



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 30 2018

Mr. Kent D. Peachey
Chief Executive Officer
Valley View Haven
4702 East Main Street
Belleville, Pennsylvania 17004

RE: Valley View Haven
The Terrace
Certificate #: 335520

Dear Mr. Peachey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 26 and 27, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: VALLEY VIEW HAVEN		License Number: 33552						
Address: 4702 EAST MAIN ST THE TERRACE, BELLEVILLE, PA 17004		County: Mifflin						
Administrator: Phyllis Yoder		Region: CENTRAL						
Legal Entity Name: VALLEY VIEW HAVEN								
Legal Entity Address: 4702 EAST MAIN STREET, BELLEVILLE, PA 17004								
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-2 LP</td> <td>C-1</td> </tr> <tr> <td>12/08/2000</td> <td>05/07/1998</td> </tr> <tr> <td>L&I</td> <td>DOH</td> </tr> </table>			C-2 LP	C-1	12/08/2000	05/07/1998	L&I	DOH
C-2 LP	C-1							
12/08/2000	05/07/1998							
L&I	DOH							
Staffing Hours <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 77</td> <td>Waking Staff: 58</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58			
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<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced			
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced						
Reason(s) for Inspection(s) Renewal								
On-Site Inspections Dates and Department Representatives On-Site 09/26/2018: Hoover, Douglas; Palermo, Michael 09/27/2018: Hoover, Douglas; Palermo, Michael								
Off-Site Inspection Dates and Inspectors, if Applicable 								
Other Details <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:				
Partial or Full Triggers:	Random Indicators:							
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 95 Number of Residents Served: 77 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: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 77 Have Mental Illness: 2 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 2							

Violation Report: 33552 - 09/26/2018 - Hoover, Douglas
 PCH Name: VALLEY VIEW HAVEN

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 9/27/18 at 11:15 am, the temperature of the electric wall heater, between apartments' 201 and 203, was 208 degrees Farenheit. There were no protective guards in 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.

- All hallway heaters were disabled on 10-31-18 by removing the control knobs as well as cutting the power at the breaker for these particular units.
- Valley View Haven will develop a permanent solution for these units up to and possible removal of these heaters.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole Sarver

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

Nicole Sarver - SENIOR Director of Operations

Date

10/31/18

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

The above plan of correction is approved as of 1/26/18
 (Date)

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

Plan of correction implementation status as of 11/26/18
 (Date)

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

Violation Report: 33552 - 09/26/2018 - Hoover, Douglas
PCH Name: VALLEY VIEW HAVEN

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

The September 2018 Medication Administration Record for Resident #1 was not initialed for the *Novolog* insulin administration at 4:30 pm on 9/23/18.

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.

- Were we able to verify that the missed Novolog was administered on 9/23/18, this was confirmed to the DHS surveyor through resident interview.
- Each Team Leader will review the Medication Administration Record prior to the end of their shift to ensure medications were administered as ordered and signed accordingly.
- The 11p-7a Team Leader will verify that the medication administration logs are complete and this will be accomplished by weekly checks for one month.
- The Assistant Personal Care Home Administrator or Designee will review 5 random resident Medication Administration Records for three months to ensure compliance.
- The Medication Administration Record will be audited twice a year thereafter for ongoing compliance with findings reported to the facility's quality assurance program

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nicole Sawyer

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

Nicole Sawyer - Senior Director of Operations

Date

10/31/18

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The above plan of correction is approved as of 11/26/18
(Date)

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

Plan of correction implementation status as of 11/26/18
(Date)

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

Violation Report: 33552 - 09/26/2018 - Hoover, Douglas
 PCH Name: VALLEY VIEW HAVEN

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
 The initial assessment for Resident #2, admitted on 6/14/17, was not completed until 7/5/17.

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.

- Resident #2's initial assessment, although not timely, remains accurate.
- The Support Plan Coordinator will be responsible for ensuring that the resident's initial assessment falls within the 15 day time-frame. This will be accomplished by establishing a schedule for all new admissions.
- Monthly, the initial assessments will be reviewed by the Personal Care Home Administrator or Designee to ensure accuracy of assessment dates.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Saver - Senior Director of Operations</i>	Date <i>10/31/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/26/18</u> (Date)	Plan of correction implementation status as of <u>11/26/18</u> (Date)
The above plan of correction was approved by <u>GE</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