



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

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 5, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21696 - 10/05/2016 - O'Haire, Anne  
PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature measured 123 degrees Fahrenheit in the bathroom next to the dining room.

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 was adjusted on day of inspection. Staff review was conducted to test and chart water temperature every day for 7 days and then weekly. Correct water temp is important to ensure reducing the risk of water burns to residents. Staff are responsible to test and chart temps and report issues to maintenance for adjustments.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
12/13/16

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)

Shirley CALABRO PMS

Date

12/13/16

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

The above plan of correction is approved as of

12/13/16  
(Date)

Plan of correction implementation status as of

12/13/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 21696 - 10/05/2016 - O'Haire, Anne  
PCH Name: WARRIOR RUN HERITAGE HOUSE

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's bedside lamp was not operable.

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.

Resident #1 light bulb needed replaced and was done so on the date of inspection.  
Staff review was conducted to utilize Resident Room Check off list for required items to be conducted on a weekly basis. This will ensure residents have required equipment, furniture etc. lighting at bedside will help to ensure resident safety. Staff are responsible for execution of check off list to ensure future compliance.

The administrator shall monitor for ongoing compliance  
m  
12/13/16

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)

Sara CALABRO PPGC

Date

11/13/16

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

The above plan of correction is approved as of

12/13/16  
(Date)

Plan of correction implementation status as of

12/13/16  
(Date)

The above plan of correction was approved by

m

(Initials)

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

Violation Report: 21696 - 10/05/2016 - O'Haire, Anne  
PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The exterior dryer duct that exits the home has lint in and surrounding the inside of the window well, posing a possible fire hazard.

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 lint was removed from the dryer venting on 4/1/16 and 10/31/16 by professional services. The dryer lint is removed from the dryer after every load and documented on laundry chart. The exterior lint vent/area is cleaned monthly, this was changed to twice monthly and charted on laundry chart. Disposing of lint properly and finally is important to reduce fire hazards. Staff review was conducted on proper disposal of lint and charting. Staff are responsible for conducting these tasks in order to ensure future compliance.

The administrator shall monitor and be responsible for ongoing compliance.

*M*  
12/13/16

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)

STACI CALHOUN ALES

Date

11/13/16

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

The above plan of correction is approved as of

12/13/16  
(Date)

Plan of correction implementation status as of

12/13/16  
(Date)

The above plan of correction was approved by

*M*  
(Initials)

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

Violation Report: 21696 - 10/05/2016 - O'Haire, Anne  
PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
The east exit door will not immediately open when pushed upon, preventing immediate egress in the event of an emergency.

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 exit door was adjusted on 10/6/16 and no longer sticks. Staff review was conducted to include checking the operation of exit doors in the maintenance check off list and to report issues immediately to maintenance. The Administrator is responsible for oversight and weekly checks to ensure future safety 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) *STEVE CALABRO PSES*      Date *11/13/16*

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

The above plan of correction is approved as of <u>12/13/16</u> (Date)	Plan of correction implementation status as of <u>12/13/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21696 - 10/05/2016 - O'Haire, Anne  
PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
Resident # 1's DME dated 9/22/15 is incomplete as there is nothing noted for cognitive functioning and health status.

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.

*Staff review was conducted to utilize Resident DME check off list to ensure completing the form in its entirety. A complete resident physical is important to ensure the resident is appropriate for personal care. The Administrator is responsible for ensuring 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) *DON CALABRO, CEO*      Date *11/13/16*

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

The above plan of correction is approved as of *12/13/16*  
(Date)

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

Plan of correction implementation status as of *12/13/16*  
(Date)

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

Violation Report: 21696 - 10/05/2016 - O'Haire, Anne  
PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2's Ocean Nasal Spray to be used 3 times a days for congestion as needed was not on hand.

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.

*This residents' order for Nasal Spray was for a limited duration of 7 days and was previously discontinued and was a pharmacy error in printing it on the MAR's. Staff review was conducted for protocol in reviewing maker for proper entries and documentation. This will ensure accurate administration and management of resident medication. The administrator will be responsible for continued oversight of MAR's and medication management.*

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)

*DAEL CALABRO RNS*

Date

*11/13/16*

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

The above plan of correction is approved as of

*12/13/16*  
(Date)

Plan of correction implementation status as of

*12/13/16*  
(Date)

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

The above plan of correction was approved by

*m*  
(Initials)