



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 6, 2014

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

RE: New Life Personal Care Home
431210

Dear Mr. Cole:

As a result of the Department of Public Welfare's licensing inspection on August 29, 2014 and September 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.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino". The signature is written in a cursive style and is positioned above a horizontal line.

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing 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: Jim 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 06/24/1982 L&I		RECEIVED OCT 30 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/29/2014: Marini, Michael 09/08/2014: Marini, Michael		
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: 18 Number of Residents Served: 13 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: 11 Are 60 Years of Age or Older: 10 Have Mental Illness: 13 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

OCT 30 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted to the home on 11-10-07. On 8-28-14, at 10:00 AM, Department staff requested access to resident # 1's record. Staff person A presented Department staff with a folder which contained the resident's Documentation of Medical Evaluation (DME), the resident's assessment, and the resident's support plan which were all dated 10-22-13. At 10:20 AM, when asked to provide earlier DMEs, assessments, and support plans, staff person B, the administrator, stated these documents were at a storage facility at another location and that he would forward copies to the Department. As of 9-8-14, staff person B failed to provide the documents to the Department.

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.

All of the DME's - assessments and support plans will be stored at a safe dry place closer to the facility where they can be assessed regularly. 10-28-14.

Within 30 days of receipt of the approved plan of correction, the administrator will develop a system of record keeping that ensures the agents of the Department, upon request, have immediate access to records including past copies of Documentation of Medical Evaluations, assessments and support plans JPP 11-3-14

Additional resident records will be housed in a facility within 2 blocks of the home. JPP 11-3-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

J. Coyle

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

J. Coyle Admin

Date 10-28-14

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

08/29/2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

In July 2014, resident #1, #2, and #3 received a cash disbursement of approximately \$325. The home did not obtain the residents' signatures for the receipt of the disbursement that included the amount of money dispersed.

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 Home will secure another system of recording Residents signature.

We will use a receipt book method that will include the amount dispersed. This will be completed on 11-3-14

[Signature]

11-3-14 Withdrawn

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

[Signature] J. Cole Admin

Date 10-28-14

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

The above plan of correction is approved as of 11-3-14
(Date)

Plan of correction implementation status as of 11-3-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 8-29-14, there were no locks on the door of the second floor bathroom.

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.

There is a Hook lock on 2nd floor Bathroom to secure privacy. All doors will be checked periodically for Damage that will provide privacy at all times installed on 9-29-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J. Cole Admin* Date *10-28-14*

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

The above plan of correction is approved as of 11-3-14 (Date)

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

Plan of correction implementation status as of 11-3-14 (Date)

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

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

OCT 30 2014

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8-29-14, there were no paper towels or other means of drying hands in the second floor bathroom.

On 9-8-14, at 2:30 PM, there was a used syringe on the dresser in the first floor bedroom across from the first floor dining room. According to staff person B, the syringe belonged to resident #4.

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.

(1A) There will be paper towels available in the area of the bathroom for hand drying 8-30-14

The staff will monitor the use and renewal of towels. Within 30 days of receipt of the approved plan of correction, daily all staff persons will be educated on maintaining sanitary conditions and correcting or reporting any unsanitary conditions found. Documentation of education will be kept 11-3-14

(2) All medical supplies used or unused will be disposed of or placed in appropriate places.

The room cleaning people will be alerted to thoroughly observe the rooms of diabetic residents.

All rooms will be inspected by facility manager.

Within 30 days of receipt of the approved plan of correction, the administrator will check the home at least weekly to ensure sanitary conditions are maintained. JSP - 11/3/14

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) J. Colicote ADM N Date 10-28-14

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

The above plan of correction is approved as of 10-3-14 (Date)

Plan of correction implementation status as of 10-3-14 (Date)

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

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

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

OCT 30 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 8-25-14, resident #1 was prescribed ciprofloxacin 500 mg 1 tablet by mouth every 12 hours for 3 days to treat a urinary tract infection. Staff first administered this medication to resident #1 on the morning of 8-26-14 but staff person B failed to update resident #1's August medication administration record (MAR) to include this medication until the morning of 8-29-14.

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.

All new medications will be logged on the day of delivery and the Admin will follow up on the entry. Within 30 days of receipt of the approved plan of correction, the administrator will review all current resident medication administration records, (MAR's) prescription orders, and medications to ensure all prescribed medications are indicated on the MAR. JRP 11-3-14

Within 30 days of receipt of the approved plan of correction, the administrator or a designated staff person qualified to administer medications will review all MAR's at least monthly to ensure all prescribed medications are listed. JRP 11-3-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J. Cole Admin* Date *10-28-14*

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

The above plan of correction is approved as of 11-3-14 (Date)

Plan of correction implementation status as of 11-3-14 (Date)

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

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

RECEIVED
OCT 28 2014

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 8-25-14, resident #1 was prescribed ciprofloxin 500 mg 1 tablet by mouth every 12 hours for 3 days to treat a urinary tract infection. Staff first administered this medication to resident #1 on the morning of 8-26-14. Staff person B updated resident #1's August medication administration record (MAR) to include this medication on the morning of 8-29-14. When staff person B updated the record, he/she also initialed the MAR to indicate the medication was administered on the previous 2 days.

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 was given on those days.
All medications will be given on appropriate days and recorded on the day of arrival of medication. The Admin. will follow up on the recording of all new medications that day. That was corrected on 8-29-14

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

[Handwritten Signature]

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

J. Cole Admin

Date 10-28-14

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

The above plan of correction is approved as of 11-3-14
(Date)

Plan of correction implementation status as of 11-3-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

OCT 30 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a catheter and a history of urinary tract infections. These were not documented on the resident's assessment dated 10-22-13.

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 ~~support plans~~ ^{assessments} will include all changes as change occurs. That change is immediate

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current and newly completed resident assessments for accuracy, including any medical conditions. JAP 11-3-14

Resident #1 no longer resides in the home. JAP 11-3-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

J. Cole

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

J. Cole Admin

Date

10-28-14

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

The above plan of correction is approved as of

11-3-14
(Date)

Plan of correction implementation status as of

11-3-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JAP*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JAP
(Initials)

Violation Report: 43121 - 08/29/2014 - Marini, Michael
PCH Name: NEW LIFE PERSONAL CARE

NOV 3 2014

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1's resident record did not include the following items:

- A photograph
- The resident's primary language
- Documentation of health care services
- A personal inventory
- DMEs prior to 10-22-13
- Assessments prior to 10-22-13 *me: JSP 11-3-14*
- Support plans prior to 10-22-13 *me: JSP 11-3-14*
- A preadmission screening

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 keep a current photo log of all residents
The residents prior records will be kept at a closer location
to be made more accessible to regulator. with all of the items
that are required. The folders will be evaluated closer
and more often. As of 10-28-14*

Immediately: the administrator will review all current resident records and will ensure all items listed under regulation 2600.252 are in the record, including the current and previous 2 years' physician's examination reports, the preadmission screening, initial intake assessment, a photograph of the resident that is no more than 2 years old, and a personal inventory as voluntarily declared by the resident upon admission and voluntarily updated. JSP 11-3-14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *J. Cole*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *J. Cole Admin* Date *10-28-14*

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

The above plan of correction is approved as of 11-3-14
(Date)

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

Plan of correction implementation status as of 11-3-14
(Date)

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