



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 24, 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
Certificate #: 438420

Dear Mr. Barton:

As a result of the Department of Human Services' licensing inspection on March 24, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing 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 R-4 01/04/2017 West Deer Twp		
Staffing Hours Resident Support: 10 Total Daily Staff: 20 Waking Staff: 15		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/24/2017: Bedford, Katie; Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>AUG 25 2017</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10 Number of Residents Served: 10 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 2 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

AUG 25 2017

Violation Report: 43842 - 03/24/2017 - Bedford, Kalle
PCH Name: NHS RUSSELLTON PCH

**WEST REGION FIELD OFFICE
Human Services Licensing**

1. REGULATION 55 Pa.Code §2600

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).

2a. DESCRIPTION OF VIOLATION

On or about 3/2/17, direct care staff person A witnessed direct care staff person B audio recording resident #1 on his/her personal cell phone while the resident was in the home's dining room. This incident was not reported to the Department.

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 full investigation was completed following the incident and staff person B was provided with one on one re-training and supervision on 3/29/2017.

The local Ombudsman was invited to provide an additional training to staff on Resident Rights on 5/9/2017 (staff meeting agenda and sign in sheet attached). A review of the material was also distributed and reviewed the following month during staff meeting on 6/22/17 (documentation attached). All other staff were met with individually during individual supervision to review Resident Rights (individual supervision notes dated 6/28/17, 5/3/17, 5/19/17 attached).

Management provided a full training on incident reporting on 4/3/17 during mandatory staff meeting. The training covered the different reporting entities and how to report to each one. Management also provided a chart which provided staff with outlines which incidents get reported to who and the time frames (documentation attached).

All staff reviewed the incident reporting guidelines/expectation. This is documented on a Policy Review Checklist which is reviewed annually with all staff. (Documentation attached).

Both the Policy Review Checklist and the Resident Rights training is part of new hire training and are included in the annual mandatory staff training plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Boston, SVP* Date *8-25-2017*

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

The above plan of correction is approved as of <u>10/11/17</u> (Date)	Plan of correction implementation status as of <u>10/11/17</u> (Date)
The above plan of correction was approved by <u><i>ML</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ML</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 25 2017

Violation Report: 43842 - 03/24/2017 - Bedford, Katie		WEST REGION FIELD OFFICE	
PCH Name: NHS RUSSELLTON PCH		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.			
2a. DESCRIPTION OF VIOLATION On or about 3/2/17, direct care staff person A witnessed direct care staff person B audio recording resident #1 on his/her personal cell phone while the resident was in the home's 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.			
<p>The Russellton CMHPCH does have a protocol on use of personal cell phones that informs staff that personal cell phone use is not permitted confidentiality. The protocol was reviewed during the 4/3/17 staff meeting and staff was instructed to review and sign the Staff Policy Review Checklist. (Documentation attached).</p> <p>A full investigation was completed following the incident and staff person B was provided with one on one re-training and supervision on 3/29/2017.</p> <p>The local Ombudsman was invited to provide training to staff on Resident Rights on 5/9/2017 (staff meeting agenda and sign in sheet attached). A review of the material was also distributed and reviewed the following month during staff meeting on 6/22/17 (documentation attached). All other staff was met with individually during individual supervision to review Resident Rights (individual supervision notes dated 6/28/17, 5/9/17, 5/19/17 attached).</p> <p>Both the Policy Review Checklist and the Resident Rights training will be provided annually for all staff. These items are currently a part of new hire orientation have been included as part of the annual staff training plan.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michel Boston</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michel Boston, EVP		Date 8-25-2017	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10/11/17</u> (Date)		Plan of correction implementation status as of <u>10/11/17</u> (Date)	
The above plan of correction was approved by <u>JN</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

AUG 25 2017

Violation Report: 43842 - 03/24/2017 - Bedford, Katie
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE
Human Services Licensing

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

At approximately 4:45pm, the water temperature in restroom #8 measured 132.8 degrees Fahrenheit.

At approximately 4:45pm, the water temperature in guest restroom next to the hall closet measured 132.6 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.

Following the 3/24/2017 licensing inspection, the program immediately had the water temperature turned down. The water heater was also inspected on 3/28/17 by Sauerbrothers Heating, Cooling, Boilers to replace a part that was causing the heater to run high. Beginning 4/1/2017 the program began monitoring the water temperature daily at two areas accessible to the residents (one in the front of the house and one in the rear of the house). For 3 consecutive months the water readings were within the approved regulatory guidelines.

The program is continuing to complete bi-monthly water temperature reading to monitor this and ensure compliance. Logs will be reviewed by a member of management monthly to make certain they are being completed. (Temperature logs attached).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michael Barton, SVP* Date *08-25-2017*

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The above plan of correction is approved as of 10/11/17
(Date)

Plan of correction implementation status as of 10/11/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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