



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 07 2016

Mr. James Cole, Administrator
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care Home
License #: 431210

Dear Mr. Cole:

As a result of the Department of Human Services' annual licensing inspection on April 29, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NEW LIFE PERSONAL CARE		License Number: 43121
Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: James Cole		Region: WEST
Legal Entity Name: NEW LIFE PERSONAL CARE HOME INC		RECEIVED
Legal Entity Address: 2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132		SEP 06 2016
Certificate(s) of Occupancy I-1 06/02/2000 McKeesport Zoning Administr		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/29/2016: Knee, Donald; Hultquist, Cliff		
Off-Site Inspection Dates and Inspectors, if Applicable 08/22/2016: Knee, Donald		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 17 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: 17 Are 60 Years of Age or Older: 4 Have Mental Illness: 11 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 1	

SEP 06 2016

Violation Report: 43121 - 04/29/2016 - Knee, Donald
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

At approximately 9:20 a.m., there were no paper towels, mechanical air blower, or other sanitary method of hand drying in the downstairs common bathroom.

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 paper towel rack was installed on 4-30-16
The paper towel rack will be checked every
(8) eight hours to make sure towels will be
available in the bathrooms. By appropriate staff
on duty before leaving shift.

Paper towels were placed in the bathroom at the time of inspection.

9/28/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/29/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Cole Date 9/5/16

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

The above plan of correction is approved as of 9-28-16
(Date)

Plan of correction implementation status as of 9-28-16
(Date)

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

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

Violation Report: 43121 - 04/29/2016 - Knee, Donald
PCH Name: NEW LIFE PERSONAL CARE
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
At approximately 9:27 a.m., the water temperature at the sink in the upstairs common bathroom measured 139.7°F.
At approximately 9:31 a.m., the water temperature at the sink in the downstairs common bathroom measured 141.9°F.

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 water temperature will be checked and adjusted if needed daily. To assure the appropriate temperature of 120°F, the water temperature will be monitored by night time staff. This was corrected and implemented on 4-29-16

Hot water tank temperature setting was turned down at the time of inspection
at 4:14

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) James Cole
Date 9/5/16

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The above plan of correction is approved as of 9-28-16
(Date)

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

Plan of correction implementation status as of 9-28-16
(Date)

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

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1 does not have a source of light that can be turned on/off from bedside.

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 bedroom light was installed on 5/4/16 at the head of bed. Appropriate lighting will be provided and maintained at bed side; by appropriate maintenance staff

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
James Cole			9/5/16

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The above plan of correction is approved as of 9-28-16
(Date)

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

Plan of correction implementation status as of 9-28-16
(Date)

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

Violation Report: 43121 - 04/29/2016 - Knee, Donald
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 8/10/16, does not include the following information:

- *Height, Weight, Pulse Rate
- *Body Positioning/Movement
- *Health Status
- *Immunization History
- *Allergies
- *Ability to Self-Administer Medications

Resident #4's medical evaluation, dated 5/1/15, does not include the following information:

- *Temperature
- *Special Health or Dietary Needs
- *Immunization History
- *Medications
- *Ability to Self-Administer Medications
- *Body Positioning/Movement
- *Health Status

Resident #5's medical evaluation, dated 5/11/15, does not include the following information:

- *Medical Diagnoses
- *Ability to Self-Administer Medications
- *Mobility Needs Assessment

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 medical evaluations will include all items completed by the physician before leaving MD's office - 2/29/16

Resident #2 had a medical evaluation completed in its entirety on 9/6/16.
Resident #4 has a medical evaluation completed in its entirety on 6/20/16.
Resident #5 no longer resides in the home.

Within 15 days of receipt of the plan of correction: The administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed timely and in its entirety to include height, weight, pulse rate, blood pressure, health status and the ability to self-administer medications. The medical evaluation shall be maintained in each resident's record. Any missing contents required under regulation 2600.141(a)(2) will be immediately returned to the physician for completion.

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) Date

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(Date)

Plan of correction implementation status as of 9-28-16
(Date)

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

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

SEP 06 2016

Violation Report: 45121 - 04/29/2016 - Knee, Donald
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's menu for the week of 5/1/16 - 5/7/16 was not posted.

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.

All meal menus will be posted and alternated weekly by kitchen staff. This was corrected 4-29-16

Immediately: A designated staff person will check the home weekly to ensure the current week's menu and the following week's menu are posted in a conspicuous and public place in the home. ~~so above~~

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) Date 9/5/16

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The above plan of correction is approved as of 9-28-16
(Date)

Plan of correction implementation status as of 9-28-16
(Date)

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

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

1. REGULATION 55 Pa. Code §2800
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Resident #5 has not been educated to the resident's right to question or refuse a medication if the resident believes there may be a medication error.

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 which the steps will be completed.

[redacted] and all of the residents were aware of the ability to refuse medication. [redacted] is well aware of it. [redacted] has been in 4 PCH's before coming to this one. [redacted] is no longer with us. [redacted] was continuously lighting and trying to burn candles in [redacted] room and then leave the facility. This item was discussed at steering of contract Residents rights on 4-29-16

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)

Date 9/5/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9-29-16
(Date)

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

Plan of correction implementation status as of 9-28-16
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress SW
 Partially Implemented - Inadequate Progress
 Not Implemented

Admission Report: 43121 - 04/29/2016 - Kneo, Donald
 FCH Name: NEW LIFE PERSONAL CARE

1. REGULATION 56 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

Resident #3 was admitted on [redacted] 15; however, an initial assessment was not completed until [redacted] 15.

Resident #4's initial assessment, dated [redacted] 15 is incomplete. The following areas under Behavioral or Cognitive Needs are blank:

*Orientation to time, place, and person

*Irregularity

*Judgment

*Agitation

*Aggression

*Hallucinations

*Communication of needs

*Understanding instructions

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.

All initial assessments will be completed within 10 days of admission. This was implemented on 4-29-16. The Admin will be scheduling and verifying appts so this will not re-occur.

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)			Date
James Cole			9/5/16

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

The above plan of correction is approved as of <u>9-28-16</u> (Date)	Plan of correction implementation status as of <u>9-28-16</u> (Date)
The above plan of correction was approved by <u>SWO</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWO</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

SEP 06 2016

Violation Report: 43121 - 04/29/2016 - Knee, Donald
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 5/19/15, does not include diagnoses of Diabetes Mellitus, Anemia, Hyperlipidemia, and Hypertension, as indicated on the medical evaluation, dated 5/19/15.

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.

When w/ Dr apt. The appropriate staff will review the mts/dmc for diagnoses being correct before leaving. This was implemented on 4-29-16. The mts/dmc's will be reviewed a second time by Admin.

Resident #1's assessment was updated to include missing diagnoses cited above.

4/29/16

Immediately: The administrator or designated staff person will review all resident records to ensure a current and accurate assessment is completed for each resident and is in the resident's record.

Within 15 days of receipt of the plan of correction: The administrator will develop and implement a tracking system to ensure each resident has an accurate assessment, completed in its entirety, at least annually.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/29/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

James Cole

Date

9/5/16

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(Date)

Plan of correction implementation status as of 9-28-16
(Date)

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

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

1. REGULATION 65 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #1's support plan, dated 6/10/15, does not include a signature page.

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.

All support plans will be signed and dated.
The support plan will be reviewed after completion
to sure up that the support plan is complete.
This was completed on 4/29/16

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)		Date
James Cole		9/5/16

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The above plan of correction is approved as of 9-28-16
(Date)

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

Plan of correction implementation status as of 9-28-16
(Date)

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

Violation Report: 43121 - 04/29/2016 - Knee, Donald
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Residents #1, #2, #3, #4, #5 and #6 records did not include a photograph.

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.

All residents photographs will be included in the residents file - with other appropriate paper work, completed 8/29/16

Immediately: The administrator or designated staff person will review all resident records to ensure a photograph no greater than two years old is in the resident's record. Documentation of review shall be kept.

Within 30 days of receipt of the plan of correction - The administrator will develop and implement a policy and procedures to ensure each resident record has the required contents in accordance with regulation 2600.252 to include a photograph of the resident that is no greater than two years old.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/29/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *J. Cole*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Cole Date 9/5/16

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(Date)

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

Plan of correction implementation status as of 9-28-16
(Date)

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