



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 1 1 2014

Ms. Beth McMaster, Vice President/ COO
United Church of Christ Homes, Inc.
30 North 31st Street
Camp Hill, Pennsylvania 17011

RE: Lebanon Valley Home
550 East Main Street
Annville, Pennsylvania 17003
License #: 347800

Dear Ms. McMaster:

As a result of the Department of Public Welfare's licensing inspection on July 28, 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 7, 2014 to October 7, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

54

Enclosure
License Inspection Summary

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

PCH Name: LEBANON VALLEY HOME		License Number: 34780
Address: 550 EAST MAIN STREET, ANNVILLE, PA 17003		County: Lebanon
Administrator: Sandy Epting		Region: CENTRAL
Legal Entity Name: UNITED CHURCH OF CHRIST HOMES INC		
Legal Entity Address: 30 NORTH 31ST STREET, CAMP HILL, PA 17011		
Certificate(s) of Occupancy C-1 03/10/1976 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 35 Waking Staff: 26		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/28/2014: OPake, Hope; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>AUG 26 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 35 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: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34750 - 07/28/2014 - O'Pake, Hope
 PCH Name: LEBANON VALLEY HOME

- 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
 The annual training provided to Direct Care Staff Member A in training year 2013 did not include medication self-administration training and safe management techniques training.

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 Member A is no longer an employee at the personal care home. Each of the current direct care employees have been educated by the Personal Care Home Administrator on the medication self administration requirements. All direct care staff will continue to be educated on all required training topics at the annual in-service in October 2014 by the Personal Care Home Administrator.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Beth McMaster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth McMaster, Operations</i>	Date <i>8/25/14</i>
--	------------------------

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

The above plan of correction is approved as of <u>9-3-14</u> (Date)	Plan of correction implementation status as of <u>9-3-14</u> (Date)
The above plan of correction was approved by <u>BE</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

Violation Report: 34780 - 07/28/2014 - O'Pake, Hope
 PCH Name: LEBANON VALLEY HOME

1. REGULATION 55 Pa.Code §2606

2606.187(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

The medication administration record for Resident #1 does not include the dosage of sliding scale Insulin administered on July 2, 2014.

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 Medication Administration Record for Resident #1 was reviewed to ensure that all documentation was in place from July 2014 to present. All licensed staff have been reeducated by the Personal Care Home Administrator on the electronic documentation system to ensure that all resident dosages of insulin are accurately documented. Random Audits of the Electronic Medication Administration Record will be completed monthly for accuracy of documentation by the Personal Care Home Administrator. Results of the monthly audits will be reported to the Quality Assurance Committee.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/19/2013	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Scott Armstrong*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Scott Armstrong VP Operations* Date *8/25/14*

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

The above plan of correction is approved as of 9-4-14
 (Date)

Plan of correction implementation status as of 7-4-14
 (Date)

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

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

Violation Report: 34780 - 07/28/2014 - OPake, Hope
 PCH Name: LEBANON VALLEY HOME

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
 The pre-admission screening for Resident #2, admitted June 13, 2014, is dated April 1, 2010, when the resident entered the Independent Living portion of the home.

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 pre-admission screening for Resident #2 has been completed. All residents will have pre admission screenings completed upon initial admission and/or when they change levels of care from independent to personal care needs. All licensed staff have been educated by the Personal Care Home Administrator on the appropriate times to complete a pre-admission screening. Random chart audits will be completed monthly by licensed staff to ensure that pre-admission screenings have been completed timely. Results of the monthly audits will be reported to the Quality Assurance Committee.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bein McMaster, V.P. Operations* Date: *9/25/14*

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

The above plan of correction is approved as of <u>9-3-14</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>9-3-14</u> (Date) <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
---	---