



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2015

Ms. Staci Calabro, President
New Concepts Inc.
P.O. Box 245
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House
11430 State Route 44
Watsontown, Pennsylvania 17777
License #: 216960

Dear Ms. Calabro:

As a result of the Department of Human Services' licensing inspection on October 31, 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 December 13, 2014 to December 13, 2015 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 21696 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the local emergency management agency since 2007.

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 Administrator thought the requirement was only for changes to the plan. The plan was reviewed and submitted to the local emergency management agency. The Administrator will be responsible to review, update and submit the plan to appropriate agency annually to ensure future compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Steve Calvano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *STEVE CALVANO PRES* Date *11/24/14*

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

The above plan of correction is approved as of 12-16-14 (Date)

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

Plan of correction implementation status as of 12-16-14 (Date)

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

Violation Report: 21698 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant, or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #1 administer medications during the week while attending program. The DME dated 6/25/14 for Resident #1 notes resident can self administer medications with assistance in offering medications at prescribed times.

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 receives oversight with taking noon medications at day program. The order for Resident #1's medication is for three times daily. The administration times have been changed so that the medication administration for noon is not necessary. This change was conducted with dr's instructions. In the future, residents attending day program that require noon administration or otherwise ordered times when away from the home will be assessed and documented on DME for capabilities of medication administration assistance. The administrator will be responsible for this process. If the resident is not able to self-administer their medication, the home will follow up with the prescriber and/or the Day Program for possible alternatives. CP, 12-16-14

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

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The above plan of correction is approved as of 12-16-14
 (Date)

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

Plan of correction implementation status as of 12-16-14
 (Date)

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

Violation Report: 21696 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident #2's Tums and Bengay were unlocked and accessible in Resident #2's bedroom.

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 Administrator reviewed with Resident #2 the importance of all medications being stored properly. The medications were immediately removed from the area on day of inspection. Staff will conduct routine room checks and provide counseling reminders to residents of proper medication storage to ensure future compliance.

The ability to safely store medication independently will also be reviewed on a periodic basis as the home continues to oversee the resident's ability to self medicate - any pertinent observations or incidents will be shared with the prescribing doctor. EP 12-16-14

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) *Shirley A. ...* Date: *11/27/14*

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

The above plan of correction is approved as of 12-16-14
 (Date)

Plan of correction implementation status as of 12-16-14
 (Date)

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 (Initials)

- Fully implemented
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- Not Implemented

Violation Report: 21696 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.183(b) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 Resident #3's Humalog 100u pen was unlocked in the home's refrigerator in the kitchen.

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.

A staff review was conducted on the Medication Policy Procedures which includes proper storage of refrigerated medications. The Administrator will be responsible to conduct weekly and random audits of stored medications to ensure proper storage practices are being followed.

This weekly audit will include any staff retraining if necessary. Additional trainings shall be documented & retained by the home.

Q. 12-16-14

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)

DR. CAROL ANN PEEBLES

Date: *11/23/14*

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Violation Report: 21696 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name;
- (2) The name of the medication;
- (3) The date the prescription was issued;
- (4) The prescribed dosage and instructions for administration;
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3's Humalog 100u insulin pen did not have a pharmacy label attached.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

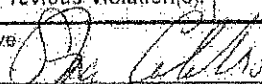
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The label on the Humalog pen for Resident #3 indicated the Resident's name and medication and Rx # and was located in the med cart in the section with Resident #3's name. The pharmacy supplied only one bag with a pharmacy label which was in the Insulin box in the refrigerator. Additional bags were ordered from the pharmacy and received on 11/13/14. The Administrator will conduct weekly audits of the Medication Cart to ensure medications have appropriate pharmacy labels to ensure future compliance.

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)

TINA CALABRO PRES

Date

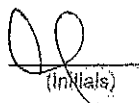
11/27/14

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Violation Report: 21696 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

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 #3's Metformin HCL 1,000 mg is not initialed as administered on 10/23/14 at 7am.

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.

*Upon interviewing staff and reviewing medication supply the Metformin was administered to Resident #3 at 7am 10/23/14. A staff review was conducted on medication Policy & procedure and the importance of initialing when administered. The Administrator will conduct MAR's audits weekly to ensure compliance.
 For repeated instances, the Adm. Designee will provide counseling / training & document same*

*ERS T-16
 12-16-14*

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) *Steve Galanos, Adm.* Date *12-16-14*

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Violation Report: 21696 - 10/31/2014 - Novak, Ryan
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3's PRN MAPAP and Mupirocin ointment was not on hand.

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 #3's MAPAP was ordered immediately and received that day. The Mupirocin ointment was available day of inspection but label stated daily and MAR stated PRN. A doctor's order and writing for PRN use of mupirocin was obtained and is in Resident's #2's MAR. A review was conducted with staff regarding inventorying and ordering PRN medications, as well as procedure for verifying orders when MARs and labels do not match. The administrator will be responsible for conducting weekly PRN audits to ensure availability and compliance.

Repeat Violation No. _____ Date(s) of Previous Violation(s): _____

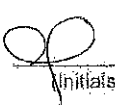
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Edna Cranan RN Date: 11/27/14

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