



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Mr. Jeffrey Naden, President  
NASUN, Inc.  
Hallsworth House  
1575 Grand Boulevard  
Monessen, Pennsylvania 15062

Dear Mr. Naden:

As a result of the Department of Public Welfare's licensing inspection on June 10, 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 October 26, 2013 to October 26, 2014 was issued on July 5, 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: 42897006/10/2013 - Glidden, Michelle  
 PCH Name: HALLSWORTH HOUSE

JUL 1 2013

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

2600.17 - 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 ombudsman 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

At approximately 10:00 AM, the following were unlocked and accessible on a counter in the independence wing nurse's station:

- \*Binders with information on residents' bowel movements, falls, oral care, eating habits, and hospitalizations.
- \*Binders with residents' weights, blood pressures and hospice services.
- \*Notebooks with information on medical appointments, behaviors, shower schedules and wound care.

Posted on the wall to the right of the desk in the independence wing nurse's station was a sign, stating, "3-11 and midnight staff-resident #1's urinal is to be emptied nightly - if buzzer is going off go empty it!" This sign was unlocked, accessible and visible to the public.

Also, posted on the wall to the right of the desk in the independence wing nurse's station was a sign, stating, "Resident #2, 4-10-13, please put ankle brace on each morning after AM care. Remove after 2 hours and check for any reddened areas. If able please put on again. After lunch for another 2 hours then remove and access for skin breakdown." This sign was unlocked, accessible and visible to the public.

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.

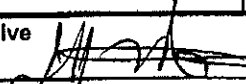
Items were taken down day of inspection and will only return if a proper file cabinet or secure location is created. Administrator will ensure that items do not return in an "open to the public" manner.

*Items cited are currently kept in a locked closet. ms 7/31/13*

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)

Jeffrey Naden, Administrator

Date 6/27/2013

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

The above plan of correction is approved as of 7/31/13  
 (Date)

Plan of correction implementation status as of 7/31/13  
 (Date)

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

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

Violation Report: 42897 - 06/10/2013 - Glidden, Michelle  
 PCH Name: HALLSWORTH HOUSE

JUL 1 2013

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications: WEST REGION FIELD OFFICE - Human Connections  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 1/6/13, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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 in question should qualify to be grandfathered in due to her previous job experience with another Personal Care Home. A letter is attached here from the employee verifying her length of employment at the other personal care home. Under regulation 54 a we are attempting to show that she was employed as an aide prior to 2005 and as such would be grandfathered from having to have a GED or High School Diploma.

HS transcripts were obtained for staff person A. ms 7/3/13

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeffrey Naden, Administrator Date 6/27/2013

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

Plan of correction implementation status as of 7/3/13 (Date)

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

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

Violation Report: 42897- 08/10/2013 - Glidden, Michelle  
PCH Name: HALLSWORTH HOUSE

JUL 12 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.82(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

There was a container of latex paint and a tub of joint compound with a manufacturer's label indicating, "If swallowed, call poison control or physician immediately", accessible to residents in the unlocked utility room. Not all residents of the home, including resident #3, have 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.

Items mentioned were removed day of inspection. Administrator will remind staff on a regular basis and follow up with inspections on a daily basis initially and then weekly once we feel confident that the staff is following the long standing rule of keeping poisonous materials unaccessible to residents.

By 7/31/13 - All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation will be kept. ms 7/31/13

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/22/2012

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Jeffrey Naden, Administrator      Date 6/27/2013

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Violation Report: 42897-08/10/2013 - Glidden, Michelle  
PCH Name: HALLSWORTH HOUSE

JUL 12 2013

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
HUMAN SERVICES

2a. DESCRIPTION OF VIOLATION

At approximately 11:00 AM, there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in the common bathroom across from bedroom #3.

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 will be reminded of the importance of replacing these type of necessities on a immediate basis so the residents are not without. Administrator will include this item in their daily reminder list and confirm these issues are addressed on a daily basis.

Repeat Violation: No

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Jeffrey Naden, Administrator

Date 6/27/2013

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(Date)

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7/31/13  
(Date)

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- Not Implemented

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MS  
(Initials)

JUL 1 2013

Violation Report: 42897 - 06/10/2013 - Glidden, Michelle  
PCH Name: HALLSWORTH HOUSE

WEST FREEMAN FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.86(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
There was a bag of trash protruding from the left side of the dumpster enabling the lid to close.

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.*  
Initially corrected the day of inspection. Trash dumpster was adjusted to balance the placement of the garbage so that it was no longer protruding up. Staff was instructed to spread the placement of the garbage more evenly for future problems do not occur. Administrator will include this item in their daily list of things to check until a confidence level is obtained that the problem is not to be repeated.

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

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(Required on EVERY Page)      Jeffrey Naden, Administrator      Date      6/27/2013

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(Initials)

Plan of correction implementation status as of 7/2/13  
(Date)

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

Violation Report: 42897 - 06/10/2013 - Glidden, Michelle  
 PCH Name: HALLSWORTH HOUSE

JUL 1 2013

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

WEST REGION FIELD OFFICE  
 Human Capital Licensing

2a. DESCRIPTION OF VIOLATION  
 There was a garden hose partially blocking the cement pad located at the exit door across from room #33, posing a tripping hazard.  
 There was a large bucket and two sprinklers partially blocking the cement pad located at the exit door next to the office, posing a tripping hazard.

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.

This is subjective as to the risk of tripping and to the "blocking" (which implies a pathway was impeded), but was removed day of inspection in order to be compliant. Thought process of preventing tripping hazards is to be included in administrators list of daily checks being made on any emergency exit or any outside area a resident may traverse through or on.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/22/2012

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Jeffrey Naden, Administrator      Date      6/27/2013

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JUL 1 2013

Violation Report: 42897- 08/10/2013 - Glidden, Michelle  
 PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
 There were approximately 6 bags of ground beef and several packages of beef tips in the kitchen refrigerator which were not dated or labeled.


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.

All food that does not have a date or product label on it will have one placed on it immediately upon delivery from the food service company. Cooks have already been instructed to inspect all deliveries and properly identify and date any item not labeled so. Administrator will include this on their list of items to review. Since groceries are delivered weekly we will verify compliance weekly until such time as a confidence level suggest compliance can be verified on a less frequent basis.

*By 7/31/13 - A designated staff person will check all food storage areas daily to ensure all food items are labeled and dated. MS 7/31/13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2012
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeffrey Naden, Administrator	Date 6/27/2013
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Violation Report: 42897 - 06/10/2013 - Glidden, Michelle  
PCH Name: HALLSWORTH HOUSE

JUL 1 2013

WEST HENNINGTON DISTRICT  
Human Services Unit

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  
There was no thermometer in the freezer compartment of the refrigerator, which was located next to the kitchen door leading to the outside.

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.*  
Completed day of inspection. One refrigerator had two thermometers for some reason. This will be included in the administrators list of things to verify and will at the same time have the cooking staff reminded of the importance of not moving the thermometers as well replacing them if they were to break.

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

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

Violation Report: 42897 - 06/10/2013 - Glidden, Michelle

PGH Name: HALLSWORTH HOUSE

JUL 12 2013

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE  
Human Services

2a. DESCRIPTION OF VIOLATION

There was a large bag of each of the following foods, which were not dated or labeled, in the chest freezer of the kitchen:

- \* roast beef
- \* chipped ham
- \* turkey breast

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.

Items in question were discarded day of inspection. Cooks are being reminded, again, of the importance of ALL food being properly dated labeled sealed and stored. Administrator will inspect on a daily basis to verify staff compliance with said violation. Once a confidence level of daily compliance has been achieved then verification will be done once a week.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeffrey Naden, Administrator	Date 6/27/2013
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- Not Implemented

Violation Report: 42897 - 06/10/2013 - Glidden, Michelle  
 PCH Name: HALLSWORTH HOUSE

WEST REGIONAL HEALTH DEPARTMENT  
 Human Services Division

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 47 residents requiring a minimum of 141 gallons of drinking water for a 3-day emergency supply. However, there is no supply of emergency drinking water in the home and the contractual agreement, dated 8/23/11, with AL's Water Service does not include the amount of water that will be delivered, a guarantee that the water will be delivered immediately upon request or a guarantee that the water will be delivered as a priority even in the event of a regional general 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.*

Last year the letter from "AL's Water Service" was reviewed and accepted. Now that it needs to be worded differently to show a more detailed commitment one will be obtained and submitted within 30 days of submission of this reply to the violation. If "AL's" is not willing to make such a commitment as to the wording then another company will be sought and contracted with. If another company cannot provide the needed documentation within this 30 day limit, then 165 gallons of water will be obtained and stored on property until a supply company can be obtained, in order to comply with said regulation.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeffrey Naden, Administrator			Date 6/27/2013

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JUL 1 2013

Violation Report: 42897-06/10/2013 - Glidden, Michelle  
PCH Name: HALLSWORTH HOUSE

WEST REGIONAL  
Human Resources

1. REGULATION 55 Pa.Code §2800

2800.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the kitchen has not been inspected by a fire safety expert since April 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.


There are multiple fire extinguishers in the kitchen, one of them was apparently missed by the company who does the inspections. The others are properly dated and inspected. The one in question has been removed from the kitchen until a properly dated inspection sticker is obtained. For future inspection of said equipment administrator will confirm that all units are inspected and properly tagged as required by the regulations.

The stove in the area cited is currently not used and will not be used until an inspected fire extinguisher is put in place. MS 7/31/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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Jeffrey Naden, Administrator

Date

6/27/2013

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JUL 1 2013

Violation Report: 42897 06/10/2013 - Glidden, Michelle  
PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
Human Services

1. REGULATION 56 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 #3 was admitted on 12/20/12. However, the resident's medical evaluation was completed 8/29/12.

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.

Administrator, who currently processes those documents, will confirm future compliance on this and all other residents as these documents come up for renewal. In the event another individual becomes responsible to process these documents the administrator will verify their compliance with adhering to the date limits to the DME's.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Jeffrey Naden, Administrator

Date

6/27/2013

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7/5/13  
(Date)

Plan of correction implementation status as of

7/3/13  
(Date)

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

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MS  
(Initials)

RECEIVED

Violation Report: 42897 - 06/10/2013 - Glidden, Michelle  
 PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

JUL 12 2013

WEST REGIONAL  
 Human Resources

2a. DESCRIPTION OF VIOLATION  
 The most recent photograph of resident #4 is dated October 2010.

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.

Since the inspection a new photo has been taken of said resident. A copy of that photo is included here showing the "date taken" in the corner. All other files were inspected and reviewed to assure compliance for the other residents. Administrator will properly inspect and process this requirement for future compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeffrey Naden, Administrator	Date 6/27/2013
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