



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 27 2018

Mr. Frederick D. Kessler  
President  
Leeds Health Care Services Inc.  
PO Box 32  
Northumberland, Pennsylvania 17857

RE: Nottingham Village Retirement Center  
60 Neitz Road, PO Box 32  
Northumberland, Pennsylvania 17857  
License: 202130

Dear Mr. Kessler:

As a result of the Department of Human Services' (Department) annual licensing inspection on January 25, 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.

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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER		License Number: 20213
Address: 60 NEITZ ROAD PO BOX 32, NORTHUMBERLAND, PA 17857		County: Northumberland
Administrator: Kimberly Golder		Region: NORTHEAST
Legal Entity Name: LEEDS HEALTH CARE SERVICES INC		
Legal Entity Address: PO BOX 32, NORTHUMBERLAND, PA 17857		
<b>Certificate(s) of Occupancy</b>		
LP 08/03/1984 L&I	A2 C-2 LP 07/02/2002 L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
01/25/2018: Harvey, Jason; Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 90 Number of Residents Served: 44 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20213 - 01/25/2018 - Harvey, Jason  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed Amuity 100 mcg inhaler, the inhaler was dated 12/6/17 when opened and stored in the medication cart. The manufacturer directions indicate the inhaler is to be used within 40 days of the inhaler being opened. The inhaler expired on 1/17/2018.

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 has been educated on the importance of "use by" dates.  
 - Documentation attached. 490  
 Personal Care Supervisor will audit compliance.  
 Administrator will oversee & ensure ongoing compliance.  
 The home will retain documentation of audits, including finding? steps taken. Op  
 3-13-18

Repeat Violation: Yes  Date(s) of Previous Violation(s): 01/18/2017

Signature of Legal Entity Representative (Required on EVERY Page) Kimberly A. Golder

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly J. Golder, Administrator Date 2/28/18

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

The above plan of correction is approved as of <u>3-13-18</u> (Date)	Plan of correction implementation status as of <u>3-13-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 20213 - 01/25/2018 - Harvey, Jason  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 It is the home's policy that two staff persons count the narcotic medication at the beginning and end of each shift. On the following dates and times, the home did not count the narcotics per the home's policy as indicated on the Narcotic Count Sheet:

1/22/18; at the end of the 2:30pm shift the staff person leaving did not sign the narcotic count sheet.

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.

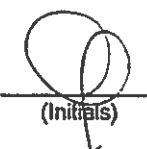
Staff has been reeducated on the policy requiring 2 signatures.  
 - Documentation attached 49  
 Personal Care Supervisor will audit for compliance.  
 Administrator will oversee to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly J. Boulder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly J. Boulder</i>	Date <i>2/28/18</i>
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Violation Report: 20213 - 01/25/2018 - Harvey, Jason  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

The home failed to update resident #2's Assessment and Support Plan (R.A.S.P.) dated 6/10/17 indicating a series of falls from 6/27/17 to 11/25/17. Additionally, the home did not document in writing referrals to Occupational and Physical Therapy and a plan to meet the resident's needs.

**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 has been educated on the importance of updating the support plan and documenting resident needs.

- Documentation attached. (ye)

Personal Care Supervisor will audit for compliance.

Administrator will oversee to ensure ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kimberly J. Boulder*

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

*Kimberly J. Boulder, Administrator*

Date

*2/28/18*

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3-13-18  
 (Date)

Plan of correction implementation status as of 3-13-18  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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