



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

Mr. John Williams
Administrator / Owner
Maple Valley Personal Care Home, Inc.
2212 Anthony Run Road
Indiana, Pennsylvania 15701

RE: Maple Valley Personal Care Home
Certificate #: 427690

Dear Mr. Williams:

As a result of the Department of Human Services' annual licensing inspection on September 21, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MAPLE VALLEY PERSONAL CARE HOME		License Number: 42769
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: John Williams		Region: WEST
Legal Entity Name: MAPLE VALLEY PERSONAL CARE HOME INC		
Legal Entity Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		LP-17-11(17)
Certificate(s) of Occupancy C-2 LP 05/01/2008 Labor & Industry		JAN 02 2018 REGISTRATION DIVISION COMMERCIAL LICENSING
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/21/2017: Park, Beth; Winters, Lynn		
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: 33 Number of Residents Served: 29 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: 2 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42769 - 09/21/2017 - Park, Beth
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 3:05 PM, resident #1's discharge instructions from another personal care home were accessible in the unlocked and unattended laundry room. These instructions included personal care needs, weight, dietary needs and a list of healthcare providers for resident #1. Also posted in this location was an admission record for resident #1 which included the resident's social security number, diagnoses and physician's name.

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.

ABOVE STATED FORMS/DOCUMENTS WERE REMOVED FROM THE MED ROOM. STAFF WERE EDUCATED ABOUT CONFIDENTIALITY DURING THE OCTOBER INSURANCE.

Immediately and weekly thereafter: A designated staff person will check the home to ensure resident records are kept in a confidential manner in accordance with 2600.17. *gm. 2/1/18*

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) *John Williams ADM* Date *12-29-17*

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

The above plan of correction is approved as of 3/21/18
(Date)

Plan of correction implementation status as of 3/21/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *gm.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42769 - 09/21/2017 - Park, Beth
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

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
 The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance. However, the home has gas fired PTAC units in 23 first floor bedrooms, a gas stove in the kitchen, a gas fire place in each of two sitting areas, five gas furnaces, and three gas hot water heaters without a carbon monoxide alarm in close proximity.

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.

A LETTER WAS SENT TO BHSL ON 12-13-17. MAPLE VALLEY IS AWAITING A RESPONSE FROM BHSL TO PROPERLY ADDRESS THIS ISSUE.

CO₂ DETECTORS HAVE BEEN INSTALLED (TOTAL OF 17) IN THE FACILITY AS PER THE FIRE SAFETY EXPERTS RECOMMENDATION. *[Signature]* 3-21-18

Immediately: The home will comply with all requirements of the Care Facility Carbon Monoxide Alarms Standards Act, including testing and cleaning the detectors per the manufacturer's guidelines. Documentation of the fire safety expert's recommendations shall be kept. *ms, 3/21/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOHN WILLIAMS ADMA</i>	Date <i>12-29-17</i>
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 (Date)

The above plan of correction was approved by *ms*
 (Initials)

Plan of correction implementation status as of 3/21/18
 (Date)

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- Partially Implemented - Adequate Progress *ms*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42769 - 09/21/2017 - Park, Beth
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

JAN 02 2018

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 12/22/2016, provides unsupervised ADL services but has not successfully completed the Department-approved direct care training course and passed the competency test.

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.

ENCLOSED ARE COPIES OF THE TRAINING CERTIFICATES FOR STAFF PERSON "A". THIS SHOULD MEET THE REQUIREMENT. THREE CERTIFICATES WERE IN THE STAFF PERSON'S FILE AT THE TIME OF THE INSPECTION

Staff person A no longer works for the home. *pu, 3/21/18 (see below)*

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) *John Williams ADM* Date *12-29-17*

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 (Date)

The above plan of correction was approved by *pu*
 (Initials)

Plan of correction implementation status as of 3/21/18
 (Date)

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

pu, 3/21/18

Violation Report: 42769 - 09/21/2017 - Park, Beth
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

JAN 02 2018

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 3/13/2017, did not include the resident's temperature.

Resident #3's medical evaluation, dated 10/11/2016, did not include the resident's height.

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.

CORRECTED DIME'S ARE ATTACHED. DON HAS BEEN MADE AWARE THAT OF THE REQUIREMENTS

Within 15 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has a medical evaluation, completed in its entirety and present in the record. *9/21/18*

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) *JOHN WILLIAMS* Date

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The above plan of correction is approved as of 3/21/18
(Date)

The above plan of correction was approved by JW
(initials)

Plan of correction implementation status as of 3/21/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *JW*
 Partially Implemented - Inadequate Progress
 Not Implemented

JAN 02 2018

Violation Report: 42769 - 09/21/2017 - Park, Beth
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted [redacted] 2017, did not have a preadmission screening form completed.

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.

PREADMISSION SCREENING FORM IS ATTACHED.

Within 5 days of receipt of the plan of correction: The administrator or designee will review all staff records to ensure each direct care staff person has completed and passed the Department-approved direct care training course and that documentation of passing the test are present in the staff records. *JH. 3/21/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>John Williams</i>	

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The above plan of correction was approved by <u>JH.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JH.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented