



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 04 2019

Mr. John Williams  
Administrator / Owner  
Maple Valley Personal Care Home, Inc.  
2212 Anthony Run Road  
Indiana, Pennsylvania 15701

RE: Maple Valley Personal Care Home  
Certificate #: 427690

Dear Mr. Williams:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 14, 2018 and October 15, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 cursive script that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: MAPLE VALLEY PERSONAL CARE HOME		License Number: 42769
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: John Williams		Region: WEST
Legal Entity Name: MAPLE VALLEY PERSONAL CARE HOME INC		
Legal Entity Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		
<b>Certificate(s) of Occupancy</b> I-1 05/31/2018 Armstrong TWP Indiana Count		RECEIVED JAN 22 2019 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 20	Waking Staff: 15
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>		
09/14/2018: McConnell, Deb; Grace, Desmond		
<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: 40 Number of Residents Served: <del>20</del> 29 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: 1 Number of Hospice Residents in past year: 2	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 29 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

Multiple records of discharged residents were unlocked, accessible, and unattended in the second floor main storage closet. The door does not have a lock to prevent unauthorized access to the resident records.

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

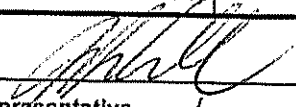
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*RESIDENT RECORDS HAVE BEEN RELOCATED TO A SECTION IN THE FACILITY THAT IS LOCKED AND UNACCESSIBLE TO ANYONE BUT STAFF.*

Immediately - A designated staff person will monitor the home daily to ensure all resident records are kept locked. -- JRW 2/6/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2017	
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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)

*John Williams*

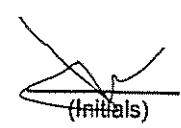
Date *12-5-18*

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

The above plan of correction is approved as of 2/6/19  
 (Date)

Plan of correction implementation status as of 2/6/19  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff persons A and B did not complete annual training in infection control and general principles of cleanliness and hygiene for training year 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.*


*MUCH ATTENDANCE POLICY FOR INSERVICES/ TRAINING HAS BEEN CHANGED TO REQUIRE ANY STAFF WHO MISS A SCHEDULED TRAINING MUST NOW MAKE IT UP WITHIN 60 DAYS.*

Staff persons A and B received training in these topics during training year 2018.

Staff training records will be reviewed quarterly as part of the home's quality management review, to ensure all staff complete mandatory trainings. -- JRW 2/6/19

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)	Date
<i>Jan McConnel</i>	12-5-18

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Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**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**

The rear gate in the enclosed courtyard has a clasp lock on the outside of the gate, posing potential difficulties in opening in the event of an emergency.

On 9/14/18 at approximately 11:45am, the second floor emergency exit door at the top of the landing was locked; blocking the egress to the secondary emergency exit from the second 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.*

*THE CLASP ON THE GATE HAS BEEN RELOCATED TO THE INSIDE OF THE GATE. THE LOCKSET TO THE SECOND FLOOR EMERGENCY EXIT HAS BEEN CHANGED TO A NON-LOCKABLE LOCKSET.*

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)	Date
<i>John McNamee</i>	<i>12-5-18</i>

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 (Initials)

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Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The usual number of staff persons working during the 11:00 p.m.-7:00 a.m. shift is two. The home has not conducted a sleeping hours fire drill with the minimum number of staff in the past year.

**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.

THIS DRILL WAS IN FACT HELD WITH ONLY 2 STAFF. THE ADMINISTRATOR IN ADVERTENTLY INCLUDED HIMSELF IN THE COUNT WHEN IN FACT HIS ONLY FUNCTION DURING THE DRILL WAS TIMING THE DRILL.

THE NIGHTTIME FIRE DRILL WAS REPEATED ON JAN 14, 2019 WITHOUT INCLUDING THE TIMER IN THE COUNT. TWO STAFF WERE ON DUTY DURING THE DRILL

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)

*John Williams*

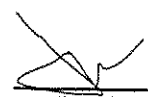
Date 1-14-19  
12-5-18

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(Initials)

Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

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 most recent medical evaluation for resident #1 was completed on 6/13/17.

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.

*UPDATE DIME IS ATTACHED. DWN MADE AWARE OF THE REQUIREMENT, SHE WILL MONITOR FOR FUTURE COMPLIANCE*

Immediately- The administrator or designee will create and implement a tracking system to ensure each resident has an annual medical evaluation. --JRW 2/6/19

Immediately - The administrator or designee will review the medical evaluations of all current residents to ensure a medical evaluation, completed in the past year is in the residents' records. -- JRW 2/6/19

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 12-5-18

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(Initials)

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Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

**2a. DESCRIPTION OF VIOLATION**

The home's smoking policy does not indicate the location of the outside smoking area. The home's designed smoking area is the rear outside patio.

**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 HOME RULES HAVE BE CHANGED TO MAKE MUCH A NON-SMOKING FACILITY. THIS IS NOW CLEARLY POSTED BY THE ENTRANCE TO THE FACILITY

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      Date  
(Required on EVERY Page)

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(Initials)

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(Date)

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- Not Implemented

Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**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**

Resident #3 is prescribed Fluticasone Propionate, 50mcg, inhale one spray in each nostril twice per day as needed. However, the medications label indicates one spray in each nostril daily.

**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.*

*MEDICATION LABEL HAS BEEN CORRECTED TO INDICATE ONE SPRAY IN EACH NOSTRIL. DON WILL MONITOR THIS FOR FURTHER COMPLIANCE.*

Immediately - The administrator or a designee will complete a full medication audit at least monthly, to ensure all medications are labeled with all required information in accordance with 2600.184a and that the medication labels match the current prescription orders. Documentation will be kept. -- JRW 2/6/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *John Williams, ADM* Date *12-19-18*

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 (Date)

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 (Date)

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- Partially Implemented - Inadequate Progress
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 (Initials)

Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**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 is prescribed Novolog, 100 unit/ml, sliding scale before meals. On 9/10/18, at 12:28 pm the resident's blood glucose reading was 278, requiring 4 units of insulin per scale. However, at this date and time the staff person administering the medication did not initial the MAR indicating the units were administered.

**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.


*THIS WAS A SIMPLE DOCUMENTATION ERROR. STAFF INVOLVED HAVE BEEN MADE AWARE OF THE REQUIREMENT FOR PROPER DOCUMENTATION AND RE-TRAINED AS SUCH. E-MAR'S HAVE BEEN IMPLEMENTED TO ASSIST IN THIS AREA.*

Immediately - All staff persons who administer medication will be reeducated on proper medication administration procedures. This retraining shall include the requirement of recording the administration of medication at the time the medication is administered by the staff person who administers the medication. Documentation will be kept. --JRW 2/6/19

Immediately - A designated staff person will monitor the medication administration record (MAR) daily to ensure all medication administration documentation is complete, and accurate. Documentation will be kept. --JRW 2/6/19

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
John Williams, Admin			12-19-18

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The above plan of correction is approved as of <u>2/6/19</u> (Date)	Plan of correction implementation status as of <u>2/6/19</u> (Date)
The above plan of correction was approved by  (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: 42769 - 09/14/2018 - McConnell, Deb  
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's September 2018 medication administration record (MAR) does not include the prescribed medication Haloperidol, 2mg, daily as needed for anxiety.

**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.

*MEDICATION ADMINISTRATION RECORD HAS BEEN UPDATED TO INCLUDE HALOPERIDOL. DON WILL MONITOR TO ENSURE FUTURE COMPLIANCE.*

Immediately - The administrator or a designee will complete a full medication audit at least monthly, to ensure all medications are indicated on each resident's MAR.  
 Documentation will be kept. -- JRW 2/6/19

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) *John Williams, Admin* Date *12-19-18*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 2/6/19  
 (Date)

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

JAN 22 2019

Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #1 is prescribed Novolog 100 unit/ml, on a sliding scale before meals. On 9/9/18, at 1:44 pm the resident's blood glucose reading was 263, requiring 3 units of insulin per the sliding scale. However, on this date and time the resident was not administered any insulin.

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.

*THIS WAS A SIMPLE DOCUMENTATION ERROR. THE RESIDENT WAS IN FACT ADMINISTERED NOVOLOG AS ORDERED. STAFF INVOLVED WERE MADE AWARE OF THE REQUIREMENT FOR PROPER DOCUMENTATION AND RE-TRAINED AS SUCH. E-MAR'S HAVE BEEN IMPLEMENTED TO ASSIST IN THIS AREA.*

Immediately - All staff persons who administer medication will be reeducated on proper medication administration procedures. This retraining shall include the requirement of recording the administration of medication at the time the medication is administered by the staff person who administers the medication. Documentation will be kept. --JRW 2/6/19

Immediately - A designated staff person will monitor the medication administration record (MAR) daily to ensure all medication administration documentation is complete, and accurate. Documentation will be kept. --JRW 2/6/19

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

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*Dawn Williams - RDM*

Date *12-19-18*

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Violation Report: 42769 - 09/14/2018 - McConnell, Deb  
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 2/24/18, indicates the resident has a problem with judgement. However, the resident's support plan, dated 3/7/18, does not address how the home will meet the resident's need in the area.

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.

SUPPORT PLAN FOR RESIDENT 2 HAS BEEN UPDATED. DON HAS BEEN MADE AWARE OF THE REQUIREMENT AND WILL MAKE APPROPRIATE CHANGES. SUPPORT PLAN IS ATTACHED.

Immediately - The administrator or designee will review all support plans for all current residents to ensure each is accurate, complete and includes all care needs and services.  
--JRW 2/6/19

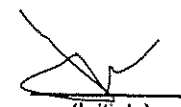
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