



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Mr. James Cole, Administrator
New Life Personal Care Home, Inc.
New Life Personal Care
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

Dear Mr. Cole:

As a result of the Department of Public Welfare's licensing inspection on July 1, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 27, 2013 to October 27, 2014 was issued on July 18, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

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2a. DESCRIPTION OF VIOLATION

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The home held quality management reviews on 5/8/2012, 7/12/2012, 9/24/2012, 11/15/2012, 1/13/2013, 3/5/2013 and 6/10/2013; however, staff did not review:

The reportable incident and condition reporting procedures.
 Complaint procedures.
 Staff person training.

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 8-1-13 we conducted a quality management review
 All topics were reviewed and corrected on 7-3-13 and
 review conducted on 8-1-13 and will be maintained.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *James Cole Admin* Date *9-8-13*

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The above plan of correction is approved as of <u>9-26-13</u> (Date)	Plan of correction implementation status as of <u>9-26-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43121 - 07/01/2013 - Cutter, Jan

PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The resident in the first bed of the downstairs female bedroom is using a bedside commode with no partition or curtain for the provision of privacy in this bedroom shared by two other 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 7-1-13 The portable commode was removed.
if needed in the future a privacy curtain will
be used.

10-31-13 Use of an adult toileting chair will be permitted
if it is in the best interests of the resident. The need for
and appropriate use of an adult toileting chair will
be documented in the resident's assessment and
support plan. 9-26-13 JFP

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Repeat Violation: No	Date(s) of Previous Violation(s):	WEST REGION FIELD OFFICE Human Services Licensing
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Signature of Legal Entity Representative
(Required on EVERY Page) *J. Ann Cole*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JAMES COLE Admin</i>	Date <i>9-26-13</i>
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The above plan of correction is approved as of 9-26-13
(Date)

Plan of correction implementation status as of 9-26-13
(Date)

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

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

Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A began working on 4/8/2013 without a criminal background check being completed.

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 new Staff person documentation tracking system was developed on 7-1-13 To ensure all implemented Documentation including background checks will be instated within 30 days of hire The Administrator and my assistant will monitor and ensure the appropriate Documentation is completed on time.

10-31-13 All staff persons involved in the hiring process will complete the OAPSA on-line training. Documentation will be kept. JJP 9-26-13

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 Human Services Licensing

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Gies Admin* Date *9-5-13*

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The above plan of correction is approved as of 9-26-13 (Date)

Plan of correction implementation status as of 9-26-13 (Date)

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

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

Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A began working 4/8/2013 and was provisionally retained beyond 30 days without a criminal background check being completed.

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 7-1-13

✓ All new staff persons will have documentation and all proper background checks completed within the 30 day probation period. This will be conducted by the Admin and my asst. within 30 days.

Immediately: In the event a newly hired staff person's criminal background check has not been completed 30 days after beginning work, the staff person will be suspended until the criminal background check has been completed. JPP 9-26-13

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 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

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

James E. Gite Admin 9-5-13

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 (Initials)

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Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

There were three piles of what appeared to be chewed tobacco on the dresser to the left of the door in the shared front bedroom (directly off of the livingroom).

There were two urine specimens for Resident #1 along with food in the pantry refrigerator.

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 7-1-13 The Tobacco products were removed from Dresser and the Urine was Removed from Pridge.

On 7-1-13 All staff have been instructed to check rooms regularly for sanitary conditions and maintain Sanitary conditions. The staff have been instructed TO make routine sanitary checks on all residents Daily to maintain sanitary conditions.

There will be no procurement of bodily fluids as of 7-1-13.

10-31-13 the administrator will inspect the home at least 1x per month to ensure sanitary conditions are maintained.

JPP 9-26-13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Cole Admin* Date *9-5-13*

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Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION

The six beds in the upstairs bedrooms have pillow cases that are covered with gray stains.

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 have been instructed on 7-01-13 of the importance of changing bed linens daily during regular duties that all rooms are clean and in good condition.

The old pillow cases were discarded and replaced with new ones.

10-31-13 the administrator will inspect all bedrooms at least 1x per month to ensure all pillows, bed linens and blankets are clean and in good repair. JPP 9-26-13

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 Human Services Licensing

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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) James Cole Admin Date 9-5-13

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 (Date)

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

Plan of correction implementation status as of 9-26-13
 (Date)

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

Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

A fire safety inspection and observed fire drill by a fire safety expert was conducted on 5/4/2012 and then on 6/12/2013, greater than 12 months apart.

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 Admin. will notify the Fire Dept for annual Insp Earliest in the year to make sure their paper work is completed on time.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *James Cole Admin* Date *9-5-13*

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Violation Report: 43121 - 07/01/2013 - Cutter, Jan

PCH Name: NEW LIFE PERSONAL CARE

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.

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2a. DESCRIPTION OF VIOLATION

The medication record for Resident #2 does not include the diagnosis or purpose of the medication for:

- Benzotrapine 2 mg.
- Omeprazole 20 mg.
- Docusate 100 mg.
- Trazadone HCL 100 mg.
- Valproic Acid 250 mg.
- Psylliomoral Powder
- Fluphenazine Deconate 25 mg/ml, 50 mg. every other week

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 7-3, all diagnosis have been printed on MAR.
We will review all MAR's monthly to ensure compliance.
10-31-13 A designated staff person will review all resident medication administration records to ensure all required information is present including the diagnosis or purpose for each medication listed QJP 9-26-13*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *James Cole Adams* Date *9-5-13*

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Violation Report: 43121 - 07/01/2013 - Cutter, Jan

PCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident #3, admitted 5/3/2013, was completed on 6/3/2013.

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.

on all and future new residents as of 7-13 will have initial assessment completed within 15 days of Admission. The Admin will review all Documentation on new residents.

10/31-13 A checklist will be developed for new resident admissions which will include all required documentation including an initial assessment documented on the Department's assessment form within 15 days of admission. JJP 9-26-13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>James G. Le Admin</i>	Date <i>9-5-13</i>
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Violation Report: 43121 - 07/01/2013 - Cutter, Jan
 PCH Name: NEW LIFE PERSONAL CARE

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 #4 is a person with a hearing loss which is identified on the assessment, dated 10/11/2012; however, the support plan, dated 10/11/2012, does not include a plan for how the staff will communicate with the resident.

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 7-3-13 The residents support plan was updated. The support plan reflects that he can read lips and we do use a communication tablet for his use. The Administrator will review all new support plans to ensure completion.

10-31-13 the administrator or designated staff person will review all current resident support plans to ensure they are completed in their entirety. JSP 9-26-13

WEST REGION FIELD OFFICE
Human Services Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J. Ch admin* Date *9-5-13*

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