



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Ms. Staci Calabro, President
New Concepts Inc.
P.O. Box 245
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House
11430 State Route 44
Watsontown, Pennsylvania 17777
License #: 216960

Dear Ms. Calabro:

As a result of the Department of Human Services' annual licensing inspection on October 21, 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,

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

Matthew J. Jones
Director ^{1/16}

Enclosure
License Inspection Summary

Violation Report: 21696 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 56 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

Direct care staff person A was hired on [redacted] 15 and began providing unsupervised care to residents on 9/16/15. The facility did not complete a Pennsylvania State Police Criminal History Background Check for staff person A until 9/23/15.

Direct care staff person B was hired on [redacted] 15 and began providing unsupervised care to residents on 4/29/16. The facility did not complete a Pennsylvania State Police Criminal History Background Check for staff person B until 5/19/15.

The facility allowed staff person A and B to work unsupervised, providing direct care to residents, prior to having a completed background check to ensure these staff were not convicted of a prohibitive offense that would make them ineligible to work within a person care home under the Older Adult Protective Services Act.

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.

Both Staff person A and B worked their shifts under the supervision of trained, certified staff. Staff person A and B were both certified for Direct Care. In the future, the Administrator will document in the staff persons file when they are eligible to work unsupervised and the plan for supervision until they achieve eligibility. The Administrator will review employee files prior to receipt of the criminal background check to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	<i>4/13/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE			
The above plan of correction is approved as of <i>12-21-15</i> (Date)		Plan of correction implementation status as of <i>12/29/15</i> (Date)	
<i>[Signature]</i> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 21686 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 59 Pa. Code §2600
 2600.54(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Administrator C completed only 18 of the required 24 Hours of Administrator training for the 2014 Training Year.

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 has already completed an additional six hour training which was approved to be applied to the shortage from training year 2014. The Administrator will complete the required 24 hours of annual training for 2015 as well. The Administrator will monitor training hours to assure ongoing compliance.

The Adm will submit to the NERO all 6 hours of training done in 2015 for 2014 - with signature of adm, date of sig and notation "For 2014 Training Year". This will be retained by the NERO. CP. 12-21-15

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) *SOCI CALKINS PCH* Date *11/13/15*

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The above plan of correction is approved as of <u>12/15/15</u> (Date)	Plan of correction implementation status as of <u>12/29/15</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 <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21696 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Department Representatives completed an audit of the facility's medication cart. A glucometer labeled "House" was observed in the medication cart. It was determined through staff interviews that the glucometer has been used to test resident blood glucose levels, however it was unable to be determined which resident or residents this was used on. A reading was completed on 3/19/15 - 179. The following blood glucose readings were also noted however the meter did not indicate a date and or a time the reading was taken: 80, 163, 164, 113, 127, and 173.

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.

At the time of inspection only one resident required blood glucose readings and her own personal glucometer was used for this purpose. The house glucometer was disposed of. A staff review was conducted regarding glucometers and proper compliance for use of the equipment. All future residents requiring blood glucose testing will have their own personal glucometer and testing supplies. There is no house glucometer. The Administrator will conduct weekly med cart audits and MARs audits and blood glucose charts/updates to ensure future 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) *JACI CARRO, PRES* Date *11/13/15*

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The above plan of correction is approved as of *12-24-15* (Date)

Plan of correction implementation status as of *12/29/15* (Date)

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

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

Violation Report: 21696 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2501
 2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION
 The facility is not connected to a public water system. The facility most recently had their water tested by a Department of Environmental Protection certified laboratory on 9/30/15. The facility's water was previously tested on 4/20/15. The facility is required to have the water tested every three months.

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 facility is scheduled to be tested on a quarterly basis. The certified lab inadvertently missed a scheduled test. This Administrator requested the list of scheduled quarterly testing dates for the upcoming 12 month time period. The dates were added to the Administrator's calendar, allowing time to notify the lab of required testing, if they aren't conducted by the designated time period. The Administrator is responsible of oversight of the required testing.

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) *OSCAR ACANOVIS KEEL* Date: *11/13/15*

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The above plan of correction is approved as of *12/11/15* (Date) Plan of correction implementation status as of *12/29/15* (Date)

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

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

Violation Report: 21696 - 10/21/2015 - Hummel, Jesse
PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2500
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the window in resident #1's bedroom as well as the window in the kitchen. The windows were open, however screens were not in place to prevent the penetration of rodents and or insects into the facility.

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.

On the day of inspection, the screens were purchased and replaced. Staff review was conducted to utilize Resident Room Checklist to ensure all requirements are in place for equipment in resident rooms. Checking for screens was added to home keeping check off list to ensure any open windows in the home have screens before opening in order to prevent penetration of unwanted insects or rodents. Staff will complete daily room checks and the Administrator will conduct weekly walk throughs and audit staff check off lists to ensure future compliance.

Check lists will be documented regarding the dates conducted, staff member sig/initials performing the check, as well as any findings that require action by the home. These documents will be retained by the home. *CP* 1-6-16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mr. Allen</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SMC CALWORKS APES</i>		Date: <i>11/13/15</i>

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21696 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2500
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The facility's first aid kit located in the medication room does not contain tweezers.

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.
On the day of inspection a pair of tweezers were placed in the first aid kit. Staff review was conducted to utilize the list of required items, which is posted on the kit, and to replace items when used. To ensure future compliance the Administrator will conduct weekly audits of the first aid kit.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SHIRLEY PHILLIPS RN* Date *11/13/15*

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The above plan of correction is approved as of <u>12-21-15</u> (Date)	Plan of correction implementation status as of <u>12/29/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21896 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2500
 2500.101(i)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a: DESCRIPTION OF VIOLATION
 Department Representatives observed the beds of resident #3 and Resident #4. The beds did not contain bed linens.

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.

On the day of inspection the linens were being laundered, resident #3 was not at home for the day and resident #4, as well as all residents have access to the linen supplies, the beds were made with clean linens on this day. Staff review was conducted so that they are informed that resident beds should have linens while other bedding is being laundered, this was added to the laundry check off list. Administrator will conduct daily walk through of resident rooms to ensure future compliance.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *STACY CALANCA RN* Date *11/13/15*

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RN</i>
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 21606 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600.
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the window next to the bed of resident #2. The window does not have any type of covering to provide privacy to the resident.

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.

On the day of inspection the curtain rod had come loose and fallen down, the rod was replaced and the curtain in its appropriate place over the window. Staff review was conducted to update the Resident Room checklist to ensure all requirements are met, any necessary repairs/replacements should be reported to management in order to replace/repair equipment. The Administrator will conduct daily walk throughs of resident rooms to ensure future 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) *SPICY CALABRO, PPS* Date *11/13/15*

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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 <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21096 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the first aid kit located in the facility's vehicle that is utilized to transport residents. The first aid kit does not contain a CPR breathing shield or a thermometer.

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.

On the day of inspection a CPR breathing shield and thermometer were placed in the first aid kit. A staff review was conducted reminding to utilize the list of required items, which is posted, and to replace items as necessary. To ensure future compliance the Administrator will conduct weekly audits of the first aid kits.


Weekly audits of the home's vehicle will be documented. The date, name or initials of person conducting the audit - and notations of any findings that require actions will be noted. The home will retain these audit sheets. CP. 1-6-16

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): *Jesse Calmro Ares* Date: *11/23/15*

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The above plan of correction is approved as of <u>12/21/15</u> (Date)  (Initials)	Plan of correction implementation status as of <u>12/29/15</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

Violation Report: 21695 - 10/21/2015 - Hummel, Jesse
 PCH Name: WARRIOR RUN HERITAGE HOUSE

3. 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
 Department Representatives observed the Medication Administration Record (MAR) for resident #5. The MAR does not contain a diagnosis or purpose for the following prescribed medications: Augmentin 875mg and Sulfamethoxazole TMP.

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 diagnosis was added to the MAR for medications listed for Resident #5. A staff review was conducted regarding the importance of documenting all required components on mar, including a diagnosis. The Administrator is responsible to conduct weekly audits of the MAR to assure future compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>JAC CALDERO PRES</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JAC CALDERO PRES</i>			Date <i>11/13/15</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>RN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented