



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **NIPPENOSE VALLEY VILLAGE INC**
LEGAL ENTITY

To operate **NIPPENOSE VALLEY VILLAGE**
NAME OF FACILITY OR AGENCY

Located at **7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **59**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 3, 2019** until **June 3, 2020**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226700**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



June 3, 2019

Ms. Jasmyn Winey
Administrator
Nippenose Valley Village, Inc.
7190 South Route 44 Highway
Williamsport, Pennsylvania 17701

RE: Nippenose Valley Village
License #: 226700

Dear Ms. Winey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 12, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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 written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summaries dated 5-13-18 and 8-8-18, displayed conspicuously in the home's front lobby, still had the respective Resident Privacy Coding and Staff Privacy Coding sheets attached to them.


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 confidentiality. They were under the incorrect impression that the whole inspection summary needed to be posted in the home.

The pages containing Resident Privacy Coding and Staff Privacy Coding was removed from the displayed inspection summaries immediately.

The Administrator will remove these coding pages from future inspection summaries prior to displaying them.

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>Jasmin Wiazny, Administrator</u>	Date <u>5/10/19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>5-13-19</u> (Date)</p> <p>The above plan of correction was approved by <u>AG</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5-13-19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home had no documentation that direct care staff member A (hired 12/27/2016) was in possession of a high school diploma, GED, or active registry status on the PA nurse's aide registry. Staff was retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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.

Direct Care Staff Member A was hired under a previous administrator. The current administrator acknowledges that she overlooked this when reviewing employee files.

While the Licensing Representatives were still at the facility, the administrator obtained a notarized statement from Direct Care Staff Member A which stated that she obtained her GED, per the recommendation of one of the Licensing Representatives.

Direct Care Staff Member A found a copy of her GED certificate a few days later and provided it to the Administrator (see attached.)
(YES)

The Administrator reviewed all active employee files of employees who were hired prior to her coming on board at the facility to make sure that we had all required documentation.

The Administrator has a checklist that she uses for employees she has hired of all required documents that a Direct Care Staff Member needs prior to starting employment at the facility (see attached.) This checklist has been working well.

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) Date 5/10/19

Jasmin Marie, Administrator

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Violation Report: 22670 - 03/12/2019 - Harvey, Jason

PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 12/17/18, did not have documentation that the Initial direct care staff person training to include the following:

- (i) Safe management techniques.
- (ii) ADLs and IADLs.
- (iii) Personal hygiene.
- (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
- (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- (vi) Implementation of the initial assessment, annual assessment and support plan.
- (vii) Nutrition, food handling and sanitation.
- (viii) Recreation, socialization, community resources, social services and activities in the community.
- (ix) Gerontology.
- (x) Staff person supervision, if applicable.
- (xi) Care and needs of residents with special emphasis on the residents being served in the home.
- (xii) Safety management and hazard prevention.
- (xiii) Universal precautions.
- (xiv) The requirements of this chapter.
- (xv) Infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in 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.

See page 5

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)

Jason W. Wier, Administrator

Date 5/10/19

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Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

The above plan of correction is approved as of _____ (Date) 5-13-19	Plan of correction implementation status as of _____ (Date) 5-13-19
The above plan of correction was approved by <u>AG</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

Staff Member B was trained in all of the above procedures both on the job and in the Direct Care Staff Training Course and Competency test. The facility thought completion of this test and certification was proof that training in Item 3 was done and did not feel an additional checklist was necessary.

Upon discussing this with the Licensing Representative, the Administrator developed a checklist to be completed when new direct care staff are in their training period, as proof that this training was done. (See attached.) (YES)

Jason Harvey
 Jasmin Wincey, Administrator
 5/10/19

Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The home conducted a fire drill on 11-17-18 at 4:30am. At this time, 39 residents lived in the home; only 38 residents evacuated. The home noted on the fire drill that one resident refused to evacuate.

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 reviews our fire drill policy and procedures with all new residents and bi-monthly during our resident council meetings.

The resident who refused to evacuate during the 11.17.18 drill at 4:30 AM was counceled regarding this refusal that it is against the state guidelines and house rules to refuse to evacuate. He and his family were notified that if the resident refused another drill that the home would issue a 30 day notice to leave the facility as we take fire safety very seriously. The resident and his family stated that they understood.

The facility held another fire drill that month on 11.26.18. At this time we had 40 residents in the building and all 40 evacuated. Some residents questioned why we were having two drills in one month and it was explained that we repeat unsuccessful drills and that drills can be considered unsuccessful if not everyone evacuates or we do not meet our time requirement, among other anomolies.

The resident who refused to evacuate has since moved on to a Skilled Nursing Facility in an unrelated incident.

The facility continues to remind residents during bi-monthly resident council meetings of our policies and procedures for fire drills.

We are working with our local fire department to schedule a training session for our residents as well and hope this will become a yearly training.

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)

Jason M. Wain, Administrator Date *5/14/19*

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Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluations (DME's) for Resident #1 (DME dated 1-16-19), Resident #2 (DME dated 11-19-18), and Resident #3 (DME dated 1-30-19) do not contain a comprehensive list of the residents' medical and psychological diagnoses, found on the residents' most recent assessments (RASP's).

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 updating RASPS and MARs when a resident received a new diagnosis but were only requesting new DME's if there was a significant change. After discussing this with the licensing representatives, the Director of Nursing will staple any new diagnosis/orders to the back of the DME as well as update the RASP and MARs so that everything matches. The DON will continue to fill in DME's prior to sending them to the doctor's for approval for the initial and annual evaluation as well as for any significant changes, per our plan of correction from 8/8/18.

The Administrator will conduct chart reviews quarterly and compare the most current DME's, MAR's and RASPs to make sure they match.

The Administrator will ensure an audit is conducted for all existing residents to ensure that current medical information matches the info in the RASP. This will ensure current compliance. The Home will maintain a record of this audit of existing resident records. 5-13-19.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/15/2018		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Jasmin Wiley, Administrator

Date 5/14/19

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Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

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 Silver Sulfadiazine 1% cream as needed. These medications were not available in the home for the resident.

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 #1's Silver Sulfadiazine 1% cream was discontinued on 11/28/18. The MAR was updated on this date. The MAR's in December, January, and February all said that this order was DC'd, but the pharmacy did not have it DC'd on the March MAR and this error was not caught during the MAR review at the end of February. This was overlooked by staff in charge of reviewing our MAR's.

The Director of Nursing (DON) requested that the pharmacy update the treatment on 3/13/19.

Going forward the DON will review MARs and order changes. The Administrator will conduct random spot checks of this process each month.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/15/2018	08/06/2018
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Date 5/10/19

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Violation Report: 22670 - 03/12/2019 - Harvey, Jason
PCH Name: NIPPENOSE VALLEY VILLAGE

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
 Resident #4 uses a bed cane for transferring/repositioning. The resident's assessment and support plan (RASP), dated 2-11-19, does not list the resident's need for the utilization of a bed cane.

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 updated the resident's RASP explaining the reason for the adaptive equipment.

Going forward the home will include any adaptive equipment used on the resident's care plan and the reason it is being used.

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)	Date
Jason Winey, Administrator	5/10/19

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