



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Ms. Laura R. Roy, Executive Director
Passavant Retirement and Health Center
105 Burgess Drive
Zelienople, Pennsylvania 16063

RE: Passavant Retirement & Health Center – Newhaven Court
100 Burgess Drive
Zelienople, Pennsylvania 16063
License #: 424060

Dear Ms. Roy:

As a result of the Department of Human Services' annual licensing inspections on May 10, 2016 and May 11, 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: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT		License Number: 42406
Address: 100 BURGESS DRIVE, ZELIENOPLE, PA 16063		County: Butler
Administrator: Debra Johnston <i>Christina A. Macedonia</i>		Region: WEST
Legal Entity Name: PASSAVANT RETIREMENT AND HEALTH CENTER		
Legal Entity Address: 105 BURGESS DRIVE, ZELIENOPLE, PA 16063		
Certificate(s) of Occupancy C-2 LP 02/16/1993 PA L&I		RECEIVED AUG 28 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 94	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2016: Knee, Donald; Cutler, Jan; Eveges, Joseph 05/11/2016: Knee, Donald; Cutler, Jan; Eveges, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable 05/12/2016: Knee, Donald		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 164	Number of Residents who:	
Number of Residents Served: 91	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 91	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 2		

Violation Report: 42406 - 05/10/2016 - Knee, Donald
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 5/1/16, the home served 91 residents; however, from 11:00 p.m. – 7:00 a.m. on this date only one staff person trained in first aid and certified in obstructed airway techniques and CPR was present in the home.

On 5/2/16, the home served 91 residents; however, from 11:00 p.m. – 7:00 a.m. on this date only one staff person trained in first aid and certified in obstructed airway techniques and CPR was present in the home.

On 5/7/16, the home served 91 residents; however, from 11:00 p.m. – 7:00 a.m. on this date only one staff person trained in first aid and certified in obstructed airway techniques and CPR was present in the home.

On 5/12/16, the home served 91 residents; however, from 11:00 p.m. – 7:00 a.m. on this date only one staff person trained in first aid and certified in obstructed airway techniques and CPR was present in the home.

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.

It is the policy of Lushuan Senior Life Passavant Community to train all direct care staff in CPR. On the above mentioned dates one staff member who was working had an expired CPR certification.

CPR is scheduled for August 30th with our in-house trainer [redacted]. A tracking spreadsheet has been set up to show when each staff member is due to renew CPR.

The Administrator or designee will maintain the tracking spreadsheet to ensure all direct care staff are scheduled timely into a CPR class.

Immediately: The administrator or designated staff person will review schedules weekly to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is in the home at all times there is at least one resident in the home, to ensure residents receive life-saving services in an emergency. ✓ 4/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia, Administrator* Date *8.25.16*

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

The above plan of correction is approved as of 8-30-16 (Date)

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

Plan of correction implementation status as of 8-30-16 (Date)

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

Violation Report: 42406 - 05/10/2016 - Knee, Donald
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive annual training in the required topics during the 2015 training year:
*Meeting resident needs as described in the preadmission screening form, assessment tool, medical evaluation, and support plan

Direct care staff person B, did not receive annual training in the required topics during the 2015 training year:
*Medication self-administration.
*Meeting resident needs as described in the preadmission screening form, assessment tool, medical evaluation, and support plan
*Care for residents with mental illness or intellectual disability.

The home currently serves residents with intellectual disabilities.

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. * Please see page 3A of 4 for Plan of Corrections vs. violation

Lutheran Senior Life Passavant Community has a formal training program in place to meet the regulation requirements of 2600.65(f). Staff person (A) and staff person (B) are casual direct care staff. Staff person (A) will be trained on 2600.65(f)(2) on her next scheduled day - tentatively 9.2.16. Staff person (B) will be trained on 2600.65(f)(1), (2) and (7) on her next scheduled day - to be determined as she is away at school. All staff are required to complete the 2600.65(f) trainings annually in the months assigned to them. Staff who have not completed the required trainings will be removed from the schedule.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/01/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia* Date *8.25.16*

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The above plan of correction is approved as of <u>8-30-16</u> (Date)	Plan of correction implementation status as of <u>8-30-16</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Sup</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

until such trainings are completed. Administrator or designee will monitor on-line tracking of all staff for compliance monthly.

Within 15 days of receipt of the plan of correction: The administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65(f) during the 2015 training year or thus far in the 2016 training year to ensure all direct care staff receive the necessary training to successfully provide essential resident care services. Any staff person identified through this review process that has not received annual training in the above topics will immediately receive training not completed. Documentation of this review shall be kept. *8/25/14*

As part of the 2016 quality management review process: The administrator will review the 2016 annual staff training plan to ensure all staff persons receive at least 12 hours of annual training which includes training in the required topics specified under 2600.65(f) and 2600.65(g) to successfully provide essential resident care services. Documentation of the review shall be kept. *8/25/14*

Susie Pollock (snp)
Susie Pollock
Regional Licensing Approval of Plan of Correction.

Christine A. Maerdomia
Christine A. Maerdomia, Administrator

8.25.14

Violation Report: 42406 - 05/10/2016 - Knee, Donald
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and B did not receive annual training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during 2015 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.

All staff are required to attend annual fire safety training. Staff member (A) and staff member (B) will attend fire safety training prior to being scheduled to work again. Training is being set up for the week of August 29th. Administrator or designee is responsible for maintaining sign in sheets from fire safety training and ensuring all staff have attended. Staff who are not trained will be removed from the schedule until they attend training.

Within 15 days of receipt of the plan of correction: The administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65(f) during the 2015 training year or thus far in the 2016 training year to ensure all direct care staff receive the necessary training to successfully provide essential resident care services. Any staff person identified through this review process that has not received annual training in the above topics will immediately receive training not completed. *8/25/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christine A. Macedonia</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christine A. Macedonia</i>	<i>8.25.16</i>

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The above plan of correction is approved as of 8-30-16
(Date)

Plan of correction implementation status as of 8-30-16
(Date)

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

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

AUG 28 2016

Violation Report: 42406 - 05/10/2016 - Knee, Donald
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 5/10/16, there was no thermometer in the activity room refrigerator/freezer.

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 thermometer was placed in the activity room refrigerator/freezer on the day of the inspection (5/10/16). The Community Life Managers will conduct a daily monitor of the refrigerator/freezer temperatures for the next three months (see attached monitor) to ensure both the temperature is within regulation guide lines and that the thermometers remain in the refrigerator and freezer.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine A. Macedonia

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

Christine A. Macedonia

Date

8.25.16

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8-30-16
(Date)

Plan of correction implementation status as of

8-30-16
(Date)

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

The above plan of correction was approved by

SNP
(Initials)

AUG 28 2016

Violation Report: 42406 - 05/10/2016 - Knee, Donald
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST REGION FIELD OFFICE
 Human Services Licensing

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

The home's fire drill records indicate the fire drill conducted on the following dates and times were not unannounced:

Date	Drill Time
5/11/15	11:45 a.m.
6/7/15	6:30 p.m.

No additional fire drills were conducted during May or June 2016.

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 monthly fire drills are unannounced. The maintenance department members conducting the fire drills will be re-educated on how to complete the fire drill records by 9.2.16. The maintenance director or designee will monitor the fire drill logs monthly to ensure all information is recorded correctly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine A. Macedonia</i>	Date <i>8.25.16</i>
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The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Sno</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented