



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 4, 2016

Ms. Staci Calabro, President  
New Concepts Inc.  
PO 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' licensing inspection on December 29, 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 cursive script that reads "Anne Graziano".

Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21696 - 12/29/2015 - Novak, Ryan  
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed to have the resident's blood glucose level tested 3 times weekly; on Monday, Wednesday, and Friday. The resident's blood glucose level was not tested on the following dates: 12/7/15, 12/11/15, 12/21/15, and 12/25/15.

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.

A staff review was conducted for the protocol regarding blood glucose testing and adhering to testing orders. The Administrator will be responsible to conduct weekly blood glucometer and b.g. chart audits to ensure future compliance. Staff review included policy and procedure for checking and rechecking MAR's for Medication Administration and all treatment plans including blood glucose monitoring (even when resident is not insulin dependent) and the importance of sharing this information with medical providers in providing care to residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *STACI CARABELLO PRES* Date *4/2/16*

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

The above plan of correction is approved as of 4-2-16  
 (Date)

Plan of correction implementation status as of 4-2-16  
 (Date)

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

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