.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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 PEES* Date *1/22/13*

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

The above plan of correction is approved as of <u>1/24/13</u> (Date)	Plan of correction implementation status as of <u>1/24/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 21696 - 01/02/2013 - Patton, Leslie
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The first floor common bathroom located near the home's kitchen has a loose floor tile with damaged flooring underneath which poses a fall risk.

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.

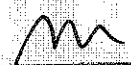
The home had already contracted for the repair and was awaiting the repair to be completed by the contractor. On 1/10/13 the initial step, which included replacing the damaged floor, was completed. The contractor will return by 2/8/13 or sooner to replace the tile in the entire room. In the future staff will report and assess needed repairs to the Administrator on a daily basis. In addition, the home will attempt to contract for needed repairs in a timeframe to maintain safety and compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

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 PRES* Date *1/22/13*

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

The above plan of correction is approved as of <u>1/24/13</u> (Date)	Plan of correction implementation status as of <u>1/24/13</u> (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 - 01/02/2013 - Patton, Leslie
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The first floor Men's Room located near the home's kitchen has a smoke detector hanging by wires from the ceiling.

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 smoke detector was entirely operable. The bathroom had been remodeled and the detector did not have the finish work around it completed. This work was completed 1/10/13. In the future, the home will attempt to gain a projected completion date for contracted work that includes maintaining compliance. During remodeling, at the end of each day, the Administrator will assess the work to determine that safety and compliance issues are addressed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *OTRA Calabro*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *OTRA CALABRO PRES* Date *1/24/13*

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

The above plan of correction is approved as of <u>1/24/13</u> (Date)	Plan of correction implementation status as of <u>1/24/13</u> (Date)
The above plan of correction was approved by <u><i>m</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