



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

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

RE: NHS Lehigh Valley Center  
515 Delaware Avenue  
Bethlehem, Pennsylvania 18015

Dear Mr. Breslin:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 8, 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 June 11, 2013 to June 11, 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".

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: NHS LEHIGH VALLEY CENTER		License Number: 224010
Address: 515 DELAWARE AVENUE, BETHLEHEM, PA 18015		County: Lehigh
Administrator: Suzanne Daughtrey		Region: NORTHEAST
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
<b>Certificate(s) of Occupancy</b> R-4 04/23/2012 Fountain Hill Borough		
<b>Staffing Hours</b>		
Resident Support: .	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/08/2013: Hummel, Jesse; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16 Number of Residents Served: 16 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 6 Have Mental Illness: 16 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 2	

Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A was hired by the legal entity on 11/1/2010. On 6/14/2013 the legal entity began operating the current facility at a different location. Staff person A did not receive General Fire Safety and Emergency Preparedness specific to the new building as required.

**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.*

Staff Person A was Trained in emergency procedures on 8/16/12. Please see sign in sheet. On 4/18/13, all staff had refresher training on all emergency procedures. Please see sign in sheet. Moving forward, all new staff will have training on their first day of work regarding emergency procedures. This will be documented on their training log and kept in their HR folder for review. The administrator or designee will conduct this training. This has been included in the initial training packet and will be tracked by the administrator with new hire tracking paperwork.

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

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

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

The above plan of correction is approved as of 5/22/13  
 (Date)

Plan of correction implementation status as of 5/22/13  
 (Date)

The above plan of correction was approved by *MW*  
 (Initials)

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

Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 On 4/8/2013 at 3:20pm Department Representatives measured the temperature of the refrigerator located in the dining room. The temperature read 50 degrees Fahrenheit. The refrigerator is utilized to store food that is served to residents

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 4/9/13, all items were removed from this refrigerator and discarded as appropriate. This refrigerator will no longer be used and be removed from the residence. All refrigerated items will be stored in the kitchen where the refrigerators hold proper temperature. The temperatures in the kitchen refrigerators are checked weekly by kitchen staff and documented on Refrigerator Temperature Logs in the kitchen.

The administrator shall monitor for ongoing compliance.

M  
 5/22/13

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michael J. Breda, Chief Operating Officer*      Date *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

On 4/6/12 the facility notified the fire department indicating the facility has two residents requiring assistance to evacuate in the event of an emergency. On 3/11/2013 resident #1 developed a mobility need and now requires assistance to evacuate. The facility failed to update the notice to the fire department indicating the change in the resident #1's mobility, the location of the residents room as well as the type of assistance resident #1 would require in the event of an emergency.

**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 4/9/13, a letter was sent to the Fountain Hill Fire department to alert them of change in resident mobility. Please see attached letter.

The PCH Administrator will review all changes in MA-51's and DME's as they are completed by doctors' offices and on admission. Administrator will also check the mobility status of our residents and to determine if a new letter to the fire department is necessary.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michael J. Breslin, Chief Operating Officer</i>	Date <i>4/23/13</i>
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 (Initials)

Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa. Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The facility held a fire drill during sleeping hours on 3/28/13 at 9:40pm. The previous fire drill conducted during sleeping hours was held on 8/17/12 at 6:30am, which was more than 6 months prior to the most recent drill held during sleeping hours. A fire drill is required to be conducted at least once every six months.

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 will be sure to conduct a fire drill in August of 2013, which is six months from the date when a sleeping drill should have been conducted. All future sleeping fire drills will be held every 6 months according to regulation. Fire Drills are tracked on department forms and are regularly checked by the administrator.

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

*Michael J. Prestia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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*Michael J. Prestia, Chief Operating Officer*      *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was admitted to the facility on 10/18/12. The most recent medical evaluation completed for resident #2 was completed on 12/14/11, which was not completed within 60 days prior to resident #2's admission or within 30 days after the resident's admission as required.

**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 4/10/13, a new medical evaluation was completed for resident #2. Please see attached. This evaluation will be updated yearly or when there is a significant change. Moving forward, the administrator and nursing staff will check the dates when a consumer is evaluated by the doctor not when the evaluation is completed. This will be recorded on a spreadsheet to ensure compliance with the regulation. The administrator will review all new admissions in order to ensure that a medical evaluation is completed within 60 days prior to or 30 days after a resident's admission.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michael J. Breslin, Chief Operating Officer* Date *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 On 4/8/13 at 9:00am, Department Representatives observed 10 extinguished cigarette butts on the ground outside of exit #2 leading from the basement of the facility to the rear parking lot.  
 On 4/8/13 at 1:30pm, Department Representatives observed resident #3 smoking in the rear parking lot just outside of the rear exit door leading from the basement of the facility.  
 These areas are not designated smoking areas and do not have the required safeguards in place to prevent potential fire hazards involved in smoking.

**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 4/10/13, the home's smoking policy was amended to include areas of the back parking lot.  
 The home's rules were also changed. Residents were informed verbally and in writing on 4/16/13 by the administrator. The new rules will go into effect 30 days from the date of the attached letter.  
 There is now an ashtray located in the back lot and a fire extinguisher is located inside entrance #2 for emergency use.

*The administrator shall be responsible for ongoing compliance*  
*M*  
*5/22/13*

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  
 (Required on EVERY Page) *Michael J. Breslin, Chief Operating Officer*      Date *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person A regularly administers medications to residents, however staff person A has not completed the Medication Administration Annual Practicum which is required annually to administer medications. Staff Person A had the Initial Medication Administration Training on 11/18/10. Staff person A has not completed any Annual Practicums since the Initial Training completion date of 11/18/10.

**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.*

Staff person A has completed 2 observations towards her annual practicum for this year on 3/6/13 and 4/17/13 in order to bring her med training up to date. Please see attached. She will complete her annual practicum this year.  
 All medication trained staff will have annual practicum completed and correctly documented.  
 This will be completed by the home's trained observer and checked by the administrator to ensure compliance.

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  
 (Required on EVERY Page) *Michael J. Breslin, Chief Operating Officer*      Date *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

**2a. DESCRIPTION OF VIOLATION**

Department Representatives interviewed staff person B in regards to the home's policy in packaging medication for residents in preparation of a leave of absence. It was determined that the medication administration staff remove the residents medications from the residents blister packages, place the medications in a plastic bag and place a label on the bag specifying the name of the medications and when the medication is prescribed to be administered. Medication may not be removed from its original packaging prior to administration time.

**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 4/9/13, the practice of removing medication from blister packs for LOA was stopped. This was discussed at the 4/18/13 staff meeting and all staff have been instructed to send entire cards out for LOA, and have the resident or residents designated person sign out those medications. This will be the home's practice and policy going forward. Please see attached sign in sheet.

*The administrator shall monitor for ongoing compliance.*  
*m*  
*5/22/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michael J. Berlin*

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

*Michael J. Berlin, Chief Operating Officer*

Date *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Zolpidem Tartrate 10 mg. One tablet at bed time as needed for sleep. The facility does not have this medication on hand and available for resident #4 as prescribed by the resident's physician.

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.

Resident #4's medication (zolpidem tartrate 10mg) was sent from the pharmacy on 4/10/13 and is available for the resident. Starting on 4/10/13, nursing staff will check the medications against the MAR daily to ensure that all medications ordered by the doctor are available for the resident.

The Administrator shall monitor for ongoing compliance.

*mu*  
5/22/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael J. Braslin, Chief Operating Officer* Date *4/23/13*

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Violation Report: 22401 - 04/08/2013 - Hummel, Jesse  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 was admitted to the facility on 7/24/12. The facility completed the preadmission screening form for resident #1 on 6/22/12, which was more than 30 days prior to the residents admission date.  
 Resident #2 was admitted to the facility on 10/18/12. The facility completed the preadmission screening form for resident #2 on 9/13/12, which was more than 30 days prior to the resident's admission date.

**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.

While those pre-admission screenings cannot be corrected, starting on 4/10/13, all pre-admission screenings will be completed within 30 days of admission. This will be completed by the Administrator or designee according to DPW regulations. The administrator will track these assessments to ensure timeliness.

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: *4/23/13*

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