



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

Mr. Michael A. Barton,
Executive Vice President
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: NHS Russellton PCH
108 Cedarwood Circle
Russellton, Pennsylvania 15078
License #: 438420

Dear Mr. Barton:

As a result of the Department of Human Services' annual licensing inspection on December 6, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NHS RUSSELLTON PCH		License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076		County: Allegheny
Administrator: Laurie Brown		Region: WEST
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
Certificate(s) of Occupancy R4 01/04/2017 West Deer Twp.		RECEIVED JAN 19 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/08/2018: Pfaff, Vicki		
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: 10	Number of Residents who:	
Number of Residents Served: 9	Receive Supplemental Security Income: 9	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 9	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 43842 - 12/06/2016 - Pfaff, Vicki
 PCH Name: NHS RUSSELLTON PCH

1. REGULATION 65 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 at the hand sink located in the living room measured 131.5 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.

The water heater temperature was adjusted by an NHS maintenance staff member to correct the violation on the day of licensing. To ensure that the temperature does not exceed 120° Fahrenheit, the program has implemented a monitoring system whereby staff check the water temperature of (4) areas that are accessible to residents; two in the front of the house and two locations in the rear of the house. This process will occur once a week and will begin on 2/1/2017. Staff will be made aware of this upcoming monitoring system during the mandatory staff meeting on 1/31/2017.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Burton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Burton, ERP* Date *01-20-2017*

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

The above plan of correction is approved as of <u>1-20-17</u> (Date)	Plan of correction implementation status as of <u>1-20-17</u> (Date)
The above plan of correction was approved by _____ (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

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JAN 19 2017

WEST VIRGINIA HEAD OFFICE
Human Services Licensing

Violation Report: 43842 - 12/08/2016 - Pfaff, Vick
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 56 Pa.Code §2800

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 home conducted a fire drill on 7/10/16 at 2:27 p.m. However, the fire drill record does not include the number of residents in the home at the time of the fire drill or the number of residents evacuated.

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.

On 1/31/2017, management will review the fire drill internal procedures and documentation expectations when completing a fire drill. Effective immediately, staff will turn all completed fire drill records into a member of management for review to ensure completeness.

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
Michael Burton, SVP			01-19-2017
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RECEIVED

JAN 19 2017

Violation Report: 43842 - 12/08/2016 - Pfaff, Vicki
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 65 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's December 2016 medication administration record does not indicate a purpose or diagnosis for medications as follows: Haloper DEC INJ 100mg/ml, Clonazepam 16mg tab or Sertraline 50mg tab.

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.

Residential Director will contact Lifetree Pharmacy ree to discuss the best practice for completing the purpose or diagnosis on all individuals' MARs by 1/23/2017. Lifetree Pharmacy and the Residential Director will collaborate with upper leadership to establish a long term solution to meet Regulation 65 PA Code 2600.187(a).

Resident #1's medication Administration record was corrected. 1-20-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Breston, SNP* Date *01-19-2017*

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The above plan of correction is approved as of 1-20-17 (Date)

Plan of correction implementation status as of 1-20-17 (Date)

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

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