



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

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

RE: The Susquehanna House  
2400 Susquehanna Trail  
McEvensville, Pennsylvania 17772

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on March 14, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period May 26, 2013 until May 26, 2014 was issued on March 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 21312 - 03/14/2013 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract in the record for resident # 1 dated 9-25-2012 listed payment will be made by Advocacy Alliance, but the contract was not signed by the payer.

The contract in the record for resident # 2 dated 12-5-2012 listed payment will be made by Columbia Montour Snyder Union Service System, but the contract was not signed by the payer.

**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 made an attempt to obtain signatures but without success, upon resident admission. The Administrator has made written requests for the payees of both residents for contract signatures, we are still awaiting completion. Obtaining all appropriate parties signatures on contracts has been added to an Admission check off list for Administrator to utilize to maintain future compliance, when performing monthly resident file audits.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacy Seabra*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *STACY OSABRO PEES*      Date *4/12/13*

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

The above plan of correction is approved as of 4/24/13 (Date)

Plan of correction implementation status as of 4/24/13 (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: 21312 - 03/14/2013 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA 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**

Resident # 3 Simvastatin 40 mg tab., to be taken by mouth 1 time a day was not initialed as being given on 3/10/13 at 6:00 pm on the resident's MAR's.

Resident # 4 Allopurinol 300 mg tab. to be taken 2 times a day was not initialed on the resident's MAR'S as being given on 3/13/13 at 5:00 pm.

Resident #5 Lyrica 50 mg tab. to be taken at 12:00 pm was initialed as being given on 3/14/13 at 12:00 pm in the Resident's MAR's, but the home did not subtract the dosage used from the narcotics log. At the time of inspection this created a discrepancy in the count logged into the narcotic log. The actual amount of medication on hand was 23 Lyrica caps and the log had 24 caps on hand.

Resident # 6 physician orders for their order for Lorazepam 0.5 mg tab., to be taken every other day was not written on the resident's MAR's as it was written on the physician's order. The resident's MAR's states that resident #6 should take their Lorazepam 0.5 mg. tab to be taken by mouth, one time a day.

**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 administrator conducted Staff medication reviews on 3/15/13 and 3/18/13. The review included proper documentation for medication administration. The administrator will perform reviews monthly the next three months. The administrator will perform weekly audits of MAR log and med tech will perform daily audits to ensure future compliance*

Repeat Violation: No	Date(s) of Previous Violation(s):	03/27/2013		
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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 PRES* Date *4/12/13*

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- Not Implemented

The above plan of correction was approved by Am (Initials)

Violation Report: 21312 - 03/14/2013 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6 Lorazepam 0.5 mg to be taken by mouth every other day and once daily if needed was not document as being given 3/1/13 thru 3/5/13. This resident received this physician order on 2/27/13 and this prescription order was not initiated immediately.

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 administrator conducted Staff reviews on 3/15/13 and 3/18/13. The review included proper procedure for following providers orders and documenting medication administration. The administrator will perform reviews monthly for the next 3 months. In addition, the administrator will perform weekly audits of Resident MAR logs to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
SMILECAREN20 PSES			4/12/13

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The above plan of correction was approved by	<u>M</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 - 03/14/2013 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA HOUSE

**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**

Resident #s 7 support plan dated 3/8/13 does not address the resident's dietary needs. The resident's medical evaluation dated 2/13/13 indicates that resident # requires a low cholesterol diet.

Resident #1s support plan dated 10/12/12 does not address the resident's dietary needs. The resident's medical evaluation dated 10/24/13 indicates that resident # requires a low sodium diet.

**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.

*An audit was performed for all residents' RASP which included ensuring correct dietary orders that match the current medical evaluation. Performing a cross check of these records was added to a check off list for resident records which the administrator will utilize when performing monthly audits of resident files*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Shelley Crooked PSES*

Date *4/12/13*

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*4/24/13*  
 (Date)

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*4/24/13*  
 (Date)

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*M*  
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