



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 13, 2018

Mr. Michael A. Barton
Executive Vice President
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: NHS Russellton PCH
108 Cedarwood Circle
Russellton, Pennsylvania 15078
Certificate #: 438420

Dear Mr. Barton:

As a result of the Department of Human Services' licensing inspection on February 1, 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,

A handwritten signature in cursive script, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: NHS RUSSELLTON PCH		License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15078		County: Allegheny
Administrator: Megan Vereb		Region: WEST
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		
Certificate(s) of Occupancy R-4 01/04/2017 West Deer Township		RECEIVED MAR 05 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/01/2018: Hoover, Josh		
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: 10	Number of Residents who:	
Number of Residents Served: 10	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 10	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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MAR 05 2018

Violation Report: 43842 - 02/01/2018 - Hoover, Josh
PCH Name: NHS RUSSELLTON PCH

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.15(a); The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 1/30/2018 at approximately 9:30a.m., staff person A, the home's administrator, received an allegation of abuse against staff person B regarding resident #1. This allegation of abuse was not reported to the local Area Agency on Aging.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Staff A (Administrator) reported verbally and by email the allegation of abuse to the local Area Agency on Aging on 2/2/18.	1-2. Management	1. 2/2/2018	1. Email record
2. Staff A (Administrator) completed a webinar training through BHSL on 2/28/18, entitled Reportable Incidents: Requirements and Best Practices.	3. All new staff	2. 2/28/2018	2-3. Training Records
3. Incoming staff, upon hire, will be trained of the Older Adult Protective Services ACT during new hire.		3. Upon Hire	

Immediately - all staff will be reeducated on abuse reporting procedures.

Handwritten initials and date:
3/9/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tennessee Snyder*

Printed Name and Title of Legal Entity Representative *Tennessee Snyder* Date *3/5/18*
(Required on EVERY Page) *Executive Regional Director of Behavioral Health*

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

The above plan of correction is approved as of 3/9/18
(Date)

Plan of correction implementation status as of 3/9/18
(Date)

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

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

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MAR 05 2018

WEST REGION REGULATORY
Human Services Licensing

Violation Report: 43842 - 02/01/2018 - Hoover, Josh
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 55 Pa.Code §2600
2800.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
On 1/30/2018 at approximately 9:30a.m., staff person A, the home's administrator, received an allegation of abuse against staff person B regarding resident #1. Staff person B continued to provide unsupervised direct care services to residents of the home on 1/30/2018, 1/31/2018, and 2/1/2018.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
<p>A supervision plan was developed for Staff (B) following the incident on 1/30/18. Staff (A) received a phone call from BHSL on 1/30/18 reviewing the incident and the supervision plan with this writer. During that call it was indicated that the supervision plan was adequate and that nothing further was required. Staff (A) also reviewed this case with [redacted] from BHSL and notified [redacted] that the supervision plan had been approved.</p> <p>1. Management will continue to follow all guidelines around abuse allegations and reportable incidents.</p>	1. Management	1. Ongoing	1. Training, BHSL technical support

If/when any future allegations of abuse occur, the home will immediately place the accused staff person on a plan of supervision which includes having no access to any residents without the presence of another qualified direct care staff person, or suspend the staff person or persons involved until completion of all investigations.

JM
3/5/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative *Tinnesia Snyder* Date *3/5/2018*
(Required on EVERY Page) *Executive Regional Director of Behavioral Health*

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(Date)

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(Initials)

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MAR 05 2018

Violation Report: 43842 - 02/01/2018 - Hoover, Josh
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 1/30/2018 at approximately 9:15a.m., staff person B conducted a search of resident #1's room in order to look for cigarette lighters, beverages, and drinking cups. Staff interviews indicate that this is a frequent practice.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Management will continue to follow all privacy regulations. If Management suspects a need due to safety concerns within Resident rooms, an open discussion will occur with Resident. If discussion doesn't work, Management will contact local police department to conduct a formal search.	1. Management	1. Ongoing	1. Shift Note

Immediately - The administrator or designee will contact the BSL Western Regional Office for guidance and/or approval of resident room search for non-emergency situations.

3/19/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative *Tinnesia Snyder* Date *3/15/2018*
(Required on EVERY Page) *Executive Regional Director of Behavioral Health*

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The above plan of correction is approved as of 3/19/18 (Date)

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

Plan of correction implementation status as of 3/19/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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MAR 05 2018

WEST REGION FIELD OFFICE
HUMAN SERVICES Licensing

Violation Report: 43842 - 02/01/2018 - Hoover, Josh
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 85 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
The support plan for resident #1, dated 4/9/2017, does not address the resident's need for a pureed diet, fluid restriction, or nectar thick liquids, as indicated on the medical evaluation, dated 10/27/2017. The support also plan fails to address the behavioral care needs of the resident in relation to these dietary restrictions.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Resident #1's DME/MA-51 was updated on 1/29/18 based on the order that was made on that was written on 12/18/17. The RASP was officially updated on 2/8/18 to include the physician's orders and to address the behavioral care needs of the resident in relation to the dietary restrictions. 2. Nursing staff will review all physician orders following medical appointments to ensure that there are no revisions that are needed in the RASP.	1-2. Management and Nursing	1. 2/8/18 and ongoing	1. Training, regular review of physician order.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tennessee Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tennessee Snyder* Date *3/5/2018*
Executive Regional Director of Behavioral Health

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The above plan of correction is approved as of 3/9/18
(Date)

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

Plan of correction implementation status as of 3/9/18
(Date)

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