



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 14, 2018**

Mr. Jeff Naden  
President  
Nasun, Inc.  
1575 Grand Boulevard  
Monessen, Pennsylvania 15062

RE: Hallsworth House  
Certificate #: 428970

Dear Mr. Naden:

As a result of the Department of Human Services' licensing inspection on July 17, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: HALLSWORTH HOUSE		License Number: 42897
Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062		County: Westmoreland
Administrator: Jeff Naden		Region: WEST
Legal Entity Name: NASUN INC		
Legal Entity Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062		
Certificate(s) of Occupancy I-2 02/25/2011 Monessen		DEC 28 2017
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/17/2017: Sutherland, Brent		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 07/26/2017: Sutherland, Brent		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 63 Number of Residents Served: 53 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: 7 Number of Hospice Residents in past year: 20	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 53 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 21 Have a Physical Disability: 1	

Violation Report: 42897 - 07/17/2017 - Sutherland, Brent  
 PCH Name: HALLSWORTH HOUSE

**1. REGULATION 56 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 7/6/17 at approximately 5:07 a.m., resident #1 exited the home unattended. While walking around the exterior of the home, resident #1 fell resulting in hospital treatment for head and facial injuries, including a nasal bone fracture. The home did not report this incident to the Department.

**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.*

DO NOT AGREE

According to the RCG we only had to report, in this instance, if there was serious bodily harm, ie. a "broken nasal bone" "as such, any injury requiring treatment at a hospital or medical facility that does not meet one or more of the above criteria (broken bone) does not need to be reported to the Department"

There is no evidence of a "broken nasal bone". The daughter never gave us the discharge papers from the hospital, even after we asked her to. The discharge instruction would have provided us with the necessary information to properly provide assistance and or care to him and his fracture, from what to do with blood clots or swelling or further bleeding, if there was packing in the nose to limit bleeding etc etc. NO report was filed because there was no reason including visual, to support a claim of the daughters that his nose was broken.

The daughter had been caught in several lies around this time and since she chose not to give us care instructions originating from the hospital plus no visual evidence/treatment to his nose of a broken bone we suspected of another manipulative lie.

Regardless, we have changed our policy to report any and all incidents in which a resident was to leave the facility in order to get assessed for care due to an injury/accident that appears to have originated at the home. This report will be regardless of the findings of the treatment facility, or the amount of time the resident was out of the facility receiving their assessment, ie, hours or overnight. If a follow up report is needed to clarify the actual results of the treatment/assessment then we will do so when that information become available.

Within 15 days of receipt of the plan of correction: All staff persons will be educated in the home's incident reporting policy including the requirement that reportable incidents and conditions must be reported to the Department within 24 hours. *J.M. 2/22/18*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/25/2016 *et al*

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEFF NADEN, PRESIDENT*      Date *12-28-2017*

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

The above plan of correction is approved as of 2/22/18  
 (Date)

Plan of correction implementation status as of 2/22/18  
 (Date)

The above plan of correction was approved by J.M.  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.M.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42897 - 07/17/2017 - Sutherland, Brent  
 PCH Name: HALLSWORTH HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The assessment and support plan for resident #1, dated 6/30/17, indicate that the resident requires physical assistance with ambulation, extensive supervision and cannot leave the home unattended. The plan to meet the resident's supervision needs indicates, "Staff will supervise resident by keeping in common areas". On 7/8/17 at approximately 5:07 a.m., resident #1 exited the home unattended. While walking around the exterior of the home, resident #1 fell resulting in hospital treatment for head and facial injuries, including a nasal bone fracture.

**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.*

Do Not Agree

When the resident was first assessed he was not deemed a flight risk, had he been assessed so, we would not have admitted him. His assessment was based on his cooperation for us providing assistance with his mobility needs. He was originally assessed noting that he would need us to help him be mobile for his safety, that he was not capable of being able to ambulate independently without someone at his side. That morning he changed our commitment by voluntarily choosing to leave the building, by showing us that he would and could ambulate independently, we immediately had to review his needs and when done we sent the family notice to find another facility.

The commitment of "staff will supervise resident by keeping in common areas" was wholly based on his presumed mobility needs, and his cooperation, which was voided when he voluntarily opted to leave the building. When this change occurred we presented the family with our notice to cancel/void the contract and provide them assistance with relocation due to the resident becoming a harm to himself and his newly developed flight risk assessment.

"resident requires physical assistance with ambulation, extensive supervision and cannot leave the home unattended" is for the staff to be educated as to what the resident needs to safely ambulate when we are providing care and not to be turned around against us when the resident voluntarily chooses a different path and attempts to leave the building when no one is watching. After we realized his flight risk, we adapted our daily oversight on a temporary basis while the family found another facility to care for him.

If you find otherwise, our plan to address is to adapt to the change in need a resident develops by revisiting the assessment and support plan to accommodate for the change and if no permanent change can be affected then to assist the family/resident with finding a new facility that is capable of handling the new found need or level of care. This is to be done within the required time frame, for either scenario, on a case by case basis, and reviewed/approved by either of the two administrators in place.

Within 30 days of receipt of the plan of correction: A designated staff person will review all resident assessments and support plans for accuracy, including each resident's current level of supervision needs and the home's plan to meet those needs. Supervision to meet each resident's needs shall be immediately provided.

*JU. 2/22/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEFF NADEN, President*      Date *12-28-2017*

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The above plan of correction is approved as of <u>2/22/18</u> (Date)	Plan of correction implementation status as of <u>2/22/18</u> (Date)
The above plan of correction was approved by <u>JU.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented