



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 16 2015

Ms. Staci Calabro, President  
New Concepts Inc.  
P.O. Box 167  
McEwensville, Pennsylvania 17772

RE: The Susquehanna House  
2400 Susquehanna Trail  
McEwensville, Pennsylvania 17749  
License #: 213120

Dear Ms. Calabro:

As a result of the Department of Human Services' licensing inspection on March 10, 2015 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 May 26, 2015 to May 26, 2016 was issued on April 30, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 21312 - 03/10/2015 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 The home did not report a physical altercation between residents # 1 and # 2 which occurred on 3/4/15 at approximately 7:15 p.m. Resident # 1 attempted to choke resident #2 by putting his/her hands around resident # 2's throat.

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 misinterpreted this regulation because it resulted in a 302 admission. An incident report, verbal and written, was made to Area Agency on Aging on that day, as well as to all designated contacts of both individuals. In addition an incident report was made to DHS on 3/10/15. This Administrator has reviewed Abuse Reporting and Incident Reporting Regulations and in the future will be responsible to report all required incidents accordingly. The Administrator is responsible for compliance.*

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) *SPICA CHLANDO PRES*      Date *3/29/15*

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

The above plan of correction is approved as of 4/20/15  
 (Date)

Plan of correction implementation status as of 4/20/15  
 (Date)

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

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

Violation Report: 21312 - 03/10/2015 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

Resident's records were found unlocked at 9:10AM. The staff office door was open and no staff was in or near the office at the time. Resident records were stored on an open shelf allowing access to unauthorized persons.

**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 regarding maintaining resident files in a confidential manner. Staff are required to report to Administrator when other staff do not follow this policy of keeping resident records secure. In addition the Administrator will conduct routine observation on staff maintaining compliance. The Administrator will assure compliance.*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/18/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Staci Calabro*

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

*Staci Calabro, PAs*

Date:

*5/22/15*

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

The above plan of correction is approved as of

*4/20/15*  
 (Date)

Plan of correction implementation status as of

*4/20/15*  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*m*

(Initials)

Violation Report: 21312 - 03/10/2015 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa. Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 The home's administrator staff person "A" completed 18 hours of the required 24 hour annual administrator training for the training year 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 Administrator will complete a six hour training on May 22, 2015 that is Department approved. To ensure future compliance and maintain correct amount of annual training hours the Administrator will complete and additional 6 hours of approved training in the 2015 training year.

- The 6 additional hours from (2015) shall be applied to the shortage from training year 2014.
- The administrator shall monitor and assure ongoing compliance.

(M)  
4/23/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacy Calabro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stacy Calabro, PCH*      Date *4/23/15*

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

The above plan of correction is approved as of <u>4/23/15</u> (Date)	Plan of correction implementation status as of <u>4/23/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 21312 - 03/10/2015 - O'Haire, Anne  
 PCH Name: THE SUSQUEHANNA 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 Lataoprost 0.005% eye drops were not dated when opened. The manufactures directions state to date when open and discard product after 28 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.

*A staff medications review was conducted regarding policy for proper dating/labeling of medications that have been opened and require such documentation. The Administrator will conduct weekly med cart audits and the Med Trainer will conduct daily audits to ensure future compliance.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Orna Calmes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ORNA CALMES APRN*      Date *3/22/15*

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 (Date)

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