pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 15, 2020

Mr. John Williams
Administrator / Owner
Maple Valley Personal Care Home, Inc.
2212 Anthony Run Road
Indiana, Pennsylvania 15701

RE: Maple Valley Personal Care Home
Certificate #: 427690

Dear Mr. Williams:

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

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,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED
12/17/19
Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *MAPLE VALLEY PERSONAL CARE HOME* **License Number**: *42769*
Address: *2212 ANTHONY RUN ROAD, INDIANA, PA 15701*
County: *INDIANA* **Region**: *WESTERN*

Administrator

Name: *John Williams* **Phone**: *7244654343* **Email**: *JWILLIAMS70@VERIZON.NET*

Legal Entity

Name: *MAPLE VALLEY PERSONAL CARE HOME INC*
Address: *2212 ANTHONY RUN ROAD, INDIANA, PA, 15701*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/01/2008* **Issued By**: *Dept L and I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *34* **Waking Staff**: *26*

Inspection

Type: *Full* **BHA Docket #**: **Notice**: *Unannounced*
Reason: *Renewal,Complaint*

Inspection Dates and Department Representative

09/12/2019 - On-Site: Desmond Grace, Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *34*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *34*
Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *0* **Have Physical Disability**: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 10:15 a.m., the license inspection summary from 1/15/19 was posted on the wall in the activities room. However, the licensing inspection summaries from 9/14/18 and 11/27/18 were not posted in the home.

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.)

Date	Action	Person responsible
9-12-19	The LIS from 9-14-18 and 11-27-18 were posted in the activity during the 9-12-19 inspection while inspectors were present	Administrator
12-1-19	MVPCH will verify any future required LIS are posted by visually monitoring that the LIS is posted in the activity room.	Director of Operations
Quarterly EFF. 1-2020	Verify that LIS is posted by documenting the LIS or accompanying log and initialing and dating the LIS or accompanying log	Director of Operations

Legal Entity Representative

Signature

Printed Name and Title: Sara Williams ADM

Date: 12-1-19

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

The above plan of correction is approved as of 12/17/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 12/17/19 (Date)

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

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round." However, the home does not have a copy of the influenza awareness poster posted in a public place.

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.)

Date	Action	Person responsible
11-11-19	Influenza Poster was posted in the activity room	Director of Operations
12-1-19	Visual inspection that Influenza poster is posted in the activity room	Director of Operations
Quarterly EFF. 1-2020	Verify that Influenza Poster is posted in the activity room. Documentation of said verification will be done by initialing and dating the poster or accompanying log	Director of Operations

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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126a - Furnace Inspection

Regulations

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home's current furnace inspection was completed on 3/26/19; however, the previous inspection was completed on 3/2/18.

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.)

Date	Action	Person responsible
3-26-19	MVPCH is currently in compliance with this regulation by having the furnace inspection conducted on 3-26-19 by a professional furnace cleaning company. Documentation of that inspection was provided to DHS Inspectors at the time MVPCH's annual inspection on 9-12-19	Administrator
2-1-20	MVPCH will contact HVAC vendor to schedule furnace inspection	Administrator
Every October EFF 2020	MVPCH will review that furnace inspection has both been scheduled and completed during our annual quality control review.	Administrator

The next furnace inspection will be completed no later than 3/26/20. 12/17/19

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 7/1/19 and 8/5/19 did not include the date, amount of time it took for evacuation, exit routes used, the number of residents in the home at the time of the drills, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Plan of Correction (POC)

(Attach pages as necessary. I prevent a similar violation fr

bed above and steps to completed.)

Date	Action	Person Responsible
12-1-19	Fire drill record was reviewed to include the drills that took place on 7-1-19 and 8-5-19. The amount of time, exit routes used, number of residents in the home, number of residents evacuated, number of staff persons participation, problems encountered, fire alarm/smoke detector operations, has been documented. Said documentation is attached. Drills conducted since the annual inspection of 9-12-19 are included in the current fire drill log	Administrator
monthly EFF 1-2020	Fire drill records will be properly documented with all of the required elements to include extra drills conducted in addition to the required monthly drill	Administrator
Every October EFF. 2020	Fire drill records will be reviewed to ensure that all drills have been documented and documentation includes all required elements. This will be done during the annual quality control meeting and will be included in the quality control report	Administrator OR Director of Operations OR Owner

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's last two sleeping hour fire drills were conducted on 1/10/19 at 11:20 p.m. and 7/10/19 at 11:21 p.m. on the same day of the month and time of the night.

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.)

Date	Action	Person responsible
12-7-19	MVPCH conducted a night time fire drill at 4:50am	Administrator
6-2020 and every 6 months after	MVPCH will conduct night time fire drills at various times and dates	Administrator
Every October EFF. 2020	Fire drill logs will be reviewed during the annual quality control meeting and any identified problems documented in the quality control report	Administrator Director of Operations

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's medical evaluation, dated 2/12/19, indicated "see attachment" in the medication section; however, there was no attachment. The medical evaluation also did not indicate the residents special health and diet needs. These sections of the form were blank.

Resident #2's medical evaluation, dated 6/18/19, indicated "see attachment" in the medication section; however, there was no attachment. The medical evaluation also indicated that the resident was both independent and required minimal assistance for mobility and did not indicate the resident's special health and diet needs. These sections of the form were blank.

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.)

Date	Action	Person responsible
12-1-19	The missing elements to the aforementioned DME's have been corrected and completed (see attachment)	Director of Nursing
12-31-19	A review of all DME's will be conducted to ensure that all sections are completed to include attachments for medications	Director of Nursing
Monthly and as needed EFF 1-2020	Any new or updated DME's received by MVPCH will be reviewed for completeness.	Director of Nursing

Legal Entity Representative

Signature

Printed Name and Title: Jolene Williams Adm

Date: 12-1-19

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162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for 9/1/19-9/14/19 was posted in the main dining room. However, the menu for 9/15/19-9/21/19 was not posted in the home.

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 MENU FOR 9-15-19 THRU 9-21-19 WAS POSTED IN THE DINING ROOM LATER IN THE DAY OF 9-12-19. DIETARY STAFF HAVE BEEN INSTRUCTED TO ENSURE THAT THE PROPER MENUS ARE POSTED TIMELY. DIRECTOR OF OPERATIONS WILL MONITOR THIS FOR FUTURE COMPLIANCE

The Director of Operations or designated staff person will conduct checks of the home two times per month beginning on 1/2/2020, to ensure that the correct menus are posted in accordance with §2600.162(c). 12/17/19

Legal Entity Representative

Signature

John Williams Adm 11-14-19

Printed Name and Title Date

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- ☐ Not Implemented

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 9/12/19 at 11:30 a.m., resident #2's glucometer was not calibrated to the correct date and time. The glucometer indicated 3/21 at 12:05 a.m.

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.)

Date	Action	Person responsible
9-12-19	The glucometer was re-calibrated later in the day on the inspection day of 9-12-19	Director of Nursing
Twice monthly EFF 12-1-19	All glucometers will be examined to make sure they are properly calibrated	Director of Nursing
Twice monthly EFF 12-1-19	DON will document that all glucometers are properly calibrated. Said documentation will be kept in the med room	Director of Nursing

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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- ☐ Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed acetaminophen 650 mg by mouth every six hours as needed for pain and elevated temperature. However, on 4/27/19 at 12:11p.m. the resident was administered 325 mg.

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.)

Date	Action	Person responsible
11-14-19	Staff person involved was counseled re: the 5 rights of administration, specifically that said person ensures the "right dose" is given to the resident	Administrator
11-21-19	All staff who pass medication were trained on the 5 rights of medication administration.	Administrator
annually EFF 2020	The five rights of medication administration will be discussed and included as an in-service during the annual required training re:medications	Administrator

~~The administrator or designated staff person will conduct monthly medication audits for 6 months beginning 1/2/20 to ensure that all resident medications are being administered as prescribed.~~ 12/17/19

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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- ☐ Not Implemented

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's most recent assessment, dated 2/5/19, indicated that the resident had medical diagnoses of congestive heart failure and diaphragmatic hernia. However, the resident's support plan, dated 2/5/19, did not indicate the responsible party or frequency of the support plan for these diagnoses. These sections of the form were blank.

Resident #3's initial assessment, dated 5/25/19, indicated that the resident had a medical diagnosis of diabetes mellitus. However, the resident's support plan, dated 6/6/19, did not indicate the responsible party or frequency of the support plan for this diagnosis. These sections of the form were blank.

Plan of Correction (POC)

(Attach pages as necessary. prevent a similar violation fi

Date	Action	Person Responsible
11-14-19	Update and corrected RASP's for residents #1 and #3 are attached. DON has been made aware of the requirement that RASPs must include a responsible party and frequency for all diagnoses. SEE ATTACHED RASP's	Director of Nursing
12-31-19	All RASPs for all residents will be reviewed for accuracy and completeness	Director of Nursing
Monthly beginning 1-2020	RASPs will be reviewed for accuracy and completeness	Director of Nursing

ɔed above and steps to :ompleted.)

Legal Entity Representative

Signature

John Williams Adm 12-1-19

Printed Name and Title Date

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- ☐ Not Implemented

251c - Standardized Forms

Regulations

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's medical evaluation completed 6/18/19. However, the home did not use the Department's standardized form.

Resident #3's preadmission screening was completed on 5/25/19 and the resident's medical evaluation was completed 6/4/19. However, the home did not use the Department's standardized form.

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.)

Date	Action	Person Responsible
9-12-19	MVPCH applied for a waiver from DHS to use the Tabula Pro program for preaddmition screens, DME's and RASPs	Administrator
	MVPCH was granted a waiver from DHS to use the Tabula Pro program. Letter is undated, see attached	Administrator
August 2020	MVPCH will reapply for a waiver to continue to use Tabula Pro	Administrator

Legal Entity Representative

Signature

John Williams Adm — Printed Name and Title

12-1-19 — Date

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