



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

Ms. Staci Calabro,
President
New Concepts Inc
P.O. Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749
License #: 213120

Dear Ms. Calabro:

As a result of the Department of Human Services' annual licensing inspection on March 28, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21312 - 03/28/2017 - Deluca, Amy
 PCH Name: THE SUSQUEHANNA HOUSE

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

During the inspection Department representatives observed a Physical Therapist from Caregivers America discussing personal health information with multiple residents during physical therapy appointments that were conducted in the Great Room, where other residents were watching TV.

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.

As a part of the service from home health, the interview portion is conducted in a private area, generally resident rooms. The home health agency was provided a copy of resident rights to share with staff. This Administrator has conducted a review with all home health staff providing services to residents in regard to resident rights and specifically residents right to privacy of self. A staff review was conducted to be alert to visitors to the home who may need instruction on protecting resident privacy and private information. The Administrator will be responsible to oversee and ensure future compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Staci Calabro

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

STACI CALABRO, PRESIDENT

Date

4/17/17

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The above plan of correction is approved as of

4/18/17
 (Date)

Plan of correction implementation status as of

4/18/17
 (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: 21312 - 03/28/2017 - DeLuca, Amy	
PCH Name: THE SUSQUEHANNA HOUSE	
1. REGULATION 55 Pa.Code §2609 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION The back left corner of the picnic table located on the side of the home in the designated smoking area was broken and the table was tipped almost to the ground on that side, posing a safety risk to residents.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The table was removed and replaced on 4/4/17. Staff review was conducted for reporting safety issues to management for repair or replacement of equipment in order to ensure resident safety. Checking outdoor equipment was added to facility maintenance check of staff and staff will conduct weekly checks. Administrator will oversee and be responsible for future compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>STACI CALABRO PRESIDENT</i>	Date <i>4/17/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>4/18/17</i> (Date)	Plan of correction implementation status as of <i>4/18/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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