



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

Mr. Jeff Jablon, Administrator
Hollidaysburg Veterans Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648


RE: Hollidaysburg Veterans Home
License #: 343600

Dear Mr. Jablon:

As a result of the Department of Human Services' annual licensing inspections on September 29, 2015 and September 30, 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.

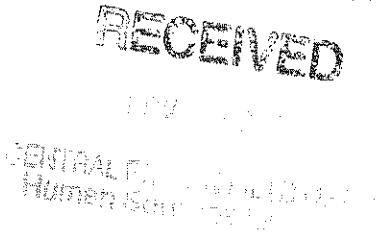
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|---|---|------------------------|
| PCH Name: HOLLIDAYSBURG VETERANS HOME | | License Number: 348750 |
| Address: PO BOX 319, HOLLIDAYSBURG, PA 16648 | | County: Blair |
| Administrator: Jeff Jablon | | Region: CENTRAL |
| Legal Entity Name: HOLLIDAYSBURG VETERANS HOME | | |
| Legal Entity Address: PO BOX 319, HOLLIDAYSBURG, PA 16648 | | |
| Certificate(s) of Occupancy | | |
| C-1 11/04/1954 L&I | | |
| Staffing Hours | | |
| Resident Support: 134 | Total Daily Staff: 268 | Waking Staff: 201 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 09/29/2015: Springs, Israel; Hoover, Douglas | | |
| 09/30/2015: Springs, Israel; Hoover, Douglas | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
|  | | |
| Other Details | | |
| Partial or Full Triggers: | Random Indicators: | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 167 Number of Residents Served: 134 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88 Have Mental Illness: 29 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

Violation Report: 34360 - 09/29/2015 - Springs, Israel
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff Person A, hired [redacted]/15, did not receive the required training in "Reporting of Reportable Incidents and Conditions" within 40 scheduled working hours.

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 check system worksheet will be followed by our training instructors at HVH to assure all mandatory training is provided to all new hires as indicated by the Regulations.

Please See Attachment # 1

* Training sheet was put into use as of October 1, 2015.

| | | | |
|----------------------|-----------------------------------|--|--|
| 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) Jeff Jablon - Administrator

Date 11-16-15

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

The above plan of correction is approved as of 11/24/15
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 11/24/15
 (Date)

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

Violation Report: 34360 - 09/29/2015 - Springs, Israel
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The basin in the Personal Care Resident shared bathroom on first floor had a water temp of 130 degrees.

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 maintenance department of the Hollidaysburg Veterans' Home will add a mechanical water mixing valve to the current system to regulate temperatures on the first floor. The change will be completed immediately upon arrival of the new valve. Water temperatures will be taken by maintenance department to ensure adequate water temperatures are maintained.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

| | |
|---|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeff Jablon - Administrator | Date 11-16-15 |
|---|---------------|

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

The above plan of correction is approved as of 11/24/15
 (Date)

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

Plan of correction implementation status as of 11/24/15
 (Date)

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