



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 30 2018**

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

RE: NHS Lehigh Valley Center  
515 Delaware Avenue  
Bethlehem, Pennsylvania 18015  
License #: 224010

Dear Mr. Barton:

As a result of the Department of Human Services' (Department) annual licensing inspection on April 5, 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: 22401 - 04/05/2018 - O'Haire, Anne  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 The water temperature measured 129 degrees Fahrenheit in the large bathroom located on the 3rd floor.

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.

Regulation 89b- 3<sup>rd</sup> floor sink water temperature was 129 degrees- Merakey facilities department serviced the 3<sup>rd</sup> floor faucet and re-calibrated this on 4/6/2018. Facilities were able to get the temperature down to 115 degrees.

Water temperatures are tested monthly by the last day of each month. These are conducted by facilities management and a reminder is set in both administrator and facilities outlook calendar. The record of temperatures is kept by administrator and Facilities in the laundry room. If there are any high temperatures above 120 degrees, Facilities will calibrate to ensure safe temperatures.

See attached sheet.

*The administrator shall monitor and be responsible for ongoing compliance.*

*m*  
 4/30/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Beth McAister*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Beth McAister BH Reg Ex DIR*      Date *4/17/2018*

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

The above plan of correction is approved as of 4/30/18  
 (Date)

Plan of correction implementation status as of 4/30/18  
 (Date)

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

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

Violation Report: 22401 - 04/05/2018 - O'Haire, Anna PCH Name: NHS LEHIGH VALLEY CENTER	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	
2a. DESCRIPTION OF VIOLATION Room #210 did not have a source of lighting accessible from the bedside.	
3. PLAN OF CORRECTION (POC) (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>Regulation 101j7- Room 303 did have a table top lamp in bedroom on night stand. Administrator placed a clip on light on head board at time of inspection on 4/5/2018. This was corrected on 4/5/2018. Furniture is checked monthly by staff, any missing furniture is reported to Administrator to correct.</p> <p>See attached check sheet.</p> <p style="text-align: center;"><i>The administrator shall monitor and be responsible for ongoing compliance.</i></p> <p style="text-align: right;"><i>[Signature]</i> 4/30/18</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth McAulister, Regional Director</i>	Date <i>4/17/2018</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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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: 22401 - 04/05/2018 - O'Haire, Anne  
 PCH Name: NHS LEHIGH VALLEY CENTER

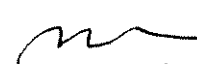
1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

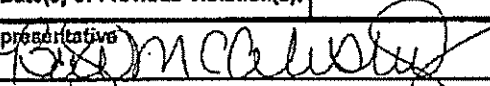
2a. DESCRIPTION OF VIOLATION  
 A sock was located behind the dryer posing a possible fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Includes 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.

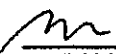
Regulation 125a- there was a sock behind the clothes dryer. This was corrected at time of inspection. Staff who assists with laundry will check behind the dryer once all laundry is completed. Administrator will complete monthly checks to ensure nothing was missed. The attached memo is posted in the laundry room.

See attached Memo to all staff

*The administrator shall monitor and be responsible for ongoing compliance -*  
  
 4/30/18

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 (Required on EVERY Page) <i>Beth M. GAWER Reg. Ed. Director</i>		Date <i>4-17-2018</i>

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Violation Report: 22401 - 04/05/2018 - O'Haira, Anne  
 PCH Name: NHS LEHIGH VALLEY CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill conducted on 2/13/18 at 6:35am notes 3 staff members participated, only 2 staff members participated. The fire drill is not documented correctly.

**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.

**Regulation 132c-**

Fire Drill documentation for drill conducted on 2/13/18 at 6:35AM will be amended to include the correct number of participant to immediately correct the deficiency in documentation. Administrator is aware of the requirements for conducting fire drills and in accordance to Merakey corporate and local policy and will only observe the evacuation. Upon completion of the drill administrator will review the effectiveness of the fire drill procedure with designated staff and outline appropriate actions and/or deficiencies in the process.

*The administrator shall monitor and be responsible for ongoing compliance.*

*4/30/18*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beth McAulister*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beth McAulister Reg. Supt. Director*      Date *4-17-2018*

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Violation Report: 22401 - 04/05/2018 - CHaire, Anne  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's DME dated 1/19/18 does not include information regarding body positioning, health status and cognitive functioning.

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.

141a2- This was corrected at time of inspection. Moving forward the LPN will ensure the DME form is completed in its entirety by pre-populating applicable areas prior to doctor completing. Once returned from Doctor, LPN or shift lead will review document and notify physician and Administrator if any additional information is needed.

*The administrator shall monitor and be responsible for ongoing compliance.*

*[Signature]*  
 4/30/18

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Beth McAlister Beard, Director		4-17-2018

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Violation Report: 22401 - 04/05/2018 - O'Haire, Anna  
 PCH Name: NHS LEHIGH VALLEY CENTER

1. REGULATION 65 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 #2's Glucometer was not calibrated to the correct dates. The dates being reviewed were 04-01-18 thru 04-05-18 and the glucometer was displayed dates 03-20-18 thru 03-24-18.

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.

185a- The glucometer was re- calibrated at time of inspection. Glucometer monitoring occurs monthly and calibrating occurs monthly. We have a check off sheet that is kept in the medication room and monitored monthly by LPN staff and Administrator.

*The administrator shall monitor and be responsible for ongoing compliance.*  
*[Signature]*  
 4/30/18

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beth McAister Reg. Ed. Dir*      Date *4-17-2018*

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