



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

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

RE: NHS Capital Region
1071 Page Road
Harrisburg, Pennsylvania 17111
License #: 321000

Dear Mr. Barton:

As a result of the Department of Human Services' annual licensing inspection on April 10, 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

Violation Report: 92100-04/10/2017 - McCloskey, Jason
 PCH Name: NHS CAPITAL REGION

1. REGULATION 88 Pa.Code §2800
 2800.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 A large amount of debris was observed coating the floor under the beds occupied by Residents 1, 2, 3 and 4. The debris included dirt, dust, lint, body hairs and paper scraps.

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.

POC: By May 2, 2017. The daily shift assignments for day and evening shifts will be reviewed by the PCH assistant program Director regarding the cleaning of resident's rooms. By May 19, 2017, All Day/evening shift staff will be retrained regarding the proper protocols for room cleaning by the PCH Assistant Director. Nursing Supervisors will monitor a random resident's rooms every Thursday or Friday. The PCH Program Director and the PCH Assistant Program Director will monitor if the Nursing Supervisor is not available.

By June 2, 2017 a remote vacuum, (Roomba for example) will be purchased by the PCH Program Director. The device will be scheduled for a weekly visit to each resident's room. Each resident will be provided with an under the bed storage box for any items which need to be stored under the bed. On the scheduled day the storage box will be pulled out by staff, any extra trash will be disposed of and the remote vacuum will be run in the room. The resident will be asked to remain out of their room during the running of the Room-ba for safety reasons. If the resident needs to return to their room, the Room-ba will be stopped and removed until the resident can exit their bedroom. The house rules will be changed to include the under the bed storage and remote vacuum schedule.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Proffers, JRP* Date *4-21-17*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/24/17</u> (Date) | Plan of correction implementation status as of <u>4/24/17</u> (Date) |
| The above plan of correction was approved by <u>MP</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: 32100 - 04/10/2017 - McCloskey, Jason
 PCH Name: NHS CAPITAL REGION

1. REGULATION 65 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 A line painter with two full 18-ounce cans of spray paint was located three feet from the basement furnace. The paint cans were labeled, "extremely flammable." There were also used paper towels, cardboard boxes, and an air filter panel within two feet of the furnace.

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.

POC: On 4/10/2017 the Regional Director of Behavioral Health emailed the Regional Facilities Manager requesting that the basement of the facility be inspected, cleaned and all combustibles removed from near the furnace and water heater. On 4/12/2017 and 4/13/2017, facilities cleaned out all material from around the furnace and water heater. On 4/13/2017 the program director inspected to area and found all materials cleaned out. On 4/13/2017, the program director created a recurring Microsoft Outlook appointment so that every other Monday of the month the Program Director will check the area around the furnace and water heater to make certain all debris is cleaned away. If the Program Director is not available the Assistant Director or a Designee will inspect the area around the furnace and water heater. See attached form created for ongoing documentation of the bi-weekly reviews. On 4/17/17 the PCH Program Director posted signage in the area of the furnace to Inform/remind the Facilities Staff regarding the DHS Regulation, 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

| | | | |
|---|-----------------------------------|---|---------|
| 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 Boston, SVP | | | 4-21-17 |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |
| The above plan of correction is approved as of | | Plan of correction implementation status as of | |
| 4/24/17 (Date) | | 4/24/17 (Date) | |
| The above plan of correction was approved by | | <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 | |
| BAS (Initials) | | | |

Violation Report: 32100 - 04/10/2017 - McCloskey, Jason
 PCH Name: NHS CAPITAL REGION

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has two forced air furnaces that have not been inspected within the past 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.

POC: On 4/10/2017 the Regional Director of Behavioral Health emailed the Regional Facilities Manager requesting that NHS Maintenance arrange for furnace inspections immediately. On 4/12/2017 Eshenaur & Sons, Inc inspected both propane furnaces at the Page Road facility. On 4/13/2017, the PCH Program Director made a Microsoft Outlook appointment for January 4, 2018 (recurring every year) in order to have NHS Facilities schedule Eshenaur & Sons to inspect the furnaces in January 2018.

| | | | |
|---|-----------------------------------|---|---------|
| 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 Barton, SWP | | | 4/21/17 |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |
| The above plan of correction is approved as of | | Plan of correction implementation status as of | |
| 4/24/17 (Date) | | 4/24/17 (Date) | |
| The above plan of correction was approved by | | <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 | |
| BKS (Initials) | | | |