



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 22 2015

Mr. Michael J. Breslin, Special Assistant to the CEO
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

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

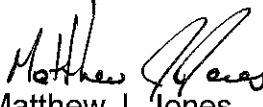
Dear Mr. Breslin:

As a result of the Department of Human Services' licensing inspection on April 2, 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 June 11, 2015 to June 11, 2016 was issued on March 31, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director _{/s/}

Enclosure
License Inspection Summary

Violation Report: 22401 - 04/02/2015 - Foulkas, Kimberli
PCH Name: NHS Lehigh Valley Center

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

The privacy coding documents for the incident inspection on 10/1/14 was posted with the licensing inspection summary in the home's foyer.

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 citation was corrected at the time of inspection on 4/2/15 by removing the privacy coding documents from the front foyer of home. In the future, the administrator will remove the privacy code page when posting the violation report. This will be checked by the Director of Adult Services when the Administrator is posting the report.

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

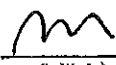
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rayci Brindley, V.P. of Operations* Date *4.23.15*

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

The above plan of correction is approved as of 5/14/15
(Date)

Plan of correction implementation status as of 5/14/15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 22401 - 04/02/2015 - Foulkes, Kimberli
 PCH Name: NHS Lehigh Valley Center

1. REGULATION 55 Pa.Code §2600

2600.54(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

Direct care staff person A hired 1-20-15, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Please see attached verification completed by Certiphi for staff person A, which verifies their GED (Attachment A). This was completed upon hire. Administrator has requested copy of GED in March 2015 from Easton Area High School online site however has not received this document yet. Typically these should be received within 60 days of request.

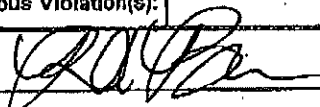
Moving forward, Certiphi verification of staff GED or HS diploma will be verified by Administrator within the first 30 days of employment.

Administrator will document on the new hire checklist that verification has been received and store in employee file located in Administrator's office. Administrator will monitor outstanding credentialing issues monthly until resolved.

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)

Rayni Brindley, V.P. of Operations

Date 4.23.15

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The above plan of correction was approved by


 (Initials)

Violation Report: 22401 - 04/02/2015 - Foulkes, Kimberli
PCH Name: NHS Lehigh Valley Center.

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

On 3/19/15, staff person B administered medications to residents. Staff person B is not a medical professional and has not completed the Department's medication administration training.

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 "B" will be re-trained on Medication Administration on April 29th and 30th, 2015. Documentation will be placed in staffing binder located in Administrator office and in Staff "B" training log.

Administrator will check all current Medication Administration logs by May 31, 2015 to ensure all staff are appropriately trained within the required timeframes. Administrator will have staff re-trained if necessary and keep documentation of trainings in staffing binder located in Administrator office.

Administrator will be trained as an additional observer to ensure timeliness of observations. Administrator will attend training on April 29th and 30th, 2015. Current Observer will be refreshed on regulations and processes by May 31, 2015. A sign in sheet will be kept in staffing binder located in Administrator office.

Administrator will check medication observation logs monthly and initial internal review sheet as verification to ensure staff have completed the proper Medication Administration training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Rayni Brindley, V.P. of Operations	4.23.15

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The above plan of correction is approved as of <u>5/14/15</u> (Date)	Plan of correction implementation status as of <u>5/14/15</u> (Date)
The above plan of correction was approved by <u>M</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 - 04/02/2015 - Foulkes, Kimbri
PCH Name: NHS Lehigh Valley Center

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Ventolin HFA 90 MCG Inhal 18 GM, inhale 2 puffs by mouth every 4 hours as needed. This medication, in the home's medication cart, expired March 2015.

The first aid kit in the home's white Ford passenger van contained Family Wellness Triple Antibiotic Ointment that expired.

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 citation was corrected at the time of inspection on 4/2/15 by discarding expired medication. New medication was ordered on 4/2/15 and was received in home on 4/3/2015. Expired medication process was discussed at the staff meeting on 4/9/15 (Attachment B). Moving forward, night shift will check expiration dates in the medication cart nightly and turn in the "Daily Medication Cart Assignment Sheet" to the administrator daily (Attachment C). Nursing staff will be informed of medications that are expiring 10 days prior to their expiration and will secure new medication.

This citation was corrected at the time of inspection on 4/2/14 by removing expired antibiotic cream from first aid kit and re-stocking with new cream. In the future all items in all house first aid kits will be inspected by PCH staff once monthly and all expired items will be removed and replaced with new items. The "First Aid Kit Checklist" is attached and will be kept in the administrators files for Administrator to verify monthly (Attachment D). All staff were re-trained on the attached sheet on 4/22/15 during staff meeting (Attachment E)

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) *Rayni Bridley, V.P. of Operations* Date *4.23.15*

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Plan of correction implementation status as of 5/14/15 (Date)

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Violation Report: 22401 - 04/02/2015 - Foulkes, Kimberr
PCH Name: NHS Lehigh Valley Center

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 #2's glucometer reading on 3/31/15 at 8pm was 172. The blood sugar log on the residents medication administration record states it was 163 on 3/31/15 at 8pm.

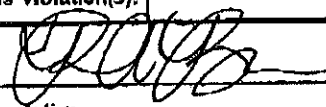
Resident #3's glucometer does not have a reading on 3/23/15. The blood sugar log on the residents medication administration record states, "120 house meter" on 3/23/15.

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.

Please see attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ruyi Brindley, V.P. of Operations	4.23.15

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cont

Regulation 55 Pa. Code 2600

There are no house meters or old back up meters in the house. All meters were removed on 4/2/15, if they were not designated and prescribed to a specific resident. Resident meters are kept in the locked medication room.

All staff were trained on 4/9/15 on how to correctly record when completing a glucose reading. Meeting agenda and sign in attached (Attachment B).


Nursing staff is in process of re-calibrating each meter so that the date and time reflects actual day, year and current time. This will be fully completed by April 30, 2015.

Four (4) additional "back up meters" were purchased for the residents who did not have a 2nd meter. They were delivered to home on 4/15/15. The meters will be used in an emergency and are assigned to an individual person for back up if needed. Each resident has a "back up" meter for emergency with their name placed on the meter.

Tracking sheet has been developed for staff use daily (Attachment F). Tracking sheets will be kept in administrator binder located in Administrator office. Lead nurse will complete monthly audits of blood sugar meters and compare to the attached tracking sheet. If there are any discrepancies, lead nurse will discuss with Program Administrator for follow up.

M
5/14/15

Printed Name and Title of Legal Entity Representative Rayni Brindley, V.P. of Operations

Signature of Legal Entity Representative 

Date 4-23-15