



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Mr. Jeff Naden  
President  
Nasun, Inc.  
1575 Grand Boulevard  
Monessen, Pennsylvania 15062

RE: Hallsworth House  
Certificate #: 428970

Dear Mr. Naden:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 3, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: HALLSWORTH HOUSE		License Number: 42897
Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062		County: Westmoreland
Administrator: Jeff Naden		Region: WEST
Legal Entity Name: NASUN INC		
Legal Entity Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062		
Certificate(s) of Occupancy C-2 LP 07/10/2000 L&I		<p><b>RECEIVED</b></p> <p>MAY 10 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 68	Waking Staff: 61
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/03/2018: Hoover, Josh; Mulick, Cindy		
<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: 63 Number of Residents Served: 46 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: 9 Number of Hospice Residents in past year: 25	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 46 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0	

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Violation Report: 42897 - 04/03/2018 - Hoover, Josh		WEST REGION FIELD OFFICE	
PCH Name: HALLSWORTH HOUSE		Human Services Licensing	
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  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.</p>			
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  There are multiple cameras throughout the home that are recording common areas, to include:                  -Camera 4 captures a large portion of the front sitting area/living room adjacent to the reception desk                  -Camera 5 captures the entirety of the front sitting area/living room and a portion of the front dining area.                  -Camera 6 captures the remainder of the front dining room not captured by camera 5                  -Camera 20 captures the entirety of the main dining area                  -Camera 22 captures approximately 1/2 of the main living room                  -Camera 23 captures the remainder of the main living room not captured by camera 22                  -Camera 24 captures the majority of the rear dining area                  Signage posted throughout the home indicates "video surveillance," rather than indicating that video recording is taking place.</p>			
<p><b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.)  <i>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.</i></p> <p>Signs will be replaced, "recording" will be added to "surveillance"                  Attached is a copy of the new sign being installed.                  Will be installed by 5/20/18</p> <p>ALL cameras in use comply with the regulation. Each camera meets the entire requirement we were instructed to follow from the inspection VR on 4/28/15. Each camera sees either an entrance or exit, or an interior corridor leading to an entrance or an exit. (a copy of the instruction page is attached here) None of our camera angles or placement have changed since prior to 4/28/15.</p> <p><i>The administrator will ensure only the home's exits and corridors leading to entrances and exits are recorded.</i></p> <p><i>OST</i></p>			
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	
JEFF NADEN Admin		5/10/18	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>5/16/18</u> (Date)		Plan of correction implementation status as of <u>5/16/18</u> (Date)	
The above plan of correction was approved by <u><i>ON</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	

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Violation Report: 42897 - 04/03/2018 - Hoover, Josh  
 PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

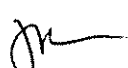
The most recent fire drill conducted during sleeping hours was on 4/28/2017.

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 fire drill in question was done at 10 pm which is when our residents are asleep. Administrator did fail to see that the qualifying time was 11 pm to 7 am, specifically.

Last month April, 2018, was our next scheduled "sleeping hours" fire drill and it was performed within the required time frame. A copy of our log is included here.

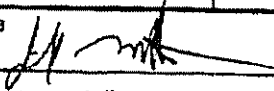
Future, administrator will follow up each of our scheduled nightly drills, (April and October) before the end of each month to verify the actual drill was performed during the appropriate hours, leaving us time to redo one if necessary.

Sleeping hours fire drill conducted on 4/26/18 at 6:45 a.m.  
  
 5/16/18

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  
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JEFF NADEN Admin

Date 5/10/18

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Violation Report: 42B97 - 04/03/2018 - Hoover, Josh  
 PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

A medical evaluation has not been completed for resident #1, who was admitted on 2/16/2018.

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.

The DME has been completed, a copy of which is attached here.  
 Administrator lost track of timeliness due to delays from physician  
 Immediately:  
 We have initiated a two person check system on new admissions. This system will require two people to sign off on the timeliness of these required documents for all new residents  
 The checklist paper is attached here.  
 This new system should prevent errors with these documents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/03/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JEFF NADEN Admin	5/10/18

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Violation Report: 42897 - 04/03/2018 - Hoover, Josh  
PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 6/17/2017, was blank in the areas of height, weight, pulse rate, blood pressure, and temperature.

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.

A copy of the DME in question is attached here.  
The required information has been obtained and added to the form for compliance.  
In the future this error should be eliminated by the two person sign off form/process that has been initiated so that two people review each of the required documents prior to filing. Annually, or as each document is redone, the two person check will also be employed to verify compliance with the required information for each document.  
All DME's completed in the last 5 months have been reviewed for compliance with this matter  
At least one of the two people signing off of this document will be an Administrator.

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Violation Report: 42897 - 04/03/2018 - Hoover, Josh  
PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident #2's Humalin N 100units/ml quickpen did not indicate the prescribed dosage or instructions for administration.

The label for resident #3's Banophen 25mg capsules indicates "take 1-2 capsules by mouth every six hours as needed." The resident is ordered Banophen 25mg capsules, 1 capsule every six hours as needed.

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.*

Fixed shortly after inspection after review and adjustments made with Pharmacy.

Copy of information attached here for validation of fix.

For the Banophen:

Future, Administrator and Nurse will set up an occasional review/audit to inspect for accuracy. Med Techs have been reminded to compare meds arriving from pharmacy against the prescription that was faxed in when it applies. Sometimes Drs. send Scripts directly to Pharmacy. Discussion has begun to involve pharmacy in to do their own audit when they cycle out medications monthly.

For the Humalin, the pharmacy has agreed to put ALL pens in their own bag, each bag will have only one pen versus the old way of multiple pens in one bag. Each pen already states "refer to label" instructions as per this new change.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JEFF NAYEN Admin** Date **5/10/18**

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Violation Report: 42897 - 04/03/2018 - Hoover, Josh  
PCH Name: HALLSWORTH HOUSE

MAY 10 2018

1. REGULATION 65 Pa.Code §2800  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Humalog 100u/ml Kwikpen: Refer to sliding scale calculator three times daily before meals.

- 150-200=3U
- 201-250=6U
- 251-300=9U
- 301-360=12U
- 361-400=15U
- If >400=18U.

On 4/3/2018 at 8:00 a.m., resident #2's blood glucose level was 86; however, 3 units of insulin were administered by staff person A. No insulin should have been administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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The med trained and Diabetic trained staff person made an error. The staff person was monitored on future med passes that involved our diabetic residents by our nurse/administrator for both education and compliance.

Although no further errors were made, after several monitored med passes, the med tech staff member was no longer comfortable passing medication and chose to be relieved of med pass duties.

As such, other properly trained and educated staff members have absorbed med pass duties.

In the future, we plan on unannounced random audits to the med pass and to Glucometer readings to compare to dosages given, mostly geared toward the newer med techs in our system.

Administrator and or nurse will complete the random audits, at least quarterly. *J 5/16/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
*JEFF NADEN Admin 5/10/18*

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Violation Report: 42897 - 04/03/2018 - Hoover, Joah  
PCH Name: HALLSWORTH HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

An assessment has not been completed for resident #1, who was admitted on 2/16/2018.

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.

First and last page of the RASP is included here to show the document has been finalized. We have been able to assess how the error was made and have altered our admission checklist to accommodate the time frame/limit that the RASP has. One of the two staff members that complete admissions will have to check off these sections prior to handing the admission packet off for review with the administrator. Then the administrator will verify the time compliance, as well as other compliance matters, before the residents file is filed away. This two person check will be completed with each new admission in order to prevent future errors.

Immediately - The administrator or designee will review the assessments of all residents to ensure a timely and complete assessment is present in each residents' record.

*J* 5/16/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/03/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
JEFF NADEN Admin      5/16/18

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