



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

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 March 13, 2017 and March 16, 2017 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,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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MAY 16 2017

Violation Report: 42406 - 03/13/2017 - Graco, Desmond

PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/13/17 at 10:55 AM, Resident #1's medication reordering form and Resident #2's Information check sheet that included his/her bladder, bowel, medication, pharmacy and eating needs, was unlocked and accessible in the top drawer of the wooden chest in the Pinhurst neighborhood common area.

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 were re-educated on the importance of maintaining confidentiality of all residents information. Training on HIPPA was conducted and staff completed a quiz for measure of understanding - see attachment "A". A compliance monitor was developed - see attachment "B". The Personal Care Specialist will begin bi-weekly neighborhood checks to ensure all resident information is kept confidential and secure. This monitor will continue for a period of six months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Macedonia

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

Christine Macedonia, Administrator

Date *4.28.17*

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

The above plan of correction is approved as of 5/16/17
(Date)

Plan of correction Implementation status as of 5/16/17
(Date)

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

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

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MAY 16 2017

WEST REGION FIELD OFFICE
Municipal Services Licensing

Violation Report: 42408 - 03/13/2017 - Grace, Desmond
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 65 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
The home's staff training year is 1/1-12/31. Direct care staff person A received 9.76 hours of annual training in the 2016 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 have been assigned 23+ hours of mandatory/required training for 2017 on Relias (web-based modules and /or in person/in services) - see attachment "C".
The Administrator will monitor monthly to ensure staff completion of assigned trainings.
A monitor will be maintained for the 2017 training year (going forward). See attachment "C-1"
By 12/31/17 - Direct care staff person A will receive at least 14.25 hours of annual training in 2017 to make up the hours of training not received in 2016. BB 5/16/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Administrator* Date *4.28.17*

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(Date)

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(Initials)

Plan of correction implementation status as of 5/16/17
(Date)

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

Violation Report: 42406 - 03/13/2017 - Grace, Desmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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
 The home's staff training year is 1/1-12/31. Direct care staff person A, hired [REDACTED] 09, did not receive training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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 person "A" was trained/retrained on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. See attachment "J".
 All staff have been assigned 23+ hours of mandatory/required training for 2017 on Relias (web-based modules and/or in person/in-services) See attachment "C".
 The Administrator will monitor monthly to ensure staff completion of assigned trainings.
 A monitor will be maintained for the 2017 training year (going forward). See attachment "C-1".

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MAY 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 05/10/2016 et al | |
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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 Macedonia, Administrator</i> | Date <i>5.16.17</i> |
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Violation Report: 42406 - 03/13/2017 - Grace, Desmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2800.65(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. §§ 10225.101-10225.6102).
 (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
 The home's staff training year is 1/1-12/31. Direct care staff person A, hired [redacted]/09, did not receive training on emergency preparedness procedures and recognition and response to crises and emergency situations and falls and accident prevention

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 person "A" was retrained on emergency preparedness procedures and recognition and response to crises and emergency situations and falls and accident prevention. (See attachment "K" and "L").
 All staff have been assigned 23+ hours of mandatory/required training for 2017 on Relias (web-based modules and/or in person/in-services). See attachment "C".
 The Administrator will monitor monthly to ensure staff completion of assigned trainings.
 A monitor will be maintained for the 2017 training year (going forward). See attachment "C-1".

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 MAY 16 2017
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 Human Services Licensing

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Violation Report: 42406 - 03/13/2017 - Graco, Desmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 66 Pa.Code §2000
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 3/13/17 at 10:55AM, Lysol disinfectant spray and wipes, with manufacturer's labels indicating to call poison control or get doctor advice, was unlocked and accessible to residents in the top drawer of the wooden chest in the Pinehurst neighborhood common area. Residents of the home, including Resident #3, have not been assessed capable of recognizing and using poisons safely.

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 were re-educated on the importance of ensuring that all poisonous materials are kept locked and inaccessible to residents. See attachment "D".

The Personal Care Specialist will begin bi-weekly neighborhood checks to ensure all poisonous materials are kept locked and inaccessible.

This will be monitored (See attachment "B") for a period of six months.

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MAY 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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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) *Christine Macedonia, Administrator* Date *4-28-17*

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Plan of correction implementation status as of 5/16/17
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42406 - 03/13/2017 - Grace, Desmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
 On 3/13/17 at 11:30AM, the temperature of the 2 handles on the gas burning fireplace in the first floor main lobby was 208 degrees Fahrenheit and there were no protective guards or insulation to prevent contact.

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 Maintenance Supervisor went to Hearth and Home the date of the inspection (3.13.17) and purchased and installed a fire place barrier screen. (See attachment "F")

The temperature of the screen on 3.15.17 was 74.3 degrees.

The Personal Care Specialist will check bi-weekly to ensure that the fire place screens are in place.

This will be monitored for a period of six months (See attachment "B").

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MAY 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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Printed Name and Title of Legal Entity Representative
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Violation Report: 42408 - 03/13/2017 - Grace, Desmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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 3/13/17 at 11:50 AM, the water temperature at the sink of the 1st floor common men's bathroom measured 128.6 degrees Fahrenheit and the water temperature at the sink of the 1st floor common women's bathroom measured 128.8 degrees Fahrenheit.
 On 3/13/17 at 12:05 PM, the water temperature at the sink of the common bathroom on the second floor across from the Sycamores neighborhood measured 122.1 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 Maintenance Supervisor adjusted the temperature at the hot water tank on the date of the inspection (3.13.17). The water temperature after the adjustment was 106 degrees and 108 degrees in the common bathrooms.
 Maintenance monitors the water temperatures daily (See attachment "G") to ensure the temperatures do not exceed 120 degrees. If the water temperature exceeds 120 degrees maintenance adjusts the temperature at the hot water tanks.
 This monitor will continue indefinitely.

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MAY 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Administrator* Date *4.28.17*

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Violation Report: 42406 - 03/13/2017 - Grace, Dasmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
 2600.132(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
 On 3/11/16, a fire safety expert documented the home's maximum safe evacuation time as 7 minutes and 30 seconds. Fire drill records indicate the amount of time to evacuate for the drill held on 9/15/16 was 8 minutes and 10 seconds.

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 Administrator re-educated the staff immediately on evacuating residents during a fire alarm.
 The Administrator re-educated residents on the evacuation procedure during a fire alarm.
 The Administrator will personally observe 3 of the remaining fire drills from June of 2017 to December of 2017 to ensure compliance.
 The Administrator will review the monthly fire drill documentation to ensure compliance. Additional monthly drills may be conducted if the Administrator determines further practice is needed.
 The Administrator has reviewed 2017 fire drill records to date (see attachment "M") to ensure compliance is being maintained.
 There will be heightened awareness of the POC during the 2017 QI reviews at our monthly meetings. Compliance and Quality Improvement (CQI) reviews will be conducted monthly on all POC monitors. Improvement areas will be reviewed and discussed among the CQI and Leadership team to ensure on-going compliance is being maintained.

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MAY 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Administrator* Date *5.16.17*

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

Plan of correction implementation status as of 5/16/17 (Date)

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

Violation Report: 42406 - 03/13/2017 - Grace, Desmond
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2000
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #4's support plan, dated 2/9/17, did not include frequency or responsible party for bladder management. These sections were blank.
 Resident #3's support plan, dated 8/30/16 did not include frequency or responsible party for doing laundry and securing and using transportation. These sections were blank.

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 Personal Care Specialist corrected and dated resident #4 and resident #3's Support Plans on the day of the inspection (3.13.17).
 The Personal Care Specialist created a monitor to ensure all boxes are checked and addressed on the Support Plan - (See attachment "I").
 The Personal Care Specialist will audit (See attachment "H") all current resident Support Plans by the end of May to ensure current compliance.
 Going forward the monitor will be used by the Personal Care Specialist with each new admission or Support Plan change to ensure compliance. (See attachment "I").

RECEIVED

MAY 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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|----------------------|-----------------------------------|--|--|--|
| 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) *Christine Macedonia, Administrator* Date *4.28.17*

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