



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 07 2014

Mr. Michael J. Breslin, Chief Operating Officer  
NHS Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: Peiffers Lane Personal Care Home  
1460 Peiffers Lane  
Steelton, Pennsylvania 17113  
License #: 310360

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on February 12, 2014, 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 must be maintained.

Your regular license for the period March 28, 2014 to March 28, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: PEIFFERS LANE PERSONAL CARE HOME		License Number: 31036
Address: 1480 PEIFFERS LANE, STEELTON, PA 17113		County: Dauphin
Administrator: David Simmers		Region: CENTRAL
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
Certificate(s) of Occupancy Other 03/24/2006 Swatara Township		
Staffing Hours Resident Support: NM                      Total Daily Staff: 5                      Waking Staff: 4		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/12/2014: McCloskey, Jason; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>MAR 05 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 5 Number of Residents Served: 5 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 2 Have Mental Illness: 5 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 31036 - 02/12/2014 - McCloskey, Jason  
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

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 for Resident #1 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.

Resident #1 has refused a bedside light and/or a stick on light since his admission, and has destroyed both a bedside light and stick on light in the past. The use of a bedside light is a large stressor for this Resident and causes significant agitation, as he has expressed his desire to remain without one. He did write/sign a note, which was in his chart, refusing to have a bedside light. The note was not dated or witnessed by staff, but the documentation on his progress notes indicated he signed the note on 11/5/12.

The PCHA is requesting a waiver for this issue due to the psychotic issues, which prevents the resident from comprehending the need for a bedside light. The waiver was originally requested on 3/4/14 by the nursing supervisor. However, due to technical difficulties at the time of waiver submission, it is not known if the original waiver request was received. A new waiver request was submitted on 4/2/14 (Please see attached). Consumer will sign off on the DPW Waiver Form once the form is received from DPW.

In the interim, hourly rounds are completed on all residents. There is a hallway light outside of Resident #1's bedroom, and he keeps his door open throughout the night.

RECEIVED

APR 04 2014

CENTRAL PENNSYLVANIA FIELD OFFICE  
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page)		<i>Michael J. Breslin</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	<i>4/4/14</i>
		<i>Michael J. Breslin, COO</i>	

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

The above plan of correction is approved as of <u>4-16-14</u> (Date)	Plan of correction implementation status as of <u>4-16-14</u> (Date)
The above plan of correction was approved by <u>Be</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31036 - 02/12/2014 - McCloskey, Jason

PCH Name: PEIFFERS LANE PERSONAL CARE HOME

**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**

The upright refrigerator/freezer in the basement of the home contained the following unlabeled and undated food items:

- \*a bag with an open 24-count package of hotdogs
- \*a bag with frozen, loose chicken parts

**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 frozen items were originally labeled, but the labels were not affixed properly. The resultant moving around of frozen food apparently caused the labels to fall off, but was not discovered by staff. Effective immediately (2/28/2014), a staff person on the day shift will be assigned by the charge nurse to check the freezers once a week on Thursday to insure all frozen items which require labeling will have such labels. The individual assigned to check the freezers will be documenting this on a checklist located at the home. Spot checks will be done weekly by the PCHA/Supervisor to ensure compliance. This new process will be discussed between shifts for staff and will be reviewed at the next staff meeting by March 31, 2014 by the PCHA. The unlabeled frozen items were disposed of the same day as the survey (2/12/14) by the charge LPN.

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 *3/4/14*

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

The above plan of correction is approved as of <u>4-1-14</u> (Date)	Plan of correction implementation status as of <u>4-1-14</u> (Date)
The above plan of correction was approved by <u>GC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> .....

Violation Report: 31036 - 02/12/2014 - McCloskey, Jason  
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On 2/12/14 at 1:30 pm, the following food items were located in the refrigerator in the kitchen:  
 \*a 16-ounce container of Giant-brand soft cream cheese with an expiration date of 11/27/13  
 \*a 32-ounce container of Giant-brand part-skim ricotta cheese with a use-by date of 1/25/14

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 refrigerated items were disposed of the same day as the survey. The day shift charge nurse will assign a staff person to review the contents of the refrigerator every Thursday (effective 2/27/14) to check for any outdated or spoiled items, and dispose of them accordingly. The individual assigned to check the refrigerators will be documenting this on a checklist located at the home. The PCHA/supervisor will spot check the refrigerators/freezers weekly to ensure all items are within compliance. This new process will be discussed between shifts for staff and will be reviewed at the next staff meeting by March 31, 2014 by the PCHA.

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) <i>Michael J. Breslin, COO</i>	Date <i>3/4/14</i>
--	--------------------

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

The above plan of correction is approved as of 4-1-14  
 (Date)

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

Plan of correction implementation status as of 4-1-14  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 31036 - 02/12/2014 - McCloskey, Jason  
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2a. DESCRIPTION OF VIOLATION**

The home's written emergency procedures have not been reviewed or submitted to the local municipal emergency management agency since 12/31/12.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

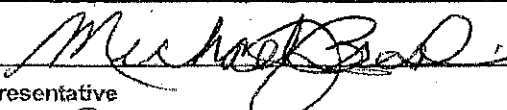
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Township's municipal emergency management agency was contacted by the PCHA on March 4, 2014. The previous Fire Marshall had quit his position the day after our 2013 survey. The new Fire Marshall met with the PCHA on March 4, 2014, and agreed to review our emergency procedures on March 7, 2014. He also agreed to run our annual fire drill by March 31, 2014. The PCHA will ensure that this occurs by March 31, 2014 by contacting the Fire Marshall via phone on March 7, 2014. The PCHA will be responsible to schedule this for 2015, by scheduling on his calendar by March 7, 2014. The Nursing Supervisor will place the dates on her calendar, as well, as a backup reminder to the PCHA.

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)

Michael J. Buslin, COO

Date

3/4/14

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

The above plan of correction is approved as of

4-1-14  
 (Date)

Plan of correction implementation status as of

4-1-14  
 (Date)

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

The above plan of correction was approved by

MB  
 (Initials)

Violation Report: 31036 - 02/12/2014 - McCloskey, Jason  
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

**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.

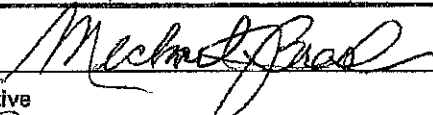
**2a. DESCRIPTION OF VIOLATION**  
 The last fire inspection and drill observed by a fire safety expert was conducted on 1/25/13.

**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.

After meeting with the Fire Marshall, he agreed to do the safety inspection/fire drill at the PCH by March 31, 2014. He requires time to schedule it due to his other township duties and responsibilities. He will send the PCHA a firm date by March 7, 2014 and the PCHA will follow up to ensure the safety inspection/fire drill is completed in a timely manner by contacting the Fire Marshall via phone on March 7, 2014. The PCHA will be responsible to schedule the fire inspection and fire drill for January 2015, by scheduling on his calendar by March 7, 2014. The Nursing supervisor will place the dates on her calendar, as well, as a backup reminder to the PCHA.

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)	Date
---	------

Michael J. Breslin, COO

3/4/14

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

The above plan of correction is approved as of 4-1-14  
 (Date)

Plan of correction implementation status as of 4-1-14  
 (Date)

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

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

Violation Report: 31036 - 02/12/2014 - McCloskey, Jason  
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

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 activities calendar was reposted on the day of the survey (2/12/14). The nursing supervisor will ensure the calendar is up to date, and remains present in the program. She will utilize the LPN charge nurse to report daily if the activities calendar goes missing, so that it can be replaced immediately on the same day. This will be addressed in the March 2014 staff meeting by March 31, 2014. The PCHA will monitor this on a monthly basis in meetings with the charge nurse.

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

*3/4/14*

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

The above plan of correction is approved as of 4-1-14  
 (Date)

Plan of correction implementation status as of 4-1-14  
 (Date)

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

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