



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Mr. Kent D. Peachey,
Chief Executive Officer
Valley View Haven
4702 East Main Street – The Terrace
Belleville, Pennsylvania 17004

RE: Valley View Haven
Certificate #: 335520

Dear Mr. Peachey:

As a result of the Department of Human Services' annual licensing inspections on October 5 and 6, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: VALLEY VIEW HAVEN		License Number: 33552
Address: 4702 EAST MAIN ST THE TERRACE, BELLEVILLE, PA 17004		County: Mifflin
Administrator: PHYLLIS YODER		Region: CENTRAL
Legal Entity Name: VALLEY VIEW HAVEN		
Legal Entity Address: 4702 EAST MAIN STREET, BELLEVILLE, PA 17004		
Certificate(s) of Occupancy		
C-2 LP 12/08/2000 Labor and Industry	C-1 05/07/1998 Dept. of Health	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 82	Waking Staff: 62
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/05/2017: OPake, Hope; Heemer, Laura		
10/06/2017: OPake, Hope; Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p align="center">RECEIVED</p> <p align="center">RECEIVED</p> <p align="center">CENTRAL REGIONAL FIELD OFFICE</p> <p align="center">CENTRAL REGIONAL FIELD OFFICE</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 82 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: 2 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 81 Have Mental Illness: 4 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 33532 - 10/05/2017 - OPake, Hopa
PCH Name: VALLEY VIEW HAVEN

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights,
(2) Emergency medical plan,
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10226.101-10226.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
The record of training for Staff Member A does not include resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of incidents and conditions.

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.

In accordance with PA Code 55, Chapter 2600.65(b), effective October 19, 2017 all Direct Care, Nutrition Services, Housekeeping, Maintenance staff along with any other ancillary staff or volunteers, who work in the Personal Care Home, will receive training from either the Director of Human Resources, Support Plan Coordinator, Personal Care Home Administrator or Assistant Personal Care Home Administrator, in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions within 40 scheduled working hours of hire. All staff will initial and sign yearly to document receipt of the above training.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kent O. Peachey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kent O. Peachey Date 10-25-2017

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

The above plan of correction is approved as of 10-26-17
(Date)

The above plan of correction was approved by SE
(Initials)

Plan of correction implementation status as of 10-26-17
(Date)

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

Violation Report: 33662 - 10/05/2017 - OPaka, Hope
PCH Name: VALLEY VIEW HAVEN

- 1. REGULATION 65 Pa.Code §2600**
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.6102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

-Staff Member B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2016.

-Staff Member C did not receive training in falls and accident prevention during training year 2016.

-Staff Member D did not receive training in fire safety, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act, and falls and accident prevention during training year 2016.

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.

In accordance with PA Code 55, Chapter 2600.65(g), effective October 19, 2017 all Direct Care, Nutrition Services, Housekeeping, Maintenance staff along with any other ancillary staff or volunteers, who work in the Personal Care Home, will receive annual training that includes fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness, resident rights, the Older Adult Protective Services Act, Falls and accident prevention, new population groups that are being served at the home if applicable. Required training will be provided at the regularly scheduled annual staff in-services or at other scheduled training times. All staff will initial and sign yearly to document receipt of the above training.

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
Kent O. Peachey		10-25-2017

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

The above plan of correction is approved as of 10-26-17
(Date)

The above plan of correction was approved by BZ
(Initials)

Plan of correction implementation status as of 10-26-17
(Date)

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

RECEIVED TIME OCT. 19. 10:59AM

RECEIVED TIME OCT. 25. 1:41PM

Violation Report 33852 - 10/06/2017 - OPeke, Hope
PCH Name: VALLEY VIEW HAVEN

1. REGULATION 88 Pa.Code §2600
2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
(1) The name, position and duties of each direct care staff person.
(2) The required training courses for each staff person.
(3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
The home's staff training plan does not include staff names, positions, and duties; required training courses for each staff person; and dates, times, and locations of scheduled training for each staff person for the coming 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.

on 10/12/17 (see)
The staff training plan will be updated so that each direct care staff person receives a form listing the following items:

- The staff person's name and title
- The staff person's job description which lists their title and their responsibilities
- The required annual training, which includes attendance at one of the annual staff in-services, dates, times and location will be included for the upcoming year, and fire safety training, which will include dates, times and locations for the upcoming year.

A copy of the form will be maintained by the Support Plan Coordinator to document that the required training was completed by each direct care staff person.

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
Kent O. Peachey		10-25-2017

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

The above plan of correction is approved as of 10-26-17
(Date)

The above plan of correction was approved by KE
(Initials)

Plan of correction implementation status as of 10-26-17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED TIME OCT. 19. 10:59AM

RECEIVED TIME OCT. 25. 1:41PM

Violation Report 33852 - 10/05/2017 - OPAke, Hope
PCH Name: VALLEY VIEW HAVEN

1. REGULATION 55 Pa.Code §2900
2800.224(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
-The pre-admission screening for Resident #2 does not include a determination that the home can meet the needs of the resident.
-The pre-admission screening for Resident #3 does not include a determination that the home can meet the needs of the resident.

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 date by which the steps will be completed.

The preadmission screening will be completed by the Personal Care Home Administrator or designee and will include a determination that the home can meet the needs of the resident. The determination will be properly documented on the Preadmission Screening Form. Each form will be reviewed by the Assistant Personal Care Home Administrator or designee to ensure all requirements of the screening are met and documented properly on the form.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> <u>Kent D. Peachey</u>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <u>Kent D. Peachey</u>			Date <u>10-25-2017</u>

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

The above plan of correction is approved as of <u>10-26-17</u> (Date)	Plan of correction implementation status as of <u>10-26-17</u> (Date)
The above plan of correction was approved by <u>SE</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

RECEIVED TIME OCT. 19. 10:59AM

RECEIVED TIME OCT. 25. 1:41PM