



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2016

Mr. Randy Sheaffer, Executive Director
Valley View Haven
4702 East Main Street – The Terrace
Belleville, Pennsylvania 17004

RE: Valley View Haven
License #: 335520

Dear Mr. Sheaffer:

As a result of the Department of Human Services' annual licensing inspections on October 1, 2015 and October 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.

Sincerely,

Matthew J. Jones
Director

MSH

Enclosure
License Inspection Summary

Violation Report: 33552 - 10/01/2015 - Hoover, Douglas
PCH Name: VALLEY VIEW HAVEN THE TERRACE

1. REGULATION 58 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The initial direct care staff person training was not completed for the following direct care staff persons before the staff provided unsupervised ADL services:

- Direct care staff person A, hired on [redacted] /15
- Direct care staff person B, hired on [redacted] /15
- Direct care staff person C, hired on [redacted] /15
- Direct care staff person D, hired on [redacted] 14

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 indirect care Staff Training will get completed with each new hire using this new form. Each new hire will sign and date the attached form. Administrator or designee will monitor. -2

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Randy Shaffer</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Randy Shaffer CEO</i>			Date <i>11/12/15</i>

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

The above plan of correction is approved as of 1-16-16
(Date)

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

Plan of correction implementation status as of 1-11-16
(Date)

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

Violation Report: 93652 - 10/01/2015 - Hoover, Douglas
PCH Name: VALLEY VIEW HAVEN THE TERRACE

1. REGULATION 55 Pa. Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted during November of 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.

Director of Supportive Care Services
[Redacted] will check to see that a fire drill is completed by the 15th of each month (January - December). If a drill is not completed, I will contact [Redacted], Director of Environmental Services. If a drill is still not completed by the 20th, I will contact [Redacted] Executive Director.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Randy Sheffer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Randy Sheffer CEO* Date *11/12/15*

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The above plan of correction is approved as of 1-11-16
(Date)

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

Plan of correction implementation status as of 1-11-16
(Date)

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Violation Report: 33552 - 10/01/2015 - Hoover, Douglas PCH Name: VALLEY VIEW HAVEN THE TERRACE	
1. REGULATION 85 Pa.Code §2600 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	
2a. DESCRIPTION OF VIOLATION The fire safety expert, in a letter dated 1/15/15, specified a safe evacuation time of 4 minutes and 22 seconds. The following monthly fire drills exceeded the safe evacuation time: 1/15/15 at 4:50 pm - 5 minutes and 32 seconds 2/14/15 at 4:45 pm - 5 minutes and 2 seconds 3/23/15 at 2:12 pm - 5 minutes and 7 seconds 4/17/15 at 5:15 am - 5 minutes and 9 seconds 7/9/15 at 5:30 am - 6 minutes 9/18/15 at 1:15 pm - 5 minutes and 5 seconds 9/25/15 at 6:39 pm - 5 minutes and 2 seconds	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> 2600.132d A fire evacuation time / fire safe area designation was determined on November 11, 2015. A fire alarm sounded at 5:58 pm and all residents were evacuated to fire safe areas, see attached sheets. Another alarm was sounded at 6:00 am on November 12, 2015 for evacuation, see attached sheet At 1:33 pm an alarm was sounded for resident evacuation on November 12, 2015 With our increased time for a safe evacuation of 7 minutes 43 seconds, this will not be a future issue as our average evacuation time is less than 6 minutes.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Randy Sheaffer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RANDY SHEAFFER CEO</i>	Date <i>11/12/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-11-16</u> (Date)	Plan of correction implementation status as of <u>1-11-16</u> (Date)
The above plan of correction was approved by <u>RS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33552 - 10/01/2015 - Hoover, Douglas
PCH Name: VALLEY VIEW HAVEN THE TERRACE

1. REGULATION 58 Pa. Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 did not receive Verapamil HCL, 180 mg. on 10/1/15 and 10/2/15 because the home did not have the medication 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 # 2 did not receive Verapamil HCL on 10/1-10/2

Plan of correction:

- Team leaders to be reviewed on monitoring mail order medications. When a mail order medication gets low they will make the appropriate person aware so more can be ordered to ensure following prescriber directions
- When it is noted that a mail order medication will run out appropriate measures will be followed;
 1. Doctor's office will be notified to issue a script for 30 days to local pharmacy to be filled until mail order medication is delivered
 2. Staff to be informed medication will come from local pharmacy
 3. Resident to be informed that they we will be purchasing medication at local pharmacy
 4. If resident is not in agreement with this, medication will still be filled in order to be in compliance with direction of prescriber
 5. If billing for medication purchased at local pharmacy is unacceptable to resident or family member as per state inspector, facility will be responsible for paying

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

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(Required on EVERY Page) *Randy Sheffer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Randy Sheffer, CEO*

Date *11/12/15*

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(Date)

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(Initials)

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(Date)

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Violation Report: 33552 - 10/01/2015 - Hoover, Douglas
 PCH Name: VALLEY VIEW HAVEN THE TERRACE

1. REGULATION 65 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #3, admitted on [REDACTED] 15, was not completed until 6/17/15.

The assessment for Resident #4, admitted on [REDACTED] 14, was not completed until 7/8/14.

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 admitted on [REDACTED] 15, RASP not completed until 6/17/15

Resident #2 admitted on [REDACTED] 2014 RASP, not completed until 7/8/2014

Plan of correction:

If a resident is hospitalized shortly after admission in order to keep in compliance with assessment and support plan within appropriate time frame, all attempts to complete this will be done.

1. Initial assessment to be done within a 15 day period after admission
2. If resident is hospitalized after admission to our facility, Support Plan Coordinator to visit and assess in order to be in compliance [REDACTED] and complete assessment at that time
3. Support Plan Coordinator to be mindful of dates and ensure assessment to be completed in proper time frame as per above and yearly with a 15 day grace period

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Randy Sheffer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *RANDY SHEFFER CEO* Date *11/12/15*

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

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