



July 30, 2019

Ms. Staci Calabro
President
New Concepts Inc.
PO Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749
License #: 213120

Dear Ms. Calabro:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 26, 2019 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.

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 "Kevin Hancock". The signature is stylized and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report: 21312 - 03/26/2019 - Dumas, Gerald

PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

External emergency lighting is not provided at the North exit and along the egress path, to the external meeting location.

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.

Adequate, operable lighting along the path of egress and external areas is important in order to provide safe access to exit the building. On the day of inspection a light was installed to provide proper lighting at the exit and area of egress. The administrator will continue to monitor and assess building requirements on a monthly basis, this task was added to a monthly building check off list to help maintain future compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Stacy Calabro

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

Stacy Calabro Pres

Date

6/12/19

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

The above plan of correction is approved as of 7-17-19
(Date)

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

Plan of correction implementation status as of 7-17-19
(Date)

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

Violation Report: 21312 - 03/26/2019 - Dumas, Gerald

PCH Name: THE SUSQUEHANNA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

The home did not review the municipality's Emergency Preparedness Plan for 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.

The emergency preparedness plan for the municipality is posted. The home reviewed the plan, ~~there~~ were no changes to the plan. The home did not send an annual copy to the local Emergency Management Agency. It is important to share this information in the event assistance is required for evacuations or emergencies. The home sent an emergency preparedness plan to the EMA on 3/26/19 (copy attached). The administrator added annual EMA notification to annual calendar and check off list in order to maintain future compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirley Calabrese

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

Shirley Calabrese PCHS

Date

3/26/19

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

The above plan of correction is approved as of 7-17-19
(Date)

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

Plan of correction implementation status as of 7-17-19
(Date)

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

Violation Report: 21312 - 03/26/2019 - Dumas, Gerald
 PCH Name: THE SUSQUEHANNA 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 #1 has a physician's order for accuchecks 2 times daily - a.m. and p.m. On 3/25/19 at 7:00 a.m. before breakfast ,the blood glucose reading in the glucometer read 145 but was documented on the blood glucose chart as 90.

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 staff person completing the blood glucose reading on 3/25/19 inadvertently recorded the previous days' reading (which was 90) instead of the correct reading of 145. A review was conducted with the staff person on the day of inspection (3/26/19) regarding proper procedures for medical equipment use, specifically blood glucose monitors, and the importance of recording correct, accurate information. It is important to document accurate information in order to provide appropriate resident care. The administrator will conduct follow up reviews and B.G. monitor audits to ensure future compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/27/2018	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Staci Calabro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Staci CALABRO PCHS</i>	Date <i>6/10/19</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>7-17-19</u> (Date)	Plan of correction implementation status as of <u>7-17-19</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
The above plan of correction was approved by <u>ag</u> (Initials)	