



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: February 13, 2018

Ms. Staci Calabro
President
New Concepts Inc.
PO Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749
License #: 213120

Dear Ms. Calabro:

As a result of the Department of Human Services' licensing inspection on January 4, 2018 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21312 - 01/04/2017 - Deluca, Amy
 PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

Through staff interviews and documentation of shift routine duties it was determined that direct care staff are required to perform several ancillary duties, including cooking, serving meals, and vacuuming during their shifts.
 On 12/30/2017 the home's census was 19 residents, requiring 14.25 hours of personal care services during waking hours of 7am to 11pm. After factoring in ancillary duties it was determined that staff provided only 14 hours of personal care services on 12/30/17.
 On 12/31/2017 the home's census was 20 residents, requiring 15 hours of personal care services during waking hours. After factoring in ancillary duties it was determined that staff provided only 14 hours of personal care services on 12/31/17.
 The home did not provide at least 75% of the required personal care hours during waking hours on 12/30/17 and 12/31/17.

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.

Staff duties were revised to assure that all staff are aware of all duties both personal care and ancillary. Staffing schedules are completed to ensure the correct amount of personal care hours are provided in a 24 hour period. This is important to be certain that residents receive required personal care. Staff review was conducted for personal care duties. The Administrator is responsible for supervision and ongoing monitoring.

The administrator will ensure that there are sufficient staff persons on duty each day to meet the requirements of 2600 57a-57d. The administrator is responsible for ongoing compliance. M 2/12/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Staci Calabro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Staci Calabro Res* Date *1/18/18*

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

The above plan of correction is approved as of <u>2/12/18</u> (Date)	Plan of correction implementation status as of <u>2/12/18</u> (Date)
The above plan of correction was approved by <u><i>M</i></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: 21312 - 01/04/2017 - Deluca, Amy
 PCH Name: THE SUSQUEHANNA HOUSE

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

Staff did not sign or initial the Medication Administration Record of resident #1 on 12/28/2017 to indicate that 2mg of Risperidone had been administered at 5pm.

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.

Through med cart audit it was determined Risperidone was administered and med staff inadvertently missed the signature on the MAR's. A staff review was conducted concerning the importance of following med pass procedures including signature of medication administration in order to maintain accurate documentation. The Administrator will conduct weekly MAR's audits for next 2 months and at least monthly thereafter. Administrator will ensure ongoing supervision and compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dina Calabro

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

Dina Calabro

Date *1/18/18*

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The above plan of correction is approved as of

2/12/18
 (Date)

Plan of correction implementation status as of

2/12/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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