



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to NIPPENOSE VALLEY VILLAGE INC
LEGAL ENTITY

To operate NIPPENOSE VALLEY VILLAGE
NAME OF FACILITY OR AGENCY

Located at 7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 59
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 26, 2017 until July 26, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226700**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 26 2017

Ms. Julieanne E. Steinbacher,
Treasurer
Nippenose Valley Village, Inc.
7190 South Route 44 Highway
Williamsport, Pennsylvania 17702

RE: Nippenose Valley Village
License #: 226700

Dear Ms. Steinbacher:

As a result of the Department of Human Services' annual licensing inspection on May 31, 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.

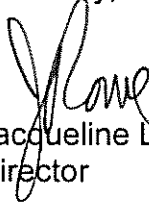
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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', written over the printed name.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

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

Page 1 of 8

PCH Name: NIPPENOSE VALLEY VILLAGE		License Number: 22670
Address: 7190 SOUTH STATE ROUTE 44 HWY., WILLIAMSPORT, PA 17702		County: Lycoming
Administrator: DEBRA FARADAY		Region: NORTHEAST
Legal Entity Name: NIPPENOSE VALLEY VILLAGE INC.		
Legal Entity Address: 7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701		
Certificate(s) of Occupancy I-1 10/16/2015 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0 Total Daily Staff: 23 Working Staff: 17		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/31/2017: Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 59 Number of Residents Served: 17 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Debra Faraday 7-7-17
Debra FARADAY

Violation Report: 22870 - 05/31/2017 - Dumas, Gerald
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 5/31/17 at 10:30 a.m., the home's most recent Licensing Inspection Summary dated 12/27/16 was not posted in a conspicuous and public place in the home.

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.

- * This regulation is important because it permits the residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home's plan to correct any violations found.
- * Plan of Correction for violation of regulation 2600.3 (c)
 1. A binder will be placed at the business office window which will contain all past and current inspection reports. *it must be able to be independently accessed by those who wish to review it.*
 2. Home's license is on display in a display case in the lobby. A copy will also be included in the inspection binder.
- * The administrator will be responsible to ensure that all inspection reports are added to the binder as they become available. Administrator will ensure binder is always available for viewing. Administrator will be open to discuss with residents, families and visitors any questions they may have concerning the inspection reports.

7-12-17

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

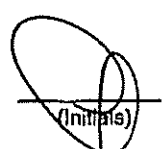
Signature of Legal Entity Representative
(Required on EVERY Page) *Debra Faraday*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Debra Faraday Administrator* Date *07-07-17*

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

The above plan of correction is approved as of 7-12-17
(Date)

Plan of correction implementation status as of 7-12-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 22670 - 05/31/2017 - Dumas, Gerald
PCH Name: NIPPENOSE VALLEY VILLAGE

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

At 10:40 a.m., The batteries in the home's carbon monoxide detectors located in the following areas: small lounge, large lounge, dining area, kitchen and the 10 detectors located in the home's hallways were not dated. Dated batteries assure that the detectors are working properly. The Care Facility's Carbon Monoxide Alarms Standards Act requires that the battery be labeled with the date of installation.

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.

* This regulation is important as it ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 2600.

* Plan of correction for violation of regulation 2600.18

1. The batteries in all of the homes carbon monoxide detectors have been correctly labeled and dated per regulation with the installation date.

2. yearly the batteries will be changed and labeled & dated in all the homes carbon monoxide detectors

Administrators will be responsible to set up the date with maintenance to complete this task. Administrators will label and date all new batteries, collect and discard old batteries, a log will be put into place in a maintenance binder to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debra Faraday

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

Debra FARADAY Administrator

Date 07-07-17

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

The above plan of correction is approved as of 7-12-17
(Date)

Plan of correction implementation status as of 7-12-17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

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

The home uses the standard 2 1/2 minutes to evacuate as per the home's Administrator A and does not have an extended time from a fire chief or fire safety expert for additional time to conduct a fire drill. The home exceeded the standard time of evacuating in 2 1/2 minutes on the following days and times:

- 4/25/17 at 11:23 a.m. residents and staff evacuated in 2 minutes 58 seconds.
- 3/21/17 at 9:30 a.m. residents and staff evacuated in 4 minutes 02 seconds.
- 2/22/17 at 4:43 p.m. residents and staff evacuated in 6 minutes.
- 1/24/17 at 6:30 a.m. (the overnight drill), residents and staff evacuated in 3 minutes and 28 seconds.
- 12/29/16 at 3:51 p.m., the residents and staff evacuated in 3 minutes 58 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.

- * This regulation is important because evacuation within the maximum evacuation time prevents fire-related death and injury.
- * Plan of Correction for violation of regulation 2600.132(d)
 1. Home is meeting with our local fire department and a fire department knowledgeable in evacuation of personal care homes at a time to be determined after July 4th per their request. We will at that time have the fire chiefs determine our fire safe areas within the home as well as run a fire drill to determine our safe evacuation time for our home.
 2. A letter will be written by the fire chief and sent to the department by Aug 25th 2017 stating our fire safe areas inside the home, the evacuation time for our home and our outside evacuation designated areas.
 3. We will work closely with both fire departments to ensure a safe evacuation plan for our residents. The home will send a copy to the Regional Office upon receipt.

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

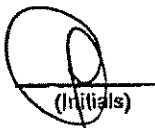
Signature of Legal Entity Representative (Required on EVERY Page) *Debra Faraday*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Faraday Administrator* Date *07-07-17*

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

The above plan of correction is approved as of 7-12-17 (Date)

Plan of correction implementation status as of 7-12-17 (Date)

The above plan of correction was approved by  (Initials)

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

please see p 4 a g 8 also.

Continued Pg 4 of 8

Until the time all the above is completed, we will continue to follow the 2 1/2 min evacuation time as stated in the regulations.

* Administrator will be responsible to meet all the requirements and deadlines as listed above.

Administrator will work closely with local fire department to ensure ongoing resident safety as well as department compliance. A copy of the fire company letter will be maintained in our homes state binder

Ad.

7-12-17

Debra Faraday
Debra Faraday administrator 07-07-17

Violation Report: 22670 - 05/31/2017 - Dumas, Gerald
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The home does not have in writing a designated fire safe area or area by a fire chief or fire safety expert. The home's administrator "A" stated that the home has two internal fire safe areas. Residents and staff must continue to fully evacuate until the home is re-inspected for fire safe location(s) approval in writing by a fire chief or fire safety expert.

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.


- * This regulation is important because by having a designated meeting place or places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuations and prevent death or injury from wandering.
- * Plan of correction of violation of regulation 2600.132 (h)
 1. Home will meet with local fire companies and have them determine our fire safe area within the home.
 2. We will have them determine based on our homes population and the lands demographics, where would be the safest area outside the home to be our designated evacuation meeting place or places. This will be completed and submitted to the Department by August 15, 2017.
 3. Home will fully evacuate staff and residents until the home is re-inspected by the fire chief or a fire safety expert for our fire safe area, and proper paperwork is submitted to the Department.
 4. Staff and residents will be educated on all areas involved and what particular area they should report to in the event of a fire drill or an actual fire emergency.
 5. Walkie-Talkies are in place for staff to communicate to account for all residents and staff.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alma Bradley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Debra Faraday Administrator* Date *07-07-17*

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

The above plan of correction is approved as of <u>7-12-17</u> (Date)	Plan of correction implementation status as of <u>7-12-17</u> (Date)
The above plan of correction was approved by  (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

please see p 5A & 8 also →

* Administrator will ensure meetings with local fire companies are scheduled as soon as possible, to help establish homes internal fire safe area and outside meeting place or places. Administrator will ensure that all required paperwork is obtained from the fire chief and submitted to the Department in a timely manner.

Administrator will work with the fire company to educate staff and residents to fire safe areas the home and meeting place or places outside the home.

Administrator will ensure that unannounced fire drills are conducted monthly and fall within parameters set by the fire chief, with all documentation completed at the end of the drills. Administrator will ensure that walkie-talkies are present and in good working conditions at all times to ensure communication between staff in a fire drill or a real fire.

QJ
7-12-17

Debra Faraday

Debra Faraday administrator 07-07-17

Violation Report: 22670 - 05/31/2017 - Dumas, Gerald

PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 1's (Date of Admission was [redacted] 17) Initial medical evaluation (D.M.E.) did not indicate the date the resident was actually evaluated. Additionally, the resident's height, blood pressure and immunization history and allergies were incomplete. The physician signed the form on [redacted] 17.

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.

* This regulation is important because accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that the resident's medical needs will be met.

* Plan of Correction for violation of regulation 2600.14(a) all medical evaluations (DME) will be reviewed for accuracy and total completion upon receipt. If anything is missing the DME will be faxed to the attending PCP for correction.

* Nurse on duty when resident presents the completed DME will be responsible to check form for completion. If form is not complete nurse on duty is responsible to fax to PCP to be completed.

* Administrator will oversee and review all residents paperwork for completion and accuracy within the Department's time frame.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Debra Farady

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

Debra Farady administrator

Date 07-07-17

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

The above plan of correction is approved as of 7-12-17 (Date)

Plan of correction implementation status as of 7-12-17 (Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 22670 - 05/31/2017 - Dumas, Gerald
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and Initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record (M.A.R) for the following residents were not initialed to indicate that the residents received their prescribed medications/treatments:

Resident # 2 Vitamin B-1 100 mg. tablet take 1 tab by mouth 2 x daily was not initialed on 5/4/17 at 8:00 a.m. Vitamin C 1 tablet by mouth daily was not initialed on 5/2/17 and 5/4/17.
Compression stockings on 5/24/17 on at 7 - 3 p.m. off at 3 to 11 p.m.

Resident # 3 Centrum 1 tab my mouth daily on 5/24/17 at 8:00 a.m. and Ocuvite 5/24/17 at 8:00 a.m.

Resident # 4 Semvastin 40 mg. on 5/23/17 at 8:00 p.m.

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.

* This regulation is important because it ensures that residents receive medications and treatments as ordered by a physician.

* Plan of Correction for violation of regulation 2600.187(a)
Staff members who had left open holes in the mar have been identified and re-educated on the necessity to make sure all blanks are filled in upon completion of residents med pass.

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


Signature of Legal Entity Representative (Required on EVERY Page)	<i>Debra Faraday</i>
--	----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Debra Faraday administrator</i>	<i>07-07-17</i>

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

The above plan of correction is approved as of 7-12-17
(Date)

Plan of correction implementation status as of 7-12-17
(Date)

The above plan of correction was approved by 
(Initials)

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

please see p 7 Ag 8 also ->

Page 2 of
Page 7 of 8

At the present 1 person who had open holes in the MAR is no longer employed at our home.

at our July Staff meeting the administrator will go over the importance of this regulation again.

~~any nurse or med tech who continually messes blocks will be removed from the med cart and go through retraining before they will be allowed on the cart again.~~

To prevent this from happening-going forward the oncoming shift will monitor and check the outgoing shift for any holes in the Mar.

x The administrator will audit the MARS weekly for accuracy and as another check.

Qd
2-12-17

Debra Faraday
Debra Faraday administrator 07-07-17

Violation Report: 22670 - 05/31/2017 - Dumas, Gerald
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The resident's right's page, in all the resident's contracts, did not include that the resident has a right to refuse or question medication if the resident believes that there may be a medication error.

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.

* This regulation is important because it protects the residents' right to refuse medications that they believe will be erroneously administered.

* Plan of Correction for violation of regulation 2600.191
All resident rights already in place in the contracts will have included. The resident has the right to refuse or question medications the resident believes may be a medication error.

All residents rights will be posted per the departments regulation with this right added.

Residents will be informed in a public forum of this additional rights with a question and answer period to follow.

Administrators will ensure that all updated forms are signed by and added to contract, and posted in public areas.

Administrators will ensure residents and families are educated on this right.

Director of admissions will ensure all new contracts includes the new resident rights form containing this right.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debra Faraday

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


Debra Faraday Administrator

Date *07-07-17*

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

The above plan of correction is approved as of 7-12-17
(Date)

Plan of correction implementation status as of 7-12-17
(Date)

The above plan of correction was approved by 
(Initials)

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