



AUG 29 2014

Ms. Laura R. Roy, Executive Director  
Passavant Retirement and Health Center  
401 South Main Street  
Zelienople, Pennsylvania 16063

RE: Passavant Retirement & Health Center – Newhaven Court  
100 Burgess Drive  
Zelienople, Pennsylvania 16063  
License #: 424060

Dear Ms. Roy:

As a result of the Department of Public Welfare's licensing inspection May 1, 2014 and May 2, 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 September 19, 2014 to September 19, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary

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

PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT		License Number: 42406
Address: 100 BURGESS DRIVE, ZELIENOPE, PA 16063		County: Butler
Administrator: Debbie Johnston		Region: WEST
Legal Entity Name: PASSAVANT RETIREMENT AND HEALTH CENTER		
Legal Entity Address: 401 S. MAIN STREET, ZELIENOPE, PA 16063		
Certificate(s) of Occupancy C2 02/16/1993 L&I		
Staffing Hours		WEST VIRGINIA ALL 2/6/2014 WEST VIRGINIA Human Services Licensing Waking Staff: 69
Resident Support: 0	Total Daily Staff: 92	Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/01/2014: Phillips, Joseph; Garrigan, Laurie 05/02/2014: Phillips, Joseph; 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: 164 Number of Residents Served: 91 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: 0 Are 60 Years of Age or Older: 91 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 42406 - 05/01/2014 - Phillips, Joseph  
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

Aug 20 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.3(c) - The personal care home shall post the current license, a copy of the current license issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
On 5/1/14, the home's current violation report dated 5/28/13 and a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home. The current violation report and a copy of 55 Pa. Code Chapter 2600 was located in the second floor nurses office.

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.

Current VR was immediately posted on the bulletin board in the main lobby on 5/1/14 during the inspection. Copy of 55 PA Code Chapter 2600 was immediately posted on the bulletin board in the main lobby on 5/1/14 during the inspection.

Current VR and copy of 55 PA Code Chapter 2600 will be secured in binders and binders will be secured to the wall beside the bulletin board in the main lobby.

The Administrator will check the binders placement and contents weekly to ensure they are maintained and accessible.

Will be bound and secured within 30 days.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Debbie Johnston

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

Debbie Johnston PCHA

Date 8/20/14

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

The above plan of correction is approved as of 8-21-14  
(Date)

Plan of correction implementation status as of 8-21-14  
(Date)

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

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

Violation Report: 42406 - 06/01/2014 - Phillips, Joseph  
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person B did not receive training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2013 training year.

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 will be trained in "meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan" within the next 30 days.

Annual staff training plan (see attached) was reviewed for accuracy.

All staff training files will be audited within the next 30 days and on an annual basis by the Administrator to ensure compliance with all DPW required training.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Debbie Johnston

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debbie Johnston PCAA Date 8/20/14

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Violation Report: 42406 - 05/01/2014 - Phillips, Joseph  
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT  
 WILSON SECTION - PASSAVANT  
 HUMAN SERVICES DIVISION

1. REGULATION 55 Pa. Code §2600  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person B did not receive training on resident rights during the 2013 training year.

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 received training on Resident Rights on 3/2/14.

Annual staff training plan (see attached) was reviewed for accuracy.

All staff training files will be audited within the next 30 days and annually thereafter by the Administrator to ensure compliance with all DPW required training.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debbie Johnston PCHA      Date 8/20/14

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Violation Report: 42406 - 05/01/2014 - Phillips, Joseph  
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT  
WEST VIRGINIA INDEPENDENT OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
O 5/1/14, the home's back courtyard had an uncovered black dumpster full of plastic trash bags.

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.

Lid was replaced immediately on 5/1/14 during inspection.

Staff re-educated by memo (see attached) on importance of replacing lid on dumpster when putting trash into dumpster

Maintenance staff responsible to ensure lid is in place on dumpster at all times and will check dumpster during rounds daily to ensure lid is in place.

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Violation Report: 42406 - 05/01/2014 - Phillips, Joseph  
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT  
 WEST HAVEN, CONNECTICUT  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 On 5/1/14, the first aid kit in the facility does not include scissors and tape.

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.

Scissors and adhesive tape were added to the First Aid kit on 5/1/14

The required contents of the First Aid kit were listed and attached to the First Aid kit container, which was separated from the general use First Aid supplies. 5/1/14

The designated First Aid kit was secured with an easily removable plastic lock. Removal of lock will signal contents have been altered

Staff has been educated through a memo on use and monitoring of First Aid kit (See attached)

First Aid kit and lock will be checked daily on 11-7 shift to ensure it remains intact

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Violation Report: 42406 - 05/01/2014 - Phillips, Joseph  
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST VIRGINIA STATE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION  
Resident #3's current assessment, dated 7/31/13, did not include an assessment of mobility needs. The resident requires the use of a wheelchair or walker and needs oral assistance to evacuate the home in the event of an emergency.

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 mobility needs assessment was completed on Resident #3 on 5/2/14.  
Newly created full-time position of Personal Care Specialist in effect as of 3/25/14. This position's primary focus is resident assessments and RASP completion among other duties  
Personal Care Specialist was trained on completion of resident assessment  
Personal Care Specialist will perform and document chart audits to include Assessment/RASP audits biannually as a quality improvement measure and submit reports to Administrator.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debbie Johnston ALHA Date 8/20/14

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