



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 15 2014

Mr. James Cole, Administrator  
New Life Personal Care Home, Inc.  
2521 Versailles Avenue  
McKeesport, Pennsylvania 15132

RE: New Life Personal Care  
License #: 431210

Dear Mr. Cole:

As a result of the Department of Public Welfare's licensing inspection on July 7, 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 October 27, 2013 to October 27, 2014 was issued on July 18, 2013. 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: NEW LIFE PERSONAL CARE		License Number: 43121
Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: JAMES COLE		Region: WEST
Legal Entity Name: NEW LIFE PERSONAL CARE HOME INC		
Legal Entity Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy C-2 LP 08/25/1986 L & I		<p><b>RECEIVED</b></p> <p>JUL 29 2014</p> <p>WEST REGION FIELD OFFICE: Human Services Licensing</p>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Indicator		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/07/2014: Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators: 28f, 101e, 144d, 161c, 201
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 18 Number of Residents Served: 14 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 6 Have Mental Illness: 6 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1	

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43121 - 07/07/2014 - Georgoulis, Karen  
PCH Name: NEW LIFE PERSONAL CARE

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

Resident #1's June 2014 medication record does not include a diagnosis or purpose for the resident's medications as follows:

- \* Benzotropine 2mg.
- \* Omeprazole 20mg.
- \* Docusate NA 100mg
- \* Trazodone HCL 100mg
- \* Clophenazine 10mg
- \* Valproic Acid 250mg
- \* Psyllium Oral Powder

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.

*we will include on MAR what each medication is used for  
The purpose of the medication*

*8-30-14 - All staff persons qualified to administer medications will be educated on the required contents of medication administration records including a purpose and diagnosis for each medication. Documentation of education will be kept. 7-31-14*

*8-30-14 - A designated staff person qualified to administer medications will review all MARs twice a month for accuracy and completion in accordance with regulation 2600.187(a).*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2013		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative  
(Required on EVERY Page) *J. Cole*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *James Cole* Date *7-17-14*

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

The above plan of correction is approved as of 7-31-14  
(Date)

Plan of correction implementation status as of 7-31-14  
(Date)

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

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