



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 2 1 2013

Mr. Michael J. Breslin, COO
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: NHS Capital Region
1071 Page Road
Harrisburg, Pennsylvania 17111

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on March 26, 2013 and March 27, 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.

Your regular license for the period of June 2, 2013 to June 2, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", written over a thin horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: NHS CAPITAL REGION		License Number: 321000
Address: 1071 PAGE ROAD, HARRISBURG, PA 17111		County: Dauphin
Administrator: David Simmers		Region: CENTRAL
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
Certificate(s) of Occupancy R-4 11/15/2006 Lower Paxton Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/26/2013: Chou, Serena 03/27/2013: Chou, Serena		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 19 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 4 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32100 - 03/26/2013 - Chou, Serena PCH Name: NHS CAPITAL REGION	
1. REGULATION 58 Pa.Code §2600 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	
2. DESCRIPTION OF VIOLATION Resident #1, admitted 9/8/2012, did not have a resident-home contract completed until 9/12/2012.	
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 resident initially declined to sign the contract related to his mental health issues. He was agreeable to sign the contract on 9/12/12 after being re-approached by the program director on a daily basis. (The program director failed to document his daily contact with the resident.) For future admissions, the home will implement an Admission Checklist, which will remind staff that the resident-home contract must be completed within 24 hours of admission or documentation must be provided to support a refusal to sign the contract within the allotted time-frame. Implementation will begin 5/1/2013 with the program director and the nursing coordinator responsible for monitoring any admission paperwork every 24 hours until all paperwork is completed. Please see attached document.	

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> Michael J. Breslin </div>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <div style="text-align: center; font-family: cursive;"> Michael J. Breslin Chief Operating Officer </div>		Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> 4/18/13 </div>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>4-22-13</u> (Date)		Verification of Legal Entity Representative Signature <u>4-22-13</u> (Date)
The above plan of correction was approved by <u>Bj</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: 32100 - 03/26/2013 - Chou, Serena
 PCH Name: NHS CAPITAL REGION

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2. DESCRIPTION OF VIOLATION

The bed on the left side of the room in the first floor hallway, first room on the right, does not have a source of light that can be turned on/off from bedside.

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 04/09/2013 a small adhesive touch-light was purchased by the home and affixed to the nightstand by maintenance. The resident was agreeable to having the touch-lamp, as [redacted] did not want a bedside lamp on the nightstand.
 In the future the home will use an adhesive touch-light if the resident refuses to have a traditional bedside lamp.
 The charge person will monitor on a daily basis to insure the light is functioning properly and contact maintenance to replace as needed.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breslin*

Printed Name and Title of Legal Entity Representative *Michael J. Breslin* Date *4/18/13*
 (Required on EVERY Page) *Chief Operating Officer*

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 (Date)

Verification of Legal Entity Representative Signature 4-22-13
 (Date)

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 (initials)

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

Violation Report: 32100 - 03/26/2013 - Chou, Serena
 PCH Name: NHS CAPITAL REGION

1. REGULATION 65 Pa.Code §2600
 2600.101(c) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2. DESCRIPTION OF VIOLATION
 The second bedroom on the second floor is covered with piles of clean and dirty laundry, creating a tripping hazard. The floor is also strewn with food crumbs, and a layer of dust is under the bed and on furniture.

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 bedroom was cleaned by staff on 3/26/13. On 03/29/2013 the resident was moved to a downstairs bedroom beside the staff office, so that [redacted] may be monitored more closely by staff due to housekeeping issues and medical issues with this resident. The resident was agreeable to the move. The home has implemented a weekly room-cleaning schedule, which will be reviewed during the staff meeting scheduled for 4/30/13. The schedule will be implemented after the 4/30/2013 staff meeting. The charge nurse on day shift will monitor to insure the work is completed on a weekly basis. Please see attached.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Brad*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breslin* Date *4/18/13*
Chief Operating Officer

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Violation Report: 32100 - 03/26/2013 - Chou, Serena
 PCH Name: NHS CAPITAL REGION

1. REGULATION 55 Pa.Code §2800

2800.102(k) - Use of a common towel is prohibited.

2. DESCRIPTION OF VIOLATION

Two unlabeled common towels were found in the second floor hallway bathroom's shower stall.
 There were no paper towels, mechanical air blower hand dryer, or individually labeled cloth towels in the second floor bathroom.

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 two washcloths were immediately removed from the bathroom area and paper towels were placed in the bathroom. The residents that use this bathroom were counseled on the need to place used linens in their hampers. Staff will be educated on the need to check for and remove any unlabeled towels from the bathroom during hourly rounds. This will be reviewed during the 4/30/2013 staff meeting and has been added to the staff assignment sheets and to the daily hourly rounds sheet. The day shift charge nurse will monitor on a daily basis. The home is currently exploring the option of installing air blower hand dryers.

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

Michael J. Breda

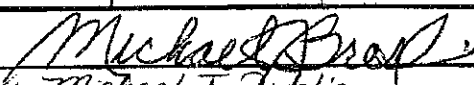
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Michael J. Breda Chief Operating Officer</i>	<i>4/18/13</i>

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Violation Report: 32100 - 03/26/2013 - Chou, Serena PCH Name: NHS CAPITAL REGION
1. REGULATION 55 Pa.Code §2600 2600.103(d) - Food shall be stored off the floor.
2. DESCRIPTION OF VIOLATION On 3/26/2013 at approximately 11:00 am, 11 cans of Complete Nutritional Drink, 48 bottles of Lipton Diet Green Tea, and 12 cans of Coke were stored on the floor in the storage area next to the medication room.
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> The bottles and cans were immediately removed from the floor and placed on the shelving unit. A sign was created to remind staff and residents that food and beverage items are not to be stored on the floor. Staff will be educated on food and beverage storage during the staff meeting scheduled on 4/30/13 and during the annual Food Handling training that all direct care staff receive. The target date for implementation is following the 4/30/2013 staff meeting. The day shift staff nurse will monitor on a daily basis.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michael J. Buslin Chief Operating Officer		4/18/13
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The above plan of correction was approved by	<u>MB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32100 - 03/28/2013 - Chou, Serena PCH Name: NHS CAPITAL REGION	
1. REGULATION 55 Pa. Code §2600 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.	
2. DESCRIPTION OF VIOLATION The home permits smoking on outside decks and porches. There were innumerable cigarette butts among dry leaves in the back yard at the edge of a wooded area. A bale and loose pieces of straw were also found in the same vicinity as the cigarette butts.	
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. NHS has decided to erect side walls with storm doors on either side of the roof on the back deck area. Also the deck area facing the woods, is going to have the area from the railing down to the floor closed off and from the railing to the roof line screened in. This would in turn prevent cigarette butts from being thrown over into the wooded area. Estimates have been received to begin the project with a target date of completion by 6/30/2013.	
(Empty space for additional notes or attachments)	
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
Michael J. Berlin Chief Operating Officer	4/18/13
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Violation Report: 32100 - 03/25/2013 - Chou, Serena
 PCH Name: NHS CAPITAL REGION

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.

2. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 does not include staff's initials for the administration of Divalproex on 2/23/2013.

The medication administration record for Resident #3 does not include staff's initials for the administration of Chlorpromazine on 3/12/2013.

The medication administration record for Resident #4 does not include a diagnosis for Clozapine, 25 mg and 50 mg.

The medication administration record for Resident #5 does not include a diagnosis for Cefexa, 20 mg.

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.

One nurse was responsible for the failure to provide staff's initials for Resident #2 and Resident #3. The nurse was counseled by the nursing coordinator to insure missed signatures are double checked following administration of medication. Counseling occurred on 3/29/2013. The nursing coordinator and/or the program director will monitor all staff to insure this pattern is not repeated.

Diagnoses were on both Resident #4 and Resident #5 respective MAR's but not written next to the medication order. They were at the lower portion of the MAR. All staff transcribing orders will be reminded at the 4/30/2013 staff meeting to insert the diagnosis next to the medication column. This will be monitored by the charge nurses and the nursing coordinator.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Michael J. Biedlin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael J. Biedlin* Date *4/18/13*
Chief Operating Officer

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- Not Implemented

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

Violation Report: 32100 - 03/26/2013 - Chou, Serena
 PCH Name: NHS CAPITAL REGION

1. REGULATION 55 Pa.Code §2800
 2800.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION
 Resident #4's Clozapine was not available on 3/13/2013.

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 pharmacy did not deliver the medication in a timely manner, because they were closed when the order was faxed to them. They did send it out the next day when the medication was given to the resident. The Staff who faxed the order was counseled by the nursing coordinator to be aware of the times to fax orders to insure quick delivery. She was also counseled on 3/28/2013 to not transcribe orders until the medication arrives at the program. Other staff will be counseled in the next staff meeting (4/30/2013) to be aware of this type issue. The nursing coordinator and program director will monitor.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breslin*

Printed Name and Title of Legal Entity Representative *Michael J. Breslin* Date *4/18/13*
 (Required on EVERY Page) *Chief Operating Officer*

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