



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 23 2016

Mr. Jeff Naden, Administrator/ Owner  
Nasun, Inc.  
1575 Grand Boulevard  
Monessen, Pennsylvania 15062

RE: Hallsworth House  
License #: 428970

Dear Mr. Naden:

As a result of the Department of Human Services' annual licensing inspections on May 25, 2016 and May 26, 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: Hallsworth House		License Number: 42897
Address: 1575 Grand Boulevard, Monessen, PA 15082		County: Westmoreland
Administrator: Jeff Naden		Region: CENTRAL
Legal Entity Name: Nasun, Inc.		
Legal Entity Address: 1575 Grand Boulevard, Monessen, PA 15062		
<b>Certificate(s) of Occupancy</b>		
Other 11/14/2014 Uniontown		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/25/2016: Gillespie, Denise; Rosenblat, Dale		
05/26/2016: Gillespie, Denise; Rosenblat, Dale		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>AUG 6 9 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 63 Number of Residents Served: 53 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: 6 Number of Hospice Residents in past year: 18	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 53 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 15 Have a Physical Disability: 1	

Violation Report: 42897 - 05/25/2016 - Gillespie, Denise PGH Name: Hallsworth House	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).	
<b>2a. DESCRIPTION OF VIOLATION</b> On 5/10/16, Resident #3 had a fall resulting in a hospitalization. The home did not submit an incident report to the Department until 5/13/16.	
<b>3. PLAN OF CORRECTION (POC)</b> (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>	
<p>We were able to determine the reason for the failure and thus be able to prevent future reports from being late. Also, both the administrator and the co-administrator will pair up to verify reports are done in a timely fashion, versus the old system in which only the administrator was responsible for this.</p>	
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) <u>J. H. NADEN Administrator</u>	
Date <u>8/4/16</u>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>8-16-16</u> (Date)	Plan of correction implementation status as of <u>8-16-16</u> (Date)
The above plan of correction was approved by <u>EE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42897 05/25/2016 - Gillespie, Denise  
 PCH Name: Hallswoth House

**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 any training on the topics permitted by the regulation, during 2015.

**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.*

New checklist style forms have been created to simplify the process of recording the trainings and verify that all required training subjects have been covered. Administrator will then schedule periodic inspections of those forms to verify compliance and or make sure missed items are then completed in a timely manner  
 Copy of form attached.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jill Nadeu Administrator* Date *8-4-16*

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

The above plan of correction was approved by *JL*  
 (Initials)

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

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

Violation Report: 42897 - 05/25/2016 - Gillespie, Denise  
 PCH Name: Hallsworth House

**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**

Ancillary Staff Person B did not receive training in any of the required topics during training year 2015.

**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.*

New checklist style forms have been created to simplify the process of recording the trainings and verify that all required training subjects have been covered. Administrator will then schedule periodic inspections of those forms to verify compliance and or make sure missed items are then completed in a timely manner  
 Copy of form attached.

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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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Violation Report: 42897 - 05/25/2016 - Gillespie, Denise  
 PCH Name: Hallsworth House

**1. REGULATION 55 Pa.Code §2600**

2600.66(a) - A staff training plan shall be developed annually.

**2a. DESCRIPTION OF VIOLATION**

The home does not have a staff training plan for 2016 that includes the following required topics:

- Medication self-administration
- Meeting the needs of the residents
- Care for residents with dementia/ cognitive impairments
- Infection control/ general principles of cleanliness and hygiene
- Personal care service needs
- Safe management techniques
- Mental illness &/or 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.*

A copy of our new 2016 correctly filled out training plan is included here showing the correct training items. This plan will be used each year in order to eliminate the possibility of this error from recurring again. Administrator will verify that items in the plan are addressed each year, and several times during the year to verify progression toward 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
J. R. Brown, Administrator			8-4-16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by <u>JE</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 42897\* 05/25/2016 - Gillespie, Denise  
 PCH Name: Halfeworth House

**1. REGULATION 55 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 initial assessment for Resident #1, admitted on [redacted] 16, was completed on 3/3/16.

**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 paperwork mix up created the delinquency and we have clarified and adjusted our process in order to prevent the mix up for future assessments. Resident care coordinator or the administrator will be responsible for proper completion of paperwork in order to prevent future errors or violations in assessments.

Each new resident will have a detailed, comprehensive assessment that identifies all of the resident's personal care needs. Each assessment will be documented on the Department's required form. Forms will be filled out in their entirety, including signatures and dates. *bc*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jill Nason Administrator* Date *8-4-16*

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

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

The above plan of correction was approved by *bc*  
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 42897 05/25/2016 - Gillespie, Denise  
 PCH Name: Hallsworth House

1. REGULATION 55 Pa.Code §2600  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 15. The home did not develop a support plan for the resident until 7/28/15.

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.*

Error was created by our old process of waiting for a DME from a physician before completion of the support plan in order to tie the two documents together. We have adjusted this process to complete the support plan in a timely manner, in the event a physician does not return a completed DME to us in a timely fashion. If an adjustment to the support plan is then needed after the DME returns we will do so at that time. Resident Care Coordinator or the Administrator will verify proper completion of support plans.

Each new resident will have a detailed, comprehensive support plan that identifies exactly how the home plans to meet the resident's needs. The support plans will be completed on the Department's required form. Forms will be filled out in their entirety, including signatures and dates. - *ee*

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

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

Date 8-4-16

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