



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms. Staci Calabro
President
New Concepts Inc.
PO Box 245
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House
11430 State Route 44
Watsonstown, Pennsylvania 17777
License #: 216960

Dear Ms. Calabro:

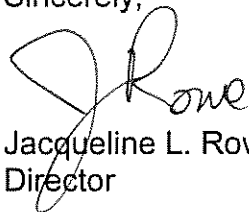
As a result of the Department's Bureau of Human Services Licensing annual inspection on September 19, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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: 21696 - 09/19/2018 - Dumas, Gerald
 PCH Name: WARRIOR RUN HERITAGE HOUSE

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
 Resident bedrooms 5 and 1 did not have a working lamp. A working lamp near the resident's bed assists in preventing falls and injuries.

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 light bulbs in the lamps for Resident # 1 and #5 were immediately replaced on the day of inspection and both lamps were in working order. Adequate bedside lighting provides residents sufficient lighting to move safely through their room in the dark and thereby helps to reduce fall risk. Staff review was conducted regarding reminders to utilize Bedroom Check off list to ensure each resident has operable required equipment, and to make timely report to management for needed replacements. The Administrator will monitor for future compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Staci CALABRO PLES* Date *10/31/18*

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

The above plan of correction is approved as of <u>11-9-18</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>11-9-18</u> (Date) <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: 21696 - 09/19/2018 - Dumas, Gerald
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

1 resealed bag of pork chops, 1 resealed bag of hamburger patties and 1 resealed bag of veal patties was stored in the home's upright freezer without a label to indicate the name of the foods in the bags and the date of the foods preparation.

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.

All said food items were immediately dated and labeled at time of inspection. A staff review was conducted regarding the importance of label and dating all food items in order to ensure the correct identity of food items and prevent the use of expired food items. Staff review including utilization of Staff Routine Check off list which includes checking food items for proper label and dating. The Administrator will provide ongoing monitoring to ensure future compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Steve Caldwell - Pres</i>	Date <i>10/18/18</i>
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The above plan of correction is approved as of 11-9-18
 (Date)

The above plan of correction was approved by AG
 (Initials)

Plan of correction implementation status as of 11-9-18
 (Date)

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

Violation Report: 21696 - 09/19/2018 - Dumas, Gerald

PCH Name: WARRIOR RUN HERITAGE HOUSE

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

On 09/19/18 at approximately 10:15 a.m. the 1 st floor hallway emergency exit door was difficult to open.

The 2nd floor emergency exit door was blocked by an upholstered chair.

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 the day of inspection, the upholstered chair was immediately removed from exit area, a resident admitted placing it in the area. Resident review was conducted at Resident Meeting and residents were educated on the importance of maintaining unblocked egress routes. Residents were instructed to report obstructions to staff and make requests to staff regarding any furniture placement. On 9/20/18 maintenance adjusted the hallway exit door to allow for safe exit. Staff review was conducted to provide reminders to utilize Safety Check List regarding routine safety checks for obstructions and safe exits. Maintaining an unblocked egress route and easily operable door allows for safe immediate exit from the building in an emergency. The Administrator will provide ongoing safety checks to ensure future compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sma Ciallo RES* Date *10/5/18*

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Violation Report: 21696 - 09/19/2018 - Dumas, Gerald
 PCH Name: WARRIOR RUN HERITAGE HOUSE

1. REGULATION 55 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

Resident # 1 was admitted to the home 8/10/18, an initial medical evaluation (D.M.E.) was not completed within 30 days of admission to the home.

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 made several attempts to have the required document completed by the provider. The completed form was added to the residents file. A current resident medical evaluation helps to ensure that a residents medical needs can be met by the home. Staff review was conducted regarding utilization of Resident File Check off list for due dates of required forms to include scheduling reminders for completion in required time frames. The Administrator will monitor monthly for future compliance

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) <i>[Signature]</i>	Date <i>10/5/18</i>
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Violation Report: 21696 - 09/19/2018 - Dumas, Gerald
 PCH Name: WARRIOR RUN HERITAGE 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 # 2 receives blood glucose checks and insulin administered on a sliding scale. On 9/19/18 at 8:00 a.m. the glucometer indicated a reading of 58 however the reading was documented as 59 on the resident's Medication Administration Record.

The glucometer readings for resident # 3 indicated readings for August 2018. The resident's glucometer was also not calibrated with the current month of September, 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.

A staff review was conducted on 9/20/18 regarding proper procedure for Blood Glucose monitoring, Insulin pens and administration, accurate medication documentation, blood borne pathogens, proper storage of medical equipment, and maintenance and calibration of blood glucometers. Resident # 2 and Resident # 3 received new blood glucometers and staff were trained on proper use and calibration procedures. Procedures for safe storage, security, maintenance of and use of medications and medical equipment reduces the risk of improper use of equipment. The Administrator will conduct daily MARS and Blood Glucometer audits for 4 weeks and weekly audits thereafter in order to help maintain future compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Calabro RN</i>	Date <i>6/20/18</i>
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 (Date)

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

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 (Date)

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- Not Implemented

Violation Report: 21696 - 09/19/2018 - Dumas, Gerald

PCH Name: WARRIOR RUN HERITAGE HOUSE

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 # is prescribed glucomter checks 4 times a day. The resident's glucomter readings did not match the number recorded on the resident's medication administration record (M.A.R.). In addition the glucomter is not calibrated with the current month. Glucometer readings recorded: 8/17/18 218, 8/17/18 12:02 a.m. 77, 8/16/18 7:30 p.m. 67, 8:03 a.m. 196, 4:35 a.m. 171, 12:20 a.m. 86. 8/15/18 at 9:10 p.m. 73 and at 8:36 a.m. 333.

The medication administration record for the following residents was not initialed at the time of administration:

Resident # 4's Docusate. Take one capsule by mouth twice daily was not initialed on 9/6/18 at 7:00 a.m.
Risperidone. Take by mouth twice daily 9/6/18 at 7 a.m. was also not initialed at the time of administration,

Resident # 5's Haloperidol. Take two tablets by mouth twice daily not initialed on 9/5/18 at 5:00 p.m. and 9/9/18 at 5:00 p.m.

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.

As staff review was conducted 9/20/18 to include the procedures for maintaining accurate medication documentation regarding medication administration and management of resident medical equipment, specifically blood glucometers. This is important to track resident medications that are administered and to ensure prescribers orders are followed. The Administrator will conduct daily MAREs and Blood Glucometer audits for 4 weeks and weekly audits thereafter to maintain future compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dina Calabro* Date *10/31/18*

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