



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCT 2 2013

Mr. Michael Stevens, Chairperson
Allegheny Christian Ministries, Inc.
Laurel View Village
2000 Cambridge Drive
Davidsville, Pennsylvania 15928

Dear Mr. Stevens:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 12, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: LAUREL VIEW VILLAGE		License Number: 32135
Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		County: Somerset
Administrator: Christina Gorschak		Region:
Legal Entity Name: ALLEGHENY CHRISTIAN MINISTRIES INC		
Legal Entity Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		RECEIVED
Certificate(s) of Occupancy		SEP 13 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/12/2013: Cutter, Jan; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
08/13/2013: Cutter, Jan		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 107 Number of Residents Served: 59 Secured Dementia Care Unit in Home: Yes Area: Reflection Hallway Secured Dementia Unit Capacity, if Applicable: 15 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0	

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Violation Report: 32135 - 08/12/2013 - Cutter, Jan
PCH Name: LAUREL VIEW VILLAGE
SEP 13 2013

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1 is a fall risk; receives occupational and physical therapy and is prescribed Prosource 20 cc a day for low protein levels. These needs are not addressed on the assessment dated 7/8/2013.

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.

26600.225(a)
This home will have a written initial assessment that is documented on the Department's assessment form within 15 days of admission.

Resident #1 assessment of 07/08/13 identified in resident's medical diagnoses-physical assessment a diagnosis of ataxia and receipt of physical and occupational therapy to support her medical need. Resident #1 support plan of 07/08/13 was updated on 09/11/13 to address resident's need of prescribed pro-source 20cc daily supplement to meet her medical need due to low protein level.

This and all resident assessments are completed to identify the resident's care or service needs and will be used to create the resident's support plan.

The Personal Care Coordinator will be responsible for the accurate information on the assessment. The Administrator will be responsible for monitoring compliance. Administrator will develop a to review resident assessments through Quality Management process.

See attachment # 1
See attachment # 2
See attachment # 3
See attachment # 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Christina Gorsuch, PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Gorsuch, Administrator* Date *09-13-13*

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

The above plan of correction is approved as of 9-18-13
(Date)

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

Plan of correction implementation status as of 9-18-13
(Date)

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

SEP 13 2013

Violation Report: 32135 - 08/12/2013 - Cutter, Jan
PCH Name: LAUREL VIEW VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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 #1 is a fall risk; receives occupational and physical therapy and is prescribed Prosource 20 cc a day for low protein levels. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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.

26600.227(d)

This home will document in the resident 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.

Resident #1 support plan of 07/08/13 identified in resident's medical diagnoses-physical assessment a diagnosis of ataxia and receipt of physical and occupational therapy to support her medical need. Resident #1 support plan of 07/08/13 was updated on 09/11/13 to address resident's need of prescribed pro-source 20cc daily supplement to meet her medical need due to low protein level.

This and all resident support plans are to be updated as resident's needs change or are identified. Resident's identified care needs, documented improvements and services provided will be identified on the resident's support plan.

The Personal Care Coordinator will be responsible for the accurate information on the support plans. The Administrator will be responsible for monitoring compliance. Administrator will develop and implement a schedule to review resident support plans through Quality Management process.

- See attachment # 1
- See attachment # 2
- See attachment # 3
- See attachment # 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Gorschul, PCA

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

Christina Gorschul, Administrator

Date

09-13-13

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The above plan of correction was approved by

QSP
(initials)