



**Sent via email to: jwiney@nippenosevalleyvillage.com
MAILING DATE: May 24, 2019**

Ms. Jasmyn Winey
Administrator
Nippenose Valley Village, Inc.
7190 South Route 44 Highway
Williamsport, Pennsylvania 17702

RE: Nippenose Valley Village
License #: 226701

Dear Ms. Winey;

As a result of the Department's Bureau of Human Services Licensing inspection on March 27, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22670 - 03/27/2019 - Bomberger, Cybil
PCH Name: NIPPENOSE VALLEY VILLAGE INC

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 3/27/19 the temperature of the metal frame of the gas fireplace located in the main dining room/lounge was measured at 129.0 degrees Fahrenheit. The temperature of the metal frame of the gas fireplace located in the back lounge area measured 126.4 degrees Fahrenheit. The metal frames of these fireplaces are readily accessible to residents and there are no protective guards in place to prevent residents from coming in contact with the hot metal surface.

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 facility was under the incorrect impression that our fireplaces were approved that as they had passed the initial licensing and following inspections.

When explained this regulation the facility immediately turned off the fireplaces and have stored the remote controls so that they cannot be turned on until the facility is able to obtain an appropriate sturdy and aesthetically pleasing protective guards.

Immediately and ongoing:
 The administrator will check all areas of the home for unprotected heat sources and ensure that they are protected immediately.

5-3-19

MM

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) <u>Jasmya Wiley, Administrator</u>	Date <u>5/1/19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-3-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>5-3-19</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
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Violation Report: 22670 - 03/27/2019 - Bomberger, Cybil
PCH Name: NIPPENOSE VALLEY VILLAGE INC

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 had been prescribed a soft diet following their discharge from the hospital and a nursing and rehabilitation center on 3/12/19. The resident refused the prescribed soft diet at the breakfast and lunch meals on 3/15/19 at which time a regular diet was provided.

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.

At the time the resident refused her new soft diet, the home was under the incorrect impression that if we did not offer her an alternative, it would be considered a violation of her rights, as the home thought it was the same as a resident refusing medication.

Upon submitting the initial report to the department, the administrator received a call from their regional office to explain that the a diet order must be met and we cannot offer her a regular diet if she refuses her soft diet.


The administrator immediately discussed this issue with the resident and her family. They stated that they understood and the resident stated that she would follow her diet. The administrator also notified the Director of Food and Nutrition and explained the violation. He re-trained his staff and met with the resident to explain her diet order better and explained that the resident still could request to order off the always available menu, but it will be processed as a soft diet.

The resident participated in speech therapy for swallowing, which had been ordered by her doctor, and the facility received an order on 3/27/19 to discontinue the soft diet order and reinstate the regular diet.

In the future, when a resident is prescribed a special diet, the Director of Food and Nutrition will meet with the resident to discuss the specifics of the diet and what the resident can expect. He will also explain the regulation regarding special diets to the resident and explain that the facility must follow the order.

The Director of Food and Nutrition will train any new assistant cooks and dietary staff on this regulation as well and remind staff whenever a new special diet is prescribed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jasmyne Winey, Administrator Date 5/1/19

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 (Date)

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

Plan of correction implementation status as of 5-3-19
 (Date)

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

Violation Report: 22670 - 03/27/2019 - Bomberger, Cybil
 PCH Name: NIPPENOSE VALLEY VILLAGE INC

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The RASP for resident #1 that was completed on 3/19/19 due to a significant change does not address the dietary needs of a soft diet that was prescribed for this resident and how those dietary needs will be met.

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 facility understands the importance of making sure that RASPs are complete and up to date and acknowledges that this was an oversight due to human error.

The RASP for resident #1 was updated immediately and reviewed by the administrator.

The Director of Nursing (DON) will continue to be responsible for completing the RASP. Going forward, upon completion, she will provide a draft to the Administrator to review, explain any significant changes. The administrator will review and advise the DON on any corrections that need to be made.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jasmyrn Wiley, Administrator Date 5/1/19

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