



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 20 2017

Mr. Randy Sheaffer, Chief Executive Officer
Valley View Haven
4702 East Main Street – The Terrace
Belleville, Pennsylvania 17004

RE: Valley View Haven
License #: 335520

Dear Mr. Sheaffer:

As a result of the Department of Human Services' annual licensing inspections on October 25, 2016 and October 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: Valley View Haven		License Number: 33552
Address: 4702 East Main Street, The Terrace,, Belleville, PA 17004		County: Mifflin
Administrator: Phyllis Yoder		Region: CENTRAL
Legal Entity Name: Valley View Haven		
Legal Entity Address: 4702 East Main Street, Belleville, PA 17004		
Certificate(s) of Occupancy		
C-2 12/08/2000 L & I	C-1 05/07/1998 Dept. Of Health	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 81	Waking Staff: 61
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/25/2016: Bomberger, Cybil; Gillespie, Denise 10/26/2016: Bomberger, Cybil; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 81 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: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 81 Have Mental Illness: 4 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 33552 - 10/26/2016 - Bomberger, Cybil
PCH Name: Valley View Haven

1. REGULATION 55 Pa.Coda §2800
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 10/26/16, the inspectors observed that the trash receptacles in the bathrooms of rooms A123 and A121 were not covered.

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.

Violation was corrected before Department of Human Services left facility with residents receiving new trash receptacle with lids. From now on an apartment with 2 residents will be given closed trash receptacles.

The home will conduct an assessment of all resident rooms to assure that the trash cans in resident rooms are equipped with a lid. Staff will be re-educated that trash can lids in kitchens and bathrooms must be in place and closed.

BAS 11/28/16

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
Kent A. Peachey			11-22-2016
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		11/28/16 (Date)	Plan of correction implementation status as of 11/28/16 (Date)
The above plan of correction was approved by		BAS (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: 33552 - 10/25/2016 - Bomberger, Cybil
 PCH Name: Valley View Haven

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
 On 10/28/16, the hot water temperatures in the sink of the bathroom in Room A 209 measured 125 degrees Fahrenheit and the bathroom sink in Room A 113 measured 123 degrees Fahrenheit.

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.

In accordance with PA Code 55, Chapter 2600.89(b), effective November 21, 2016, sample water temperatures in the facility will include a sample of the resident room bathroom taps, 2 per floor per hot water supply on a rotating basis, in addition to common area faucets accessible to residents, served by each of the water heaters. Water temperatures will be measured by running the hot water for 30 seconds and then placing a thermometer into the water stream.

For any taps with temperatures above 120 degrees Fahrenheit, the mixing valves will be adjusted to bring the temperature below 120 degrees Fahrenheit. The temperature for adjusted taps will be measured for following three days and documented to ensure the temperature remains under 120 degrees Fahrenheit.

A log will be maintained identifying the date and location of the taps tested along with notations of any adjustment made.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kent D. Peachey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kent D. Peachey Date 11-22-2016

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

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The above plan of correction was approved by <u>BWS</u> (Initials)	

Violation Report: 33552 - 10/25/2016 - Bomberger, Cybil
PCH Name: Valley View Haven

1. REGULATION 65 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 7/7/16 at 10:30 P.M. does not include the evacuation time.

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 fire company chief was on site 11/10/16 and observed a fire safety response time of 6 minutes & 34 seconds.
All staff will be alerted to our allotted time with the new fire safety evacuation time. At our staff meeting held the last Wednesday of each month. In addition, all staff will be inserviced on the method of timing and response time of fire drills at each staff meeting. If a fire drill time is out of compliance then another fire drill will be done within the same month.

All staff responsible for the completion of the fire drill log shall receive re-education on the required elements of regulation 2600.132(c).

The administrator shall review the fire drill log on a monthly basis to assure that all required documentation is being recorded.

BAS 11/20/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kent D. Peachey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kent D. Peachey* Date *11-22-2016*

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

The above plan of correction is approved as of 11/20/16
(Date)

Plan of correction implementation status as of 11/20/16
(Date)

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

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

Violation Report: 33552 - 10/25/2016 - Bomberger, Cybil
FCH Name: Valley View Haven

1. REGULATION 85 Pa. Code §2800
2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The maximum safe evacuation time, as designated by a fire safety expert, is 7 minutes and 43 seconds. The fire drill conducted by the home on 6/1/16 at 4:30pm had an evacuation that took 8 minutes.

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 fire company chief was on site 11/10/16 and observed a fire safety response time of 6 minutes and 34 seconds.

All staff will be alerted to our allotted time with the new fire safety evacuation time. At our staff meeting held the last Wednesday of each month. In addition, all staff will be inserviced on the method of timing and response time of fire drills at each staff meeting. If a fire drill is out of compliance then another fire drill will be done within the same month.

In the event that a fire drill evacuation takes longer than the designated time, the administrator shall investigate the cause or causes that affected the evacuation and initiate steps to address any problems. This will be completed prior to running of a second monthly fire drill.

BAS 11/28/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 6/1/15

Signature of Legal Entity Representative
(Required on EVERY Page) *Kent D. Peachey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kent D. Peachey Date 11-22-2016

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