



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: January 23, 2015

Mr. Michael J. Breslin, COO
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: NHS Lehigh Valley Center
515 Delaware Avenue
Bethlehem, Pennsylvania 18015
License #224010

Dear Mr. Breslin:

As a result of the Department of Human Services' licensing inspection on October 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 cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22401 - 10/08/2014 - Hummel, Jesse

PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on 6/23/14. The medical evaluation completed for resident #1 was completed on 4/20/14, more than 60 days prior to admission.

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.

Resident one had an appointment with her family doctor on 11/4/14 and an updated DME was completed. The medical evaluation for resident #1 is attachment A. Starting on 11/1/14, the Administrator will check all new or updated medical evaluations for listed attachments and ensure that the attachments are present. New admission DME will be checked by the administrator to ensure they have been seen by their physician within 30 days. All dates will be tracked on a spreadsheet to ensure compliance.

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

Michael Breslin
Michael J. Breslin

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

Special Assistant to the CEO

Date 11/6/14

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

The above plan of correction is approved as of 1-22-15
(Date)

Plan of correction implementation status as of 1-22-15
(Date)

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

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

Violation Report: 22401 - 10/08/2014 - Hummel, Jesse
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed on 4/20/14 for resident #1 does not include the resident's blood pressure or ability to self administer medications.

The medical evaluation completed on 6/11/14 for resident #2 does not indicate if the resident has any special health or dietary needs.

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.

Resident #1 had an appointment with her family doctor on 11/4/14 and an updated DME was completed to include blood pressure and the ability to self administers medications. The medical evaluation for resident #1. See attachment A.

Resident #2 's

DME was sent to the doctor to complete any special heath or dietary needs section. See attachment B.

Starting on 11/1/14, the administrator will check all new or updated medical evaluations for listed attachments and ensure that the attachments are present. The administrator will also check that all sections of the DME are completed according to regulation. New admission DME will be checked by the administrator to ensure they have been seen by their physician within 30 days.

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

Michael J. Breslin

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

Michael J. Breslin
 Special Assistant to the CEO

Date 11/6/14

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The above plan of correction was approved by <u>OP</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: 22401 - 10/08/2014 - Hummel, Jesse
 PCH Name: NHS LEHIGH VALLEY CENTER

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 preadmission screening form completed on 6/23/14 for resident #1 indicates the needs of the resident cannot be met by the services provided by the facility.

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 Preadmission Screening form was corrected at the time of inspection, to reflect, the PCH can support the needs of resident #1. See attachment C. Starting 11/1/14, when the administrator or designee is filling out the DME, they will check that all sections are filled out correctly and according to regulation. The assistant administrator of the home will double check the form for accuracy.

Corrections or updates to resident records will be initialed & dated on the day the correction or update is made. CP. 1-22-15.

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

Michael J. Breslin

Printed Name and Title of Legal Entity Representative
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Michael J. Breslin
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Violation Report: 22401 - 10/08/2014 - Hummel, Jesse
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 On 9/21/14 resident #1 became verbally aggressive with resident #2. Staff of the facility attempted to redirect resident #1, however resident #1 became increasingly agitated and aggressive. Resident #1 also continued to verbally threaten resident #2. Resident #1 then kicked resident #2 before staff were able to intervene. The facility did not update resident #1's assessment and support plan finalized on 7/8/14 to include this incident and change in personal care needs.

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.

This RASP has been corrected to include the incident that occurred on 9/21/14. The corrected RASP is attachment D. Starting 11/1/14, the facility administrator or designee will update residents RASP every time there is a change or incident that necessitates a change in the way the home supports each resident. This will be double checked by the assistant administrator.

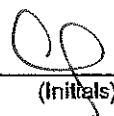
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Michael J. Breslin Special Assistant to the CEO	Date	11/6/14
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