



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Mr. Michael Reinhart,  
President  
Equity Housing Corporation  
P.O. Box 219  
Willow Street, Pennsylvania 17584

RE: Willow View Home  
204 Herrville Road  
Willow Street, Pennsylvania 17584  
License #: 322280

Dear Mr. Reinhart:

As a result of the Department of Human Services' annual licensing inspection on June 1, 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: 32228 - 06/01/2017 - Bomberger, Cybil  
 PCH Name: WILLOW VIEW HOME

**1. REGULATION 55 Pa.Code §2690**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 The contract for resident #1 was not signed by the payer.

**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 Contract of resident 1 was not signed by [redacted] who was listed as Payer. The contract was emailed to resident 1's daughter for signature on 6/8/2017. (please see attached email) The resident's [redacted] signed the contract on admission along with the resident. Any resident who is admitted and has lists a payer will need to sign the admission agreement on or before the admission date. To ensure continued compliance the admission agreements will be reviewed by the admitting personnel, the administrator and one other staff person prior to the chart being filed. New admission procedure implemented immediately.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Michael Reinhart, Administrator      Date 6/12/17

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

The above plan of correction is approved as of <u>6/13/17</u> (Date)	Plan of correction implementation status as of <u>6/13/17</u> (Date)
The above plan of correction was approved by <u>BRT</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: 32228 - 06/01/2017 - Bomberger, Cybil  
 PCH Name: WILLOW VIEW HOME

1. REGULATION 85 Pa.Code §2800  
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The physician for resident #2 ordered that the resident's blood pressure and pulse be taken two times daily prior to administration of prescribed Carvedilol 12.5 mg. for HTN. The home failed to follow this order for the entire month of May 2017.

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.

There was a blood pressure log and a staff communication posted to ensure B/P's are being taken prior to the medication administration. A note was faxed to Resident 2's physician explaining that the B/P's were not being completed.(see attached) To ensure continued compliance we have requested that any medication requiring blood pressures be taken prior to administration be dispensed separately and a label be placed on the packaging, written request sent on 6/10/2017(see attached). We will also have residents medications be audited twice weekly. The first will be by the medication tech on duty when medication arrive from the pharmacy, the second will be by our in house medication trainer. This new procedure was implemented on 6/1/2017.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Michael Reinhart, Administrator Date 6/12/17

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