pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 0 5 2014

Ms. Staci Calabro, Administrator
New Concepts Inc.
P.O. Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749
License #: 213120

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on March 18, 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 May 26, 2014 to May 26, 2015 was issued on April 21, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: THE SUSQUEHANNA HOUSE	License Number: 213120
Address: 2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749	County: Northumberland
Administrator: Staci Calabro	Region: NORTHEAST
Legal Entity Name: NEW CONCEPTS INC	
Legal Entity Address: PO BOX 167, MCEWENSVILLE, PA 17772	

Certificate(s) of Occupancy

C-2 LP
04/14/2004
L&I

Staffing Hours

Resident Support: NA | Total Daily Staff: 15 | Waking Staff: 11

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

03/18/2014: Patton, Leslie; OHaire, Anne

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: 20 22

Number of Residents Served: 15

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: 15

Are 60 Years of Age or Older: 9

Have Mental Illness: 10

Have an Intellectual Disability: 10

Have a Mobility Need: 0

Have a Physical Disability: 0

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

Referencing the cabinet containing resident records, staff person A stated, "Does it really get locked that often? No because staff is constantly in and out of there (referring to the office)." In addition, at approximately 1:15pm, the office was observed to be unlocked and the cabinet containing resident records was open resulting in the records being visible and accessible to residents and other individuals.

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 A reported a misinterpretation of their statement meaning the office is not locked when a staff person is in the office. A staff review was conducted regarding maintaining resident files in a confidential manner and following the homes' policy of locking the office door when not in the office. All staff have access to keys to keep resident files safe. Staff are required to report to Administrator when other staff are not following this policy and will receive disciplinary actions

- The administrator shall monitor and assure ongoing compliance.

M 5/16/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Dina Collins

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

Date 4/4/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

- ☐ Fully Implemented
- ✓ ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

(1) Training that includes a demonstration of job duties, followed by supervised practice.

(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.

(3) Initial direct care staff person training to include the following:

(i) Safe management techniques.

(ii) ADLs and IADLs.

(iii) Personal hygiene.

(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.

(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.

(vi) Implementation of the initial assessment, annual assessment and support plan.

(vii) Nutrition, food handling and sanitation.

(viii) Recreation, socialization, community resources, social services and activities in the community.

(ix) Gerontology.

(x) Staff person supervision, if applicable.

(xi) Care and needs of residents with special emphasis on the residents being served in the home.

(xii) Safety management and hazard prevention.

(xiii) Universal precautions.

(xiv) The requirements of this chapter.

(xv) Infection control.

(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B (hired 10/10/13) has not completed the required online Department approved competency test.

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 B had completed the test and the day of inspection the certification was not located. The staff person B has retaked the test on 4/16/14 and a copy is maintained in their file. The Administrator has redeveloped the Direct Care Staff check off list for their file to include time lines for certifications. The Administrator will conduct staff file audits monthly to ensure future compliance

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) Sara Ann Akers

Date 4/24/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The small separate restroom located nearest to the nurses' desk, had crumbling jagged edges along the exterior wall of the shower and along the bottom of the wall under the sink. The plaster was gouged out, had sharp edges, and is hazard for 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.

The plaster edges had a covering placed on it ~~and~~ to ensure safety and repairs are scheduled to be completed in the next 30 days. The Administrator will conduct regular inspections of the physical home on a weekly basis to arrange for necessary repairs to ensure resident safety. Staff review was conducted for home inspections as well and the importance of reporting maintenance issues to maintain compliance and safe living environment

- The administrator shall monitor and assure ongoing compliance.

5/16/14

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) STEVE CHENAKO PRES		Date 4/4/14		

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The overhead lights located at the top of the ramp near the office and near the exit in the small lounge were inoperable.

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.

These lights were not inoperable they needed bulbs replaced. The local ombudsman attended the exit interview and verified that she actually had visited the home the day before inspection and that they were working. The bulbs were replaced. Staff review was conducted to utilize maintenance check off list and reporting repairs/replacements to the Administrator to be addressed. Staff are responsible for conducting checks on a routine basis and Administrator is responsible for follow up to ensure compliance

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) Shari Burns Pres

Date 4/4/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The home's Kenmore brand freezer located in the storage room had a thermometer reading of 10°.

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 temperature of the freezer was checked immediately after inspection on this day and read 0°. This freezer has always been at 0° prior and continuing to this date. The Administrator has reviewed with staff to utilize the Maintenance Checklist which includes checking refrigerator and freezer temps for accuracy on a routine basis. Staff is responsible for conducting the checks. A record of freezer temps will be recorded for the next 30 days for the Administrator to review for compliance and to ensure safe food storage temps for frozen goods.

- The administrator shall monitor and assure ongoing compliance.

5/16/14

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) Steven Calabro — Date 4/4/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
A package of chicken minute steaks patties was found in the kitchen freezer in a bag that was not closed or sealed.

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 chicken patties were immediately placed in a sealed zip top freezer bag. Staff review was conducted to utilize shift routine check off which includes reminders and directions for proper food storage and labeling. This is responsibility of staff on each shift. The Administrator will conduct routine inspections of food storage areas to ensure compliance and safe food storage.

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) Stacy Orlando Mgr

Date 4/4/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 (admitted 11/04/13), did not have a completed medical evaluation (DME) present in their record.

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 staff review was conducting regarding insulin and medication administration. Staff person C is scheduled for Insulin / Diabetic Education Recertification for 5/20/14. Staff Person C will not administer insulin prior to this date. The Administrator will be responsible for performing medication administering and charting audits on a routine basis to ensure compliance

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 4/4/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's annual Medical Evaluation (DME), was not dated when the resident was evaluated by their physician. Therefore, it could not be determined if the DME was completed in a timely manner.
Resident #3 did not have an updated annual Medical Evaluation (DME) that was completed for 2014. The resident's most recent DME was completed 2/15/13.

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.

The physician for Resident #2 signed and dated the bottom of the Medical evaluation, but the top section was left blank. Staff review was conducted to utilize the Medical Evaluation/MAR/ check off list when residents return from such appointments and the procedures for obtaining missing components. Staff are responsible for this procedure and the Administrator will conduct monthly resident audits of their files to ensure compliance.

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) STAN CAUNCE ADM

Date 5/4/14

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

The above plan of correction is approved as of 5/6/14 (Date)

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

Plan of correction implementation status as of 5/6/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
Staff person C (hired 1/14/14), has not received training regarding insulin administration. On 3/17/14 at 7:00am, staff person C administered 10 units of Lantus insulin and 3 units of Humalog insulin to resident #4.

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 staff review was conducted regarding insulin administration. Staff person C is scheduled for Insulin Training on 5/20/14. Staff person C will not administer insulin prior to this date. The Administrator will be responsible for performing unscheduled medication administration observations at various times as well as routine audits of medication administration records to ensure medication administration compliance

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) SUSAN CALASCO RNS

Date 4/9/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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

Violation Report: 21312 - 03/18/2014 - Patton, Leslie
PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
Resident #6's Preadmission screening (dated 09/24/13) did not indicate if the home was able to meet their 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.

This was an omission due to clerical error, and should have indicated the home was able to meet the resident's needs. The Administrator is responsible for conducting pre screenings of potential residents and in the future, the Administrator will conduct an audit of potential resident files prior to admission as well as after admission in order to ensure compliance.

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) SUSAN CALVARESE PRES

Date 4/4/14

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

The above plan of correction is approved as of 5/16/14 (Date)

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

Plan of correction implementation status as of 5/16/14 (Date)

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