



July 1, 2019

Mr. James Cole
Administrator
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care Home
Certificate #: 431210

Dear Mr. Cole:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 10, 2019 and April 18, 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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *NEW LIFE PERSONAL CARE*

License Number: *431210*

Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*

County: *ALLEGHENY*

Region: *WESTERN*

Administrator

Name: *James Cole*

Phone: *4126787455*

Email: *JCOLE6787A@GMAIL.COM*

Legal Entity

Name: *NEW LIFE PERSONAL CARE HOME INC*

Address: *2521 VERSAILLES AVENUE, PA, 15132*

Certificate(s) of Occupancy

Type: *I-1*

Date: *06/02/2000*

Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *16*

Waking Staff: *12*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal, Complaint*

Inspection Dates and Department Representative

04/10/2019 - On-Site: Ashley Roser, Scott Klein

04/18/2019 - On-Site: Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18*

Residents Served: *16*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14*

Are 60 Years of Age or Older: *4*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *0*

Have Physical Disability: *0*

MAY 30 2019

17 - Record Confidentiality

WEST REGION FIELD OFFICE
Public Services Licensing

Regulations

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.

Description of Violation

On 4/10/19, the privacy coding document, which contained the names of residents #1, #2 and #3, was attached to the license inspection summary, dated 2/22/18, and was posted on the bulletin board outside of the kitchen.

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 citations will be posted in a visible place.
The confidential code page will be excluded.
Periodic checks will be made to be sure that or those pages are not included. as of ^{April} ~~May~~ 10, 2019

Legal Entity Representative

James Cole
Signature

James Cole Admin
Printed Name and Title

5/28-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

6/5/19

(Date)

Plan of correction implementation status as of

6/5/19

(Date)

The above plan of correction was approved by

JC
(Initials)

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

MAY 9 0 2019

51 - Criminal Background Check

WEST PHILADELPHIA OFFICE
(Current Services Licenses)

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on 12/28/18; however a Pennsylvania criminal background check was not completed until 4/15/19.

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 criminal background checks done was over a year old. For a new employee. The background checks will be applied for at time of employment. corrected on 4-15-19.

Within 5 days of receipt of the plan of correction: A designated staff person shall review the records of all current staff persons to ensure each staff person has a Pennsylvania criminal background check completed and an FBI criminal background check completed for those employees who have not been Pennsylvania residents for 2 consecutive years at the time of hire.

5/31/19 JN

Legal Entity Representative

James Cole

Signature

James Cole Admin 5/28/19

Printed Name and Title

Date

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MAY 20 2019

132b - Safety Inspection/Fire Drill

WEST REGION FIELD OFFICE
HUMAN SERVICES LICENSING

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and supervised fire drill by a fire safety expert was conducted on 5/23/18; however, the home has no documentation of a fire safety inspection and supervised fire drill conducted in 2017.

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 fire safety drill exercises will be conducted on a fashionable time. The fire Dept will be followed up from - 4-10-19 - with a face to face at their Facility if needs to be; from now on.

A fire safety inspection and supervised fire drill was conducted by a fire safety expert on 3/15/19. *JN* 5/31/19

Immediately: The home shall develop and implement a system to ensure a fire safety inspection and supervised fire drill is conducted by a fire safety expert at least annually. *JN* 5/31/19

Legal Entity Representative

James Cole
Signature

James Cole
Printed Name and Title

5/28-19
Date

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MAY 20 2019

NEW LIFE PERSONAL CARE

WEST VIRGINIA STATE UNIVERSITY
SCHOOL OF SOCIAL WORK

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #5's most recent medical evaluation, dated 2/22/19, does not include a list of the resident's current medications. This section of the form is blank. The resident is prescribed numerous medications, to include Oxcarbazetine-300mg, Sertraline-100mg and Vitamin B1-100mg.

REPEAT VIOLATION: 2/22/2018

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 of 4-10-19 - All medications will be attached to the medical evaluation sheet.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety to include a current list of medications, at least 60 days prior to admission or within 30 days after admission. *IR* 5/31/19

Immediately: A designated staff person shall review all medical evaluations upon return to ensure they are complete. *IR* 5/31/19

Legal Entity Representative

James Cole
Signature

James Cole Admin
Printed Name and Title Date

141a 1-10 Medical Evaluation Information (continued)

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RECEIVED

MAY 30 2019

WEST REGION FIELD OFFICE
HUMAN SERVICES DIVISION

RECEIVED

MAY 20 2019

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

WEST REGION FIELD OFFICE
Nursing Services Licensing

Description of Violation

Resident #4's most recent medical evaluation was completed on 3/7/18.

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 residents medical evaluations will be scheduled and completed in a timely fashion

A new medical evaluation was completed for resident #4. *JM* 5/31/19

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. *JM* 5/31/19

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. *JM* 5/31/19

Legal Entity Representative

James Cole

Signature

J. Cole

Printed Name and Title

5/28/19

Date

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187a - Medication Record

WEST REGION FIELD OFFICE
MURKIN - PHARMACY (2019)

Regulations

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.

Description of Violation

Resident #5 is prescribed Famotidine 20mg-take 1 tablet by mouth twice a day; however, this medication is not indicated on the resident's April 2019 medication administration record.

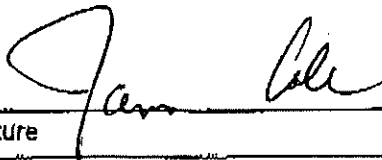
Plan of Correction (POC)

(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.)

When new medications are prescribed by the Doctor and delivered by the Pharmacy the medication will be logged on the med log and signed out proper times. as of 4-10-19. To present,

Immediately, then monthly thereafter: A designated staff person shall review all resident medication administration records for accuracy and ensure all prescribed medications are present. JN 5/31/19

Legal Entity Representative



Signature

James Cole

Printed Name and Title

5/28/19

Date

187a - Medication Record (continued)

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(Initials)

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MAY 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

RECEIVED

225c - Additional Assessment

MAY 9 9 2019

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

WEST REGION HEALTH OFFICE
Human Services Licensing

Description of Violation

Resident #4's most recent assessment was completed on 4/4/19; however, the resident's previous assessment was completed on 3/7/18.

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 Support and assessment plans will be monitored monthly by reviewing residents files on a monthly basis to maintain compliance.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment, completed in its entirety, at least annually. *JN* 5/31/19

Legal Entity Representative

Signature

James Cole

Printed Name and Title

5-28-19

Date

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