



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 1 1 2014

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

RE: NHS Russellton PCH
108 Cedarwood Circle
Russellton, Pennsylvania 15078
License #: 438420

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on April 1, 2014, April 7, 2014 and May 8, 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 August 15, 2014 to August 15, 2015 was issued on June 10, 2014. Your regular license remains in good standing.

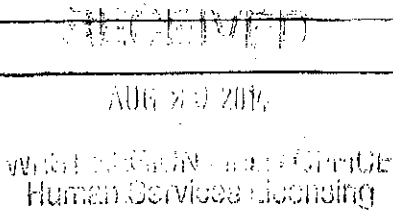
Sincerely,

Matthew J. Jones
Director

/s/

Enclosure
License Inspection Summary

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

PCH Name: NHS RUSSELLTON PCH		License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076		County: Allegheny
Administrator: Maria Ehelmanh		Region: WEST
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
Certificate(s) of Occupancy R-4 06/27/2008 West Deer Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/01/2014: Garrigan, Laurie; Marini, Michael 04/07/2014: Garrigan, Laurie 05/08/2014: Garrigan, Laurie		
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: 10 Number of Residents Served: 10 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: 10 Are 60 Years of Age or Older: 3 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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AUG 20 2014

Violation Report: 43842 - 04/01/2014 - Garrigan, Laurie
PCH Name: NHS RUSSELLTON PCH

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/20/14, at approximately 4:00 p.m., staff person A was returning resident #1's laundry and discovered the resident on the floor. Staff person A asked resident #1 if he/she was hurt, the resident responded, "no, just help me get up." As staff person A assisted the resident up off of the floor back into bed, the resident complained of pain and was unable to put weight on his/her left foot. Staff person A notified staff persons B, the home's nurse and C, the assistant supervisor. Staff person A assessed the resident, elevated and applied ice to his/her left foot. At 6:00 p.m. staff person D administered Tylenol for pain to the resident.

According to shift notes, on 3/21/14, at approximately 8:00 a.m. staff persons B and E entered resident #1's room and discovered the resident on the floor, in several layers of shirts, and jackets and only an adult brief. Staff person E indicated the resident was "babbling incoherently". Staff person B administered the morning medications to the resident as he/she lay on the floor. Staff persons B and E asked if he/she wanted help getting up back into bed, however, staff indicate the resident refused assistance, so they left the resident on the floor and exited the room.

Staff person B reports that he/she checked on resident #1 two additional times that morning, at 9:30 a.m. and 10:45 a.m. each time staff person B found the resident on the floor partially dressed as described above.

At approximately 12:00 p.m., staff person F knocked on resident #1's door to notify the resident it was lunchtime. When staff person F received no response from the resident, he/she opened the resident's door and discovered the resident lying face down on the floor in a jacket and a soiled adult brief, mumbling incoherently. Staff person F went to get assistance from staff person C. As the staff attempted to provide activities of daily living (ADL) care to the resident, the resident yelled out in pain, saying he/she hurt everywhere. At this time, the home summoned Emergency Medical Services (EMS) who transported the resident to the hospital.

The resident was admitted to the hospital on 3/21/14. According to hospital records, "It is suspected that he likely fell sometime yesterday and was subsequently on the floor for at least 10 hours". "X-rays in the ER showed a nondisplaced medial mal fracture. He himself is pleasantly conversant but noncoherent. He responds to questions, but the answers are not appropriate for the questions asked."

The home did not report this incident to the local Area Agency on Aging until 3/24/14.

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.

Please see attached response.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, COO* Date *8/19/14*

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

The above plan of correction is approved as of 8-22-14
(Date)

Plan of correction implementation status as of 8-22-14
(Date)

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

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

Regulation 55 Pa. Code 2600 (2660.15 a)

The NHS Russellton PCH administrators will immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and the 6 Pa Code Sections 15.21-15.27 and comply with the requirements regarding restrictions on staff

Administrator and Assistant Administrator will immediately retrain on the Older Adults Protective Services Act and the 6 Pa Code Sections 15.21-15.27 (See attachments: A through Y).

The Older Adults Protective Services Act and the 6 Pa Code Sections 15.21-15.27, training was done by Administrators on 8/14/14 (See attachments: Z, AA). All staff will be required to complete this training by September, 15, 2014.

Administrator will keep a copy of these materials for use in reporting any suspected abuse per regulations.

Administrators and Staff will continue to receive yearly training on Abuse, Neglect and Reporting (See attachment: CC).

RECEIVED

AUG 20 2014

WEST VIRGINIA STATE OFFICE
Human Services Licensing

Signature of Legal Entity Representative:

Michael J. Breslin

Printed Name and Title of Legal Entity Representative:

Michael J. Breslin, COO

Date:

8/19/14

Issue Pollack 8-22-14
Regional approval of Plan of Correction
Suzie Pollack (SMP)

Violation Report: 43842 - 04/01/2014 - Garrigan, Laurie
PCH Name: NHS RUSSELLTON PCH

WEST RUSSELLTON PUBLIC SERVICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/20/14, at approximately 4:00 p.m., staff person A was returning resident #1's laundry and discovered the resident on the floor. Staff person A asked resident #1 if he/she was hurt, the resident responded, "no, just help me get up." As staff person A assisted the resident up off of the floor back into bed, the resident complained of pain and was unable to put weight on his/her left foot. Staff person A notified staff persons B, the home's nurse and C, the assistant supervisor. Staff person A assessed the resident, elevated and applied ice to his/her left foot. At 6:00 p.m. staff person D administered Tylenol for pain to the resident.

According to shift notes, on 3/21/14, at approximately 8:00 a.m. staff persons B and E entered resident #1's room and discovered the resident on the floor, in several layers of shirts, and jackets and only an adult brief. Staff person E indicated the resident was "babbling incoherently". Staff person B administered the morning medications to the resident as he/she lay on the floor. Staff persons B and E asked if he/she wanted help getting up back into bed, however, staff indicate the resident refused assistance, so they left the resident on the floor and exited the room.

Staff person B reports that he/she checked on resident #1 two additional times that morning, at 9:30 a.m. and 10:45 a.m. each time staff person B found the resident on the floor partially dressed as described above.

At approximately 12:00 p.m., staff person F knocked on resident #1's door to notify the resident it was lunchtime. When staff person F received no response from the resident, he/she opened the resident's door and discovered the resident lying face down on the floor in a jacket and a soiled adult brief, mumbling incoherently. Staff person F went to get assistance from staff person C. As the staff attempted to provide activities of daily living (ADL) care to the resident, the resident yelled out in pain, saying he/she hurt everywhere. At this time, the home summoned Emergency Medical Services (EMS) who transported the resident to the hospital.

The resident was admitted to the hospital on 3/21/14. According to hospital records, "It is suspected that he likely fell sometime yesterday and was subsequently on the floor for at least 10 hours". "X-rays in the ER showed a nondisplaced medial mal fracture. He himself is pleasantly conversant but noncoherent. He responds to questions, but the answers are not appropriate for the questions asked."

The home did not submit an incident report to the Department until 3/24/14.

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.

Please see attached response.

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 *8/19/14*

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

The above plan of correction is approved as of <u>8-22-14</u> (Date)	Plan of correction implementation status as of <u>8-22-14</u> (Date)
The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa. Code 2600 (2600.16 c)

The NHS Russellton PCH will continue to report incidents per the 2600.16 regulations, which stated that the personal care home shall report an incident or condition to the Department's Personal Care Home complaints hotline within 24 hours and follow the guidelines in section 2600.15

On Friday, March 21, 2014, the PCH Assistant Administrator reported the incident the Personal Care Home Regional Office via fax at 15:00 hours (See attachments: 1 through 3).

On Monday, 3/24/14, the Assistant Administrator updated the Regional office regarding the incident by providing an updated copy of the incident report (See attachments: 4 through 6).

Signature of Legal Entity Representative:

Michael J. Breslin

Printed Name and Title of Legal Entity Representative:

Michael J. Breslin, COO

Date:

8/19/14

RECEIVED

AUG 20 2014

WEST REGION FIELD OFFICE
Human Services Licensing

By 9/22/14 -All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements in accordance with regulation 2600.16c.

SMP
8-22-14

Susie Pollock 8-22-14
Regional approval of Plan of Correction
Susie Pollock (SMP)

Violation Report: 43842 - 04/01/2014 - Garrigan, Laurie
PCH Name: NHS RUSSELLTON PCH

WEST NEBRASKA Field Office
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 3/20/14, at approximately 4:00 p.m., staff person A was returning resident #1's laundry and discovered the resident on the floor. Staff person A asked resident #1 if he/she was hurt, the resident responded, "no, just help me get up." As staff person A assisted the resident up off of the floor back into bed, the resident complained of pain and was unable to put weight on his/her left foot. Staff person A notified staff persons B, the home's nurse and C, the assistant supervisor. Staff person A assessed the resident, elevated and applied ice to his/her left foot. At 6:00 p.m. staff person D administered Tylenol for pain to the resident.

According to shift notes, on 3/21/14, at approximately 8:00 a.m. staff persons B and E entered resident #1's room and discovered the resident on the floor, in several layers of shirts, and jackets and only an adult brief. Staff person E indicated the resident was "babbling incoherently". Staff person B administered the morning medications to the resident as he/she lay on the floor. Staff persons B and E asked if he/she wanted help getting up back into bed, however, staff indicate the resident refused assistance, so they left the resident on the floor and exited the room.

Staff person B reports that he/she checked on resident #1 two additional times that morning, at 9:30 a.m. and 10:45 a.m. each time staff person B found the resident on the floor partially dressed as described above.

At approximately 12:00 p.m., staff person F knocked on resident #1's door to notify the resident it was lunchtime. When staff person F received no response from the resident, he/she opened the resident's door and discovered the resident lying face down on the floor in a jacket and a soiled adult brief, mumbling incoherently. Staff person F went to get assistance from staff person C. As the staff attempted to provide activities of daily living (ADL) care to the resident, the resident yelled out in pain, saying he/she hurt everywhere. At this time, the home summoned Emergency Medical Services (EMS) who transported the resident to the hospital.

The resident was admitted to the hospital on 3/21/14. According to hospital records, "It is suspected that he likely fell sometime yesterday and was subsequently on the floor for at least 10 hours", "X-rays in the ER showed a nondisplaced medial mal fracture. He himself is pleasantly conversant but noncoherent. He responds to questions, but the answers are not appropriate for the questions asked."

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.

Please see attached response.

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

8/19/14

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The above plan of correction is approved as of

8-22-14
(Date)

Plan of correction implementation status as of

8-22-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *sup*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

sup
(Initials)

Regulation 55 Pa. Code 2600 (2600.42 b)

NHS Russellton PCH residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment in any way.

Russellton PCH has implemented hourly resident observation checks for each resident as of March 24, 2014 (See attachments: A1 and A2).

All active staff have been trained by the Russellton PCH Administrator on the newly implemented Hourly Resident Observation Sheets as of May 23, 2014 (See attachments: A3 through A10).

Observation checks are being completed by staff as assigned on Staff Daily Assignment Sheet (See Attachment: A12).

All new employees will receive the Hourly Resident Observation Sheet training during the NHS Russellton PCH orientation program (See attachment: A11).

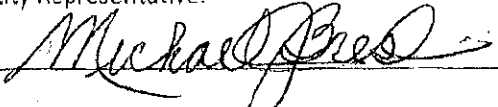
Yearly updated training will be provided for all staff during designated training times. Yearly updates will review how to document on observation form, and the ongoing safety purpose of the hourly resident checks (See attachment: A11).

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JUN 11 2014

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Signature of Legal Entity Representative:



Printed Name and Title of Legal Entity Representative:

Michael J. Breslin, COO

Date:

8/19/14

Administrator and Assistant Administrator will immediately retrain on the Older Adults Protective Services Act and the 6 Pa Code Sections 15.21-15.27 (See attachments: A through Y).

The Older Adults Protective Services Act and the 6 Pa Code Sections 15.21-15.27, training was done by Administrators on 8/14/14 (See attachments: Z, AA). All staff will be required to complete this training by September, 15, 2014.

Susie Pallock - 8-22-14
Regional Approval of Plan of Correction
Susie Pallock (sm)

Violation Report: 43842 - 04/01/2014 - Garrigan, Laurie
PCH Name: NHS RUSSELLTON PCH

WEST VIRGINIA HEALTH SERVICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 3/20/14, at approximately 4:00 p.m., staff person A was returning resident #1's laundry and discovered the resident on the floor. Staff person A asked resident #1 if he/she was hurt, the resident responded, "no, just help me get up." As staff person A assisted the resident up off of the floor back into bed, the resident complained of pain and was unable to put weight on his/her left foot. Staff person A notified staff persons B, the home's nurse and C, the assistant supervisor. Staff person A assessed the resident, elevated and applied ice to his/her left foot. At 6:00 p.m. staff person D administered Tylenol for pain to the resident.

According to shift notes, on 3/21/14, at approximately 8:00 a.m. staff persons B and E entered resident #1's room and discovered the resident on the floor, in several layers of shirts, and jackets and only an adult brief. Staff person E indicated the resident was "babbling incoherently". Staff person B administered the morning medications to the resident as he/she lay on the floor. Staff persons B and E asked if he/she wanted help getting up back into bed, however, staff indicate the resident refused assistance, so they left the resident on the floor and exited the room.

Staff person B reports that he/she checked on resident #1 two additional times that morning, at 9:30 a.m. and 10:45 a.m. each time staff person B found the resident on the floor partially dressed as described above.

At approximately 12:00 p.m., staff person F knocked on resident #1's door to notify the resident it was lunchtime. When staff person F received no response from the resident, he/she opened the resident's door and discovered the resident lying face down on the floor in a jacket and a soiled adult brief, mumbling incoherently. Staff person F went to get assistance from staff person C. As the staff attempted to provide activities of daily living (ADL) care to the resident, the resident yelled out in pain, saying he/she hurt everywhere. At this time, the home summoned Emergency Medical Services (EMS) who transported the resident to the hospital.

The resident was admitted to the hospital on 3/21/14. According to hospital records, "It is suspected that he likely fell sometime yesterday and was subsequently on the floor for at least 10 hours", "X-rays in the ER showed a nondisplaced medial malleolus fracture. He himself is pleasantly conversant but noncoherent. He responds to questions, but the answers are not appropriate for the questions asked."

According to resident #1's most recent assessment, dated 5/1/13, the resident has impaired judgment, requires assistance to secure and manage health care. The resident's support plan, dated 5/1/13, indicates that "Staff will see that he has health visits schedule routinely and that he attends them." "Will also do for prn visits."

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.

Please see attached response.

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			8/19/14

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

The above plan of correction is approved as of: <u>8-22-14</u> (Date)	Plan of correction implementation status as of <u>8-22-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SWP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600 (2600.142 a)

All NHS Russellton PCH residents requiring assistance with medical care will obtain medical care in a timely manner.

Administrator implemented daily shift notes on January 17, 2014 (See attachments: B1 and B2). Shift documentation includes reporting medical and psychiatric symptoms related to each resident as observed by staff during each shift. Administrators are on call 24/7 to respond to any reports of abnormal occurrences (See attachment: A12).

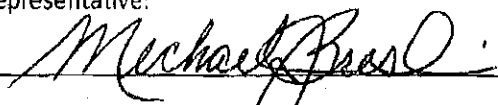
Training will be provided to all staff on **updating** Resident Assessment and Support Plans (RASP) by September 30, 2014.

RASP writing, completing and implementing training will be completed by all staff at orientation and yearly thereafter (See attachment: B5).

Training will be provided to all staff on Pat Deegan's "Decisional Support Tool Kit for Behavioral Health Recovery" - Chapter 2: Why is Decision Support Important to Recovery? This Chapter reflects on Caregivers supporting consumers with mental illness. It explains the Duty to Care, neglect vs. overprotect continuum. Re-Training will be provided to all staff by September 30, 2014.

Personal Medicine and Learning Collaborative/Power Statements (Decisional Support Toolkit) is provided to all new staff during orientation (See attachment: B3).

Signature of Legal Entity Representative:



Printed Name and Title of Legal Entity Representative:

Michael J. Breslin, COO

Date:

8/19/14

Sharon Pollock 8-23-14
Regional approval of Plan of Correction
Susie Pollock (sm)