



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

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

RE: NHS Lehigh Valley Center  
515 Delaware Avenue  
Bethlehem, Pennsylvania 18015  
License #: 224010

Dear Mr. Barton:

As a result of the Department of Human Services' annual licensing inspection on March 30, 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](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

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

PCH Name: NHS LEHIGH VALLEY CENTER		License Number: 22401
Address: 515 DELAWARE AVENUE, BETHLEHEM, PA 18015		County: Lehigh
Administrator: Suzanne Daughtrey		Region: NORTHEAST
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
<b>Certificate(s) of Occupancy</b>		
R-4 04/23/2012 Fountain Hill Borough		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/30/2017: Foulkes, Kimberli; Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 16	<b>Number of Residents who:</b>	
Number of Residents Served: 15	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 7	
Area:	Have Mental Illness: 15	
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: 22401 - 03/30/2017 - Foulkes, Kimberl  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 In the home's laundry room, located in the lower level, a carbon monoxide detector is located within a foot of the home's gas dryer. Carbon monoxide detectors must be more than 15 feet from a fossil burning device unless specified in the detectors manufacturer's directions.

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 PCH has attached the manufactures instructions for our carbon monoxide detectors. They recommend that an alarm be placed 15 feet away as the regulation also states. However, in a place where that is not possible, it requires that the alarm be placed as far away from the source of the carbon monoxide as possible. Following the manufactures instructions, a work order has been placed to have the alarm moved as far away from the dryers as possible while still maintaining the detector in the same room and re-calibrated. The PCH will also consult with a member of the local Fire Department on 5/25/17 to gain approval for that detector.

*The administrator shall monitor and assure ongoing compliance.*

*m*  
 5/18/17

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, EVP*      Date *5-17-2017*

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

The above plan of correction is approved as of <u>5/18/17</u> (Date)	Plan of correction implementation status as of <u>5/18/17</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (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 22401 - 03/30/2017 - Foulkes, Kimberli  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION  
 A handrail is not provided from the 2nd floor emergency exit to an approximate 7 inch step down to the outside metal fire escape. A handrail provides for the safe evacuation during an emergency.

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 4/07/17, a new hand rail was installed and the step painted bright yellow to ensure that residents will see the step and evacuate safely. Please see the attached picture. During drills and in the event of an actual emergency, staff will assist residents in using the fire escape, making sure that they evacuate safely. The administrator will also monitor to make sure that the hand rail is in good repair at all times.

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 5-17-2017
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Violation Report: 22401 - 03/30/2017 - Fouikes, Kimberil  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 Three cheese blocks were re wrapped and not labeled or dated in the homes upright refrigerator located in the kitchen.

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.

Cheese blocks found in the refrigerator had been opened by the cook and was immediately labeled during the time of inspection.  
 Moving forward all food will be labeled and dated when opened. Staff was trained on 4/20/2017 in the importance of labeling food. The administrator will do ongoing monthly checks on food in the kitchen to ensure compliance and safety.

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 Boston, EVP*      Date *5-17-2017*

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 (Date)

Plan of correction implementation status as of 5/18/17  
 (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: 22401 - 03/30/2017 - Foulkes, Kimberli  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION  
 In the home's kitchen, 1 soup/salad bowl and 10 melmac "thundergroup" brand dishes were lightly scratched but heavily stained from long term use.

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 stained or scratched dishes (bowls and plates) were discarded and new dishes were purchased. See attached invoice. The administrator will spot check the kitchen dishes, glassware and utensils weekly to ensure they are in good condition.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Barton, EMP	Date 05-17-2017
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