



JUL 18 2014

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

RE: NHS Capital Region  
1071 Page Road  
Harrisburg, Pennsylvania 17111  
License #: 321000

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on March 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 June 2, 2014 to June 2, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

15H

Enclosure  
License Inspection Summary

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

Page 1 of 6

PCH Name: NHS CAPITAL REGION		License Number: 32100
Address: 1071 PAGE ROAD, HARRISBURG, PA 17111		County: Dauphin
Administrator: Dave Simmers		Region: CENTRAL
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
Certificate(s) of Occupancy R-4 11/16/2006 Lower Paxton TWP		
Staffing Hours Resident Support: 0                      Total Daily Staff: 8                      Waking Staff: 6		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/12/2014: Minnich, Ron		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 8	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 3	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

RECEIVED TIME MAY. 12. 10:27AM

Violation Report: 32100 - 03/12/2014 - Minnich, Ron  
 PCH Name: NHS CAPITAL REGION

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A, whose first day of work was 8/27/13, did not receive the required orientation in general fire safety until 9/03/13.

Staff Person B, whose first day of work was 10/28/13, did not receive the required orientation in general fire safety until 11/07/13.

Staff Person C, whose first day of work was 1/06/14, did not receive the required orientation in general fire safety until 1/15/14.

**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.*

Staff persons A, B and C all had their orientation trainings, including general fire safety, the first day of their respective schedules. The orientation checklists were, however, not completed during that first day, as per our policy. The general fire safety training procedures were included in the checklist, but were located on page 4, and were not signed off on until the checklist sign-off was completed at the end of the orientation period, which made it appear as if the trainings were not completed during the first day of work. Staff was unaware of the need to sign-off on the checklist each time a training was completed to ensure that it was accurately reflected in the training log.

The orientation checklist was revised on 3/13/2014 by the Clinical Coordinator and approved by the Program Director that same date. This allows the program to accurately reflect the date of hire, the first day of orientation, and each training completed (Please see attached document). The Clinical Coordinator or Program Director will meet with all new staff during orientation on the first day and will review all emergency procedures, including general fire safety, and ensure that all staff sign off that these trainings were completed at the end of that first day. This will begin at the next new hire orientation, which is not currently scheduled.

This will be reviewed with staff at the staff meeting scheduled to be held on 5/12/14 by the Clinical Coordinator and the Program Director.

This will be monitored by the Clinical Coordinator and Program Director by utilizing, and reviewing, the revised checklist at each new hire orientation. The Clinical Coordinator or Program Director will be responsible to sign off on the orientation checklist following the completion of orientation training. Staff in training will be required to sign off on the training after each orientation day.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5/9/14*

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

The above plan of correction is approved as of 7.8.14  
 (Date)

Plan of correction implementation status as of 7.8.14  
 (Date)

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

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

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Violation Report: 32100 - 03/12/2014 - Minnich, Ron  
PCH Name: NHS CAPITAL REGION

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person C was hired on 1/06/14. Staff person C completed their orientation on 1/24/14, which was after their 40th scheduled work hour.

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 C, who was hired as a PRN staff, had completed her orientation trainings within the required 40 scheduled working hours on-site. All staff are required to attend two days of Corporate orientation before the first day of onsite orientation, which resulted in the initiation of the orientation checklist by the corporate trainer. As described in the previous citation, the orientation checklist was not completed in a manner that would accurately reflect when trainings were completed, as the checklist was not filled out following the completion of each training.

The orientation checklist was revised on 3/13/2014 by the Clinical Coordinator, and approved by the Program Director on that same date. This allows the program to accurately reflect the date of hire, the first day of orientation, and each training completed (copy of checklist attached to previous violation). The Clinical Coordinator and Program Director will meet with staff on the first day to complete the OAPSA and DPW Direct Care Training before orientation in the home with residents to ensure that all training hours are accurately reflected on the orientation checklist. This was initiated on 4/21/2014 during the new hire orientation by the Clinical Coordinator and Program Director.

This will be reviewed with staff at the staff meeting scheduled to be held on 5/12/14, by the Clinical Coordinator and the Program Director. For future new hires, both the Clinical Coordinator and Program Director will utilize, and review, the updated checklist to ensure compliance. The Clinical Coordinator or Program Director will be responsible to sign off on the orientation checklist following the completion of orientation training. Staff in training will be required to sign off on the training after each orientation day.

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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 *5/9/13*

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Violation Report: 32100 - 03/12/2014 - Minnich, Ron  
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1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

There was no date documenting as to when staff person D completed the required trainings in regulations 65A & 65B.

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 violation is similar to the first two violations noted previously, as the training hours were not documented accurately on the checklist.

The orientation checklist was revised on 3/13/2014 by the Clinical Coordinator, and approved by the Program Director on that same date. This allows the program to accurately reflect the date of hire, the first day of orientation, and each training completed. The Clinical Coordinator or Program Director will be responsible to sign off on the orientation checklist following the completion of orientation training. Staff in training will be required to sign off on the training after each orientation day.

This will be reviewed with staff at the staff meeting scheduled to be held on 5/12/14 by the Clinical Coordinator and the Program Director. For future new hires, both the Clinical Coordinator and Program Director will utilize, and review, the updated checklist to ensure compliance. The Clinical Coordinator or Program Director will be responsible to sign off on the orientation checklist following the completion of orientation training. Staff in-training will be required to sign off on the training after each orientation day.

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 *5/9/14*

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(Date)

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

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(Date)

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Violation Report: 32100 - 03/12/2014 - Minnich, Ron  
PCH Name: NHS CAPITAL REGION

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 8/20/13, does not include the resident's health status, cognitive level and body positioning.

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 medical evaluation for Resident #1 was properly completed but the attachment (the DME: Documentation of Medical Evaluation) got separated from the chart, and was not immediately available to the reviewer (Please see attached documentation).

Staff will be reminded at the staff meeting on 5/12/14 to ensure these copies stay together in the charts as one subsection under MA-51/DME by the Clinical Coordinator and Program Director.

The day shift supervisor LPN will notify the Clinical Coordinator/Program Director when each resident has their annual physical completed. The Program Director and/or the Clinical Coordinator will be responsible to review the documentation following the annual physical to ensure it is complete and all documents are present.

The administrator or designated staff person will review all current medical evaluations to ensure that all required information is completed, including resident's health status, cognitive level and body positioning. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including special health or dietary needs and body positioning.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signatures 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 *5/9/14*

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(Date)

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(Date)

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Violation Report: 32100 - 03/12/2014 - Minnich, Ron  
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**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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for resident #2 does not include staff's initials for the administration of Lithium Carbonate 300mg on 3/11/13 at 8:00am.

**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 missed initial was found on the MAR of Resident # 2. When she was contacted by the Clinical Coordinator about this error the day the error was noted by the reviewer (3/12/2014), the nurse admitted that she "might have missed signing off" on the MAR, due to constant resident demands. She was counseled and has had no further violations. All MARs are currently being monitored on day/evening shift by respective medication administrators. The Clinical Coordinator and/or Program Director monitor the completed MARs once a week as part of their chart reviews. (Please see below).

Medication errors will be reviewed during the staff meeting scheduled on 5/12/14 due to the seriousness of the error. Staff will be reminded to review their MARs before signing off on them following their respective shifts.

The Clinical Coordinator and/or the Program Director will each do chart reviews weekly to ensure all MARs are completed appropriately and in full, and will counsel staff as appropriate and as per policy if any errors are found.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/26/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michael Breslin*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michael J. Breslin, Esq* Date *5/9/14*

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 (Initials)

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