



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 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's Bureau of Human Services Licensing annual inspection on March 27, 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.

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: 21312 - 03/27/2018 - Foulkes, Kimberli
 PCH Name: THE SUSQUEHANNA HOUSE

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
 Resident #1 has a physician's order for accu checks 4 times daily, before breakfast, before lunch, before dinner, and before snack. On 3/26/18 the blood glucose reading in the glucometer before dinner was 82 and was documented on the blood glucose chart as 81.

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.

The Administrator conducted a staff review on the importance of documenting exact, correct B.G. readings on residents charts. The 1 point difference did not change the amount of glucose to be administered according to orders on the sliding scale, however accurate documentation is important to resident health maintenance.
 The administrator will conduct weekly audits of B.G. machine for next 4 weeks and at random times monthly thereafter to ensure proper documentation.

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

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

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|---|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Staci Calabro Pres</i> | Date <i>5/2/18</i> |
|---|--------------------|

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

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|--|---|
| The above plan of correction is approved as of <u>5/18/18</u> (Date) | Plan of correction implementation status as of <u>5/18/18</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 |