



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 08 2018

Mr. Craig Cordell,
Executive Director
New Visions of South Central PA, Inc.
152 South Second Street
Chambersburg, Pennsylvania 17201

RE: New Visions Inc.
103 Deerview Drive
Newville, Pennsylvania 17241
Certificate #: 328700

Dear Mr. Cordell:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 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.

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: 32870 - 05/03/2018 - Heamer, Laura
 PCH Name: NEW VISIONS INC

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time is 2 minutes and 30 seconds. The fire drill held on 12/19/2017 is recorded as having taken 3 minutes and 30 seconds to evacuate Residents to the designated meeting place.

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.

In the event that a fire drill takes longer than 2 minutes and 30 seconds, a second fire drill will be held within a week to ensure that all residents are able to be evacuated from the home within the specified period of time. All staff were notified of this via a memo on 5/8/18. New staff will be notified during their initial training. Administrator will continue to review fire drill records after each drill to ensure that problems are corrected as soon as possible.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Megan G. Richard, RA

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

Megan G. Richard

Date

5/8/18

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

The above plan of correction is approved as of

5/14/18
 (Date)

Plan of correction implementation status as of

5/14/18
 (Date)

The above plan of correction was approved by

GRS
 (Initials)

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

Violation Report: 32870 - 05/03/2018 - Heamer, Laura
 PCH Name: NEW VISIONS INC

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The records of Resident 1 and Resident 2 Do not contain documentation of Resident 1 or Resident 2 having been educated regarding a resident's right to refuse medication if the resident believes that there may be a medication error.

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.

On 5/7/18, resident charts were inspected by the administrator to make sure that there was documentation for each resident that they were educated regarding their right to refuse medication if they believe there may be a medication error. The residents who did not have documentation were educated about their right to refuse medications, and they signed a form that was placed in their charts. This documentation was added to the paperwork for new charts to prevent it from being left out during admission.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Megan C. Richard, BA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Megan C. Richard, BA* Date *5/8/18*

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

The above plan of correction is approved as of 5/14/18
 (Date)

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

Plan of correction implementation status as of 5/14/18
 (Date)

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