



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 09 2015

Ms. Traci J. Schultz, Administrator/Executive Director  
Wolf Run Village LLC  
3750 Route 220 Highway  
Hughesville, Pennsylvania 17737

RE: Wolf Run Village  
License #: 221490

Dear Ms. Schultz:

As a result of the Department of Human Services' licensing inspection on December 3, 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 March 21, 2015 to March 21, 2016 was issued on December 4, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 22149 - 12/03/2014 - Novak, Ryan  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION  
 The contracts for Resident #1, #2 & #3 did not have a fee schedule 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 Resident contracts did not have a list of the new transportation fees. Only the residents that used the transportation service had the transportation fees listed in the contract. All residents have signed copies of the new fee schedule including the transportation fees. These signed copies have been added to all resident charts. The new contracts now have the new fee schedules attached.

*Adm/Designee will review contracts/amendments at least annually to ensure ongoing compliance. Q. 2-18-15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Traci Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci Schultz - Administrator      Date 1/9/15

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

The above plan of correction is approved as of <u>2-18-15</u> (Date)	Plan of correction implementation status as of <u>2-18-15</u> (Date)
The above plan of correction was approved by <u><i>TS</i></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: 22149 - 12/03/2014 - Novak, Ryan  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 Staff person A was hired by the home on 7/28/14. The home did not obtain a PA criminal background check for the staff person until 9/18/14, more than 30- days after the staff person's date of hire. The staff person continued to work beyond the 30-da y provisional hiring period at which point the staff person should have either be suspended or terminated by the home.  
 Staff person B was hired by the home on 7/14/14. The home did not obtain a PA criminal background check for the staff person until 9/18/14, more than 30- days after the staff person's date of hire. The staff person continued to work beyond the 30-da y provisional hiring period at which point the staff person should have either be suspended or terminated by 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.

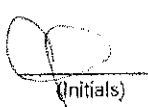
An audit of employee files was completed on 9/18/14. The background check certificates were not located and new background checks were completed.  
 Going forward, audits on new employee files will be completed within 30 days of hire by the Administrator.

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) Traci Schultz - Administrator	Date 1/9/14
---	----------------

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

The above plan of correction is approved as of <u>2-18-15</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>2-18-15</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
---	--

Violation Report: 22149 - 12/03/2014 - Novak, Ryan  
 PCH Name: WOLF RUN VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.64(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Staff person C is a direct care staff person who was hired on 8/15/11. The staff person completed online education through Victoryville High school. The school's website states the school is accredited through the "Board of Distance Learning." There is no evidence to suggest that Victoryville High School is authorized by the Pennsylvania Department of Education or Department of Education in another state.

**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 person C could not provide Wolf Run Village with a copy of her high school diploma in 2011. She was assigned to ancillary duties (housekeeping and dietary). She began taking on-line classes and graduated in February of 2014. She provided Wolf Run Village with a copy of her diploma and transcripts. In March of 2014, staff person C was trained for direct care. Staff person C was removed from the direct care schedule on the date of the inspection. Going forward, no direct care staff will be hired until a copy of a valid high school diploma is provided.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci Schultz - Administrator	Date 1/9/14
---	-------------

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

The above plan of correction is approved as of <u>2-18-15</u> (Date)	Plan of correction implementation status as of <u>2-18-15</u> (Date)
The above plan of correction was approved by <i>ES</i> (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: 22149 - 12/03/2014 - Novak, Ryan  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa. Code §2600  
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's bed had two (2) 2 and 1/2 feet siderails attached, to the resident's bed; the bedrails were not covered and pose a possible limb entrapment.

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 #2 is on hospice and received a hospital bed. The provider of the bed was informed that they were not to install bedrails. The Administrative staff was not aware that the bedrails had been installed. The bedrails were removed immediately and a proper assist bar was installed. Going forward, the Administrative staff will supervise/inspect all installations of hospital beds.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci Schultz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci Schultz - Administrator      Date 1/9/14

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

The above plan of correction is approved as of 2-18-15  
 (Date)

Plan of correction implementation status as of 2-18-15  
 (Date)

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

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

Violation Report: 22149 - 12/03/2014 - Novak, Ryan  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person D is the home's Train-the-Trainer and administers medication on average once a month and is therefore required to complete an Annual Practicum. Staff person D completed only 3 of 4 required MAR reviews and 1 of 2 required medication administration observations which were to be completed by 11/15/14, and is therefore not properly trained to administer medication.

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 person D has completed a re-training and is now up-to-date with her training.  
 Going forward the Administrator will verify that staff person D completes the Annual Practicum in a timely manner. (See Attached)

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci Schultz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci Schultz - Administrator

Date 1/9/14

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

The above plan of correction is approved as of 2-18-15  
 (Date)

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

Plan of correction implementation status as of 2-18-15  
 (Date)

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

Violation Report: 22149 - 12/03/2014 - Novak, Ryan  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION  
 Resident #4 is prescribed 1 tablet of Hydroxychlor 20mg to be administered twice daily. The pharmacy label for the medication incorrectly stated, "two tablets once a day."  
 Resident #5 is prescribed Lorazepam .5 mg to be administered daily at bedtime and every 6 hours as needed. The pharmacy label for the medication incorrectly stated, "to be administered every 6 hours as needed."

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.

Change of direction stickers were placed on the pharmacy labels at the time of inspection. These prescriptions were both from a backup pharmacy.

Going forward, the Supervisor will verify all medications coming in from the backup pharmacies have the correct label information.

*Adm/Designee will oversee random audits, at least monthly to insure ongoing compliance CP. 2-18-15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Traci Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci Schultz - Administrator Date 1/9/15

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

The above plan of correction is approved as of 2/8/15 (Date)

Plan of correction implementation status as of 2-18-15 (Date)

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

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