



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 4, 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 Human Services licensing inspection on June 19, 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.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb

Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: PEIFFERS LANE PERSONAL CARE HOME		License Number: 310360
Address: 1460 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: Partial BHA Docket Number: NA Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/19/2014: Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 15 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: NA Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
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: 5 Are 60 Years of Age or Older: 2 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 31036 - 06/19/2014 - Riel, Becky
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

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 #1 had a medical evaluation completed on 5/2/2014. The last medical evaluation was completed on 3/19/2013.

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 resident refused to have a medical evaluation in March/April of 2014, stating he didn't need the physical. He refused to cooperate until he was told he that he would be discharged from the PCH for failure to cooperate. It is important that all residents have their medical evaluations annually in order to ensure good health and for the facility to remain compliant with DPW. This regulation was violated by allowing the resident to continue refusal of the medical evaluation, and the failure of the staff to document his continued refusals. Effective immediately staff will schedule medical evaluations 30 days ahead of the actual due date to ensure compliance in this area. Charge nurses on the day shift will be responsible to schedule these and remind residents they must cooperate with scheduled evaluations or face discharge from the PCH programs. The Program Director/Staff Supervisor will be responsible to ensure completion of medical evaluations in a timely by manner by checking with day charge nurses at least weekly for due dates of medical evaluations/scheduled appointments.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of 8/4/14
 (Date)

Plan of correction implementation status as of 8/4/14
 (Date)

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

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

Violation Report: 31036 - 06/19/2014 - Riel, Becky	
PCH Name: PEIFFERS LANE PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.	
2a. DESCRIPTION OF VIOLATION On 6/19/2014, at 10:00am, the resident support plan for Resident #1 was not in the home and inaccessible to direct care staff.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> The support plan was removed from the premises to develop the updated support plan in the office of the Director/Staff Supervisor at our other PCH program. Staff neglected to leave a copy of the plan available on the chart while updating the support plan. The support plan was retrieved and on the chart the same day of the survey. Effective immediately, all support plans will be updated in the PCH where the resident resides, instead of removing the plans to the respective Director/Staff Supervisor's Office in our other program. Both the director and staff supervisor will be responsible to ensure compliance in this issue.	
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
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8/4/14</u> (Date)	Plan of correction implementation status as of <u>8/4/14</u> (Date)
The above plan of correction was approved by <u>DE</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