



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 23 2013

Mr. Ed Campbell, CEO/Administrator  
HAP Senior Care  
Beaver Meadows  
5130 Tuscarawas Road  
Beaver, Pennsylvania 15009

Dear Mr. Campbell:

As a result of the Department of Public Welfare's licensing inspection on September 16, 2013 and September 17, 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 December 12, 2013 to December 12, 2014 was issued on August 29, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2001**

**RECEIVED**

OCT 04 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

PCH Name: BEAVER MEADOWS		License Number: 41801
Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		County: Beaver
Administrator: Edward Campbell	Region: WEST	
Legal Entity Name: HAP SENIOR CARE		
Legal Entity Address: 5130 TUSCARAWAS ROAD, BEAVER, PA 15009		
<b>Certificate(s) of Occupancy</b> C-2 LP 11/12/2002 L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 78                      Waking Staff: 59		
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> 09/16/2013: Phillips, Joseph; Glidden, Michelle 09/17/2013: Phillips, Joseph		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 83 Number of Residents Served: 70 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: 5 Number of Hospice Residents in past year: 27	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 70 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 10	

Violation Report: 41801 - 09/16/2013 - Phillips, Joseph  
PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 9/16/13, there was a ¼" accumulation of lint in the lint trap of the resident laundry room.

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 Policy has been completed and implemented on Oct 1, 2013 that requires supervisor on East Wing to remove all lint after each use by a resident. The employees have been made aware of the policy and have implemented it. The Policy is attached as Exhibit (A)

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)

Edwin R. Campbell

Date 10-2-2013

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

The above plan of correction is approved as of 10-7-13  
(Date)

Plan of correction implementation status as of 10-7-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 10-7-13
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 41801 - 09/16/2013 - Phillips, Joseph

PCH Name: BEAVER MEADOWS

OCT 04 2013

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 admitted on 11/23/10 had a medical evaluation completed on 12/23/11. The resident's next medical evaluation was not completed until 3/29/13.

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.

Previous Director of nursing was terminated for work performance including not completing numerous eval's, and assessments. New Director of nursing was hired on 1-28-13. New Director of nursing has completed and updated all resident assessments and medical evaluations. We have also hired an additional nurse to assist and maintain completing all required evaluations and assessments in the required timely fashion. Moving forward all evaluations will be completed timely with a double check by both nurses to insure the completion.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Edwin R. Campbell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EDWIN R. CAMPBELL      Date 10-2-13

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

The above plan of correction is approved as of 10-7-13 (Date)

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

Plan of correction implementation status as of 10-7-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 10-7-13
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41801 - 09/16/2013 - Phillips, Joseph

PCH Name: BEAVER MEADOWS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 1/17/02 and had an initial assessment completed on 11/10/11; however, the resident's next assessment was not completed until 6/30/13.

Resident #3 was admitted to the home on 4/4/11 and had an initial assessment completed on 4/14/11; however, the resident's next assessment was not completed until 3/26/13.

Resident #4 was admitted to the home on 11/23/10 and had an initial assessment completed on 12/1/11; however the resident's next assessment was not completed until 4/2/13.

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.

Previous Director of Nursing was terminated for poor work performance including not completing numerous eval's and yearly assessments. The new Director of Nursing was hired on 1-28-13. New Director of ~~human~~ nursing has completed and updated all resident assessments. This includes not just yearly assessments but those residents whose conditions may have required an update. We have also hired ~~an~~ an additional nurse to assist and maintain the completion of evaluations and assessments in a timely fashion. Moving forward all <sup>assessments</sup> evaluations will be completed timely with a double check by both nurses to insure the completion.

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)

Edward R Campbell

Date: 10-2-13

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

The above plan of correction is approved as of 10-7-13  
(Date)

Plan of correction implementation status as of 10-7-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 10-7-13
- Partially Implemented - Inadequate Progress
- Not Implemented

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