



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

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

RE: NHS Russellton PCH
108 Cedarwood Circle
Russellton, Pennsylvania 15076

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on May 10, 2013 and May 24, 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 August 15, 2013 to August 15, 2014 was issued on June 13, 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 RUSSELLTON PCH		RECEIVED	License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076			County: Allegheny
Administrator: MARTHA KUHN			Region: WEST
Legal Entity Name: NHS PENNSYLVANIA		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110			
Certificate(s) of Occupancy R-4 06/27/2008 West Deer Twp.			
Staffing Hours Resident Support: 7.5 Total Daily Staff: 18 Waking Staff: 13			
Type of Inspection: Full		BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Indicator			
On-Site Inspections Dates and Department Representatives On-Site 05/10/2013: Flinner-Alman, Lisa 05/24/2013: Flinner-Alman, Lisa			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details Partial or Full Triggers: 82c, 101j7 Random Indicators: 82c, 130f, 133a, 186b, 190c			
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 10		Number of Residents who:	
Number of Residents Served: 10		Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No		Are 60 Years of Age or Older: 1	
Area:		Have Mental Illness: 10	
Secured Dementia Unit Capacity, if Applicable:		Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Mobility Need: 0	
Number of Current Hospice Residents: 0		Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0			

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Page 2 of 9

Violation Report: 43842 - 05/10/2013 - Filmer-Alman, Lisa
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800-17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudaman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 5/10/13, all of the resident records were unlocked and accessible in the nurse's station.

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.

Records were immediately locked in the locked cabinet on 5-10-13 in the nursing office, and the door to the nursing office was locked. On 5-10-13, the Administrator and Assistant Administrator reviewed the need to maintain confidentiality and ensure that all charts are locked up at all times with the nurse responsible for leaving the charts out. Staff will also be trained on the importance of maintaining confidentiality and not leaving confidential information out at the next staff meeting on 7-11-13 by the Administrator. A sign was also placed on the nursing office door stating "Keep Door Locked" as a reminder on 6-25-13. The Administrator and Assistant Administrator will randomly check the nursing office door weekly to make sure staff is keeping the door locked to ensure compliance.

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, COO* Date *7/2/13*

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

The above plan of correction is approved as of 7/3/13 (Date)

Plan of correction implementation status as of 7/1/13 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

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Violation Report: 43842 - 05/10/2013 - Flinger-Alman, Lisa

JUL 8 2013

PCH Name: NHS RUSSELLTON PCH

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.26(a) - The home shall establish and implement a quality management plan. Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home does not have a quality management plan.

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 Quality Management Plan was developed on the day of inspection (5-10-13). Please see attachment for the Quality Management Plan 2600.26. The Quality Management Plan will be reviewed with staff at the next staff meeting on 7-11-13 by the Administrator.

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, CEO

Date

7/2/13

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Violation Report: 43842 - 06/10/2013 - Filmer-Alman, Lisa
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Two bottles of rubbing alcohol, with a manufacturer's label indicating "In case of accidental ingestion seek professional assistance or contact a poison control center right away", were unlocked and accessible to residents in the nurse's station.

Residents of the home, including Resident #1, have not been assessed capable of recognizing and using poisons safely.

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.

Rubbing alcohol was placed in a locked drawer in the nursing station on 5-10-2013. Staff training on the importance of locking potentially dangerous items will be conducted at the next staff meeting on 7-11-2013 by the Administrator. Staff on the overnight shift will check the PCH daily for any potentially dangerous substances, secure them, and place them in a locked area and report it to the supervisor per the assignment sheet. Staff will sign the assignment sheet for verification that it was completed.

The resident was assessed by his psychiatrist on 6-26-13 for his ability to recognize and use poisons/ dangerous substances. At this time, it was documented that he was safe to use them and the paper was placed in his chart (Please see attached).

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael J. Breslin, COO* Date *7/2/13*

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Violation Report: 49842 - 05/10/2013 - Flinner-Alman, Lisa

PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

There was approximately 1/4" accumulation of dust on the bathroom exhaust fan in room #8.

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.

A maintenance order was written on 6-25-13 for maintenance to come in and remove the dust on the ceiling bathroom exhaust fan. Another order was written on 6-25-13 for maintenance to clean the exhaust fans and the elevated vents monthly at the beginning of every month starting in July 2013. The Administrator will monitor that maintenance does this monthly by completing the Monthly Vent Cleaning by Maintenance check list. Please see attached documentation.

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, COO

Date 7/2/13

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Violation Report: 43842 - 06/10/2013 - Finner-Alman, Lea

PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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.

2a. DESCRIPTION OF VIOLATION

The bed in room #3 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.

The resident moved a lamp on his night stand beside bed to television because does not want it on bedside table. was told that it had to be on his bedside table. The lamp was removed from TV and placed on bedside table on 6-25-2013. Staff who are assigned this resident for ADLs and IADLs will monitor that light is on bedside table on a daily basis, and monitor all residents beside lighting to ensure it is operable.

By 7/15/13 - The administrator will discuss other bedside lighting options with resident, such as a flashlight or push-light so resident may choose method of bedside lighting.

[Handwritten signature]

Repeat Violation: No

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(Required on EVERY Page)

[Handwritten signature: Michael Breslin]

Printed Name and Title of Legal Entity Representative
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Michael J. Breslin, COO

Date

7/2/13

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[Handwritten initials]
(Initials)

Violation Report: 49842 - 05/10/2013 - Flinner-Alman, Lisa
PCH Name: NHS RUSSELLTON PCH

JUL 9 2013

1. REGULATION 55 Pa.Code §2800.
2800.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

All of the exits were used for 10 of the last 13 drills including April through August 2012, November and December 2012, and January, February and April 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 staff member coordinating the fire drills was trained on the reasons that all exits are not used for a fire drill by the Administrator on 5-19-2013. A KEY was developed identifying each exit on 5-19-2013. The exits used were identified on the next 2 fire drills on 5-29-2013 and 6-7-2013. The Administrator will monitor the Fire Drill paperwork, which identifies the exits used for each fire drill for the use of exits (Please see attached documentation).

By 9/30/13 - The administrator will observe a fire drill to ensure proper procedures are followed, including alternating exits.

7/31/13

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael J. Breslin, CEO* Date *7/2/13*

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Violation Report: 43842 - 05/10/2013 - Filmer-Alman, Lisa
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 5/24/13, Haldol 5mg prescribed for resident #1 was in the medication cart. The medication was discontinued on 2/22/13.

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 medication, Haldol 5 mg, was immediately removed from the medication cart and returned to the pharmacy (6-24-13). An expiration date check list was developed, and is to be used monthly to check for expired medications beginning in June 2013 (Please see attached). Any medications that are to expire that month will be reordered and the expired medications will be removed and sent back to the pharmacy. In addition, the individual assigned to the medications on the overnight shift will perform weekly checks for medications that have been discontinued, and remove them from the medication cart, so that they can be sent back to the pharmacy. They will monitor discontinued medications via the MAR. If a medication is not written in the MAR, and there is a medication in the drawer, it will be removed from the drawer and reported to the Assistant Administrator. She will check the chart to verify that it is discontinued, and then send it back to the pharmacy. The Assistant Administrator will be monitoring this process to ensure that all expired and discontinued medications are removed in a timely manner. This process will be reviewed with the staff at the next staff meeting on July 11, 2013 by the Administrator.

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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, COO* Date *7/2/13*

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Violation Report: 43842 - 05/10/2013 - Flinner-Alman, Lisa
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 5/24/13, at 2:00 p.m., staff person A administered Resident #1's Haldol 5mg but did not initial or record the date and time of administration.

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 immediately signed off on the dispensed medication on the MAR (6-24-13), after verification with the punched bubble pack that the medication was given. ABH Medication policy was reviewed with the staff nurse regarding documentation of medications by the Administrator on 6-3-2013 (Please see attached documentation). The MAR Buddy checks will continue to be monitored 3 times a day by a staff member assigned to do it, monitored weekly by the Assistant Administrator and monitored monthly by the Administrator. Random checks of the MAR will be done weekly by the Assistant Administrator and Administrator.

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, CEO

Date

7/2/13

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