



December 9, 2019

Ms. Staci Calabro
President
New Concepts Inc.
PO Box 245
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House
11430 State Route 44
Watsontown, Pennsylvania 17777
License #216960

Dear Ms. Calabro:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 23, 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", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *WARRIOR RUN HERITAGE HOUSE*

License Number: *21696*

Address: *11430 STATE ROUTE 44,, WATSONTOWN, PA 17777*

County: *NORTHUMBERLAND*

Region: *NORTHEAST*

Administrator

Name: *Staci Calabro*

Phone: *5706495100*

Email: *SCALABRO33@GMAIL.COM*

Legal Entity

Name: *NEW CONCEPTS INC*

Address: *PO BOX 245, TURBOTVILLE, PA, 17772*

Certificate(s) of Occupancy

Type: *C-1*

Date: *08/28/2009*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *20*

Waking Staff: *15*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

09/23/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20*

Residents Served: *20*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14*

Are 60 Years of Age or Older: *6*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *7*

Have Mobility Need: *0*

Have Physical Disability: *7*

64c - Annual Training

Regulations

2600. 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator A only completed 23.5 of the required 24 hours of administrator training for the 2018 training year.

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 Administrator will have .5 additional training hours in the 2019 training year to make up shortage. It is important to complete the required number of hours for annual training in order to maintain the standard for education. An annual Administrator Training Chart was created ^{10/22/19} to include a bi-annual review to determine current total hours and remaining hours required. This process will allow time to schedule approved trainings to meet the annual 24 hour requirement, and ensure future compliance. The Administrator is responsible to conduct bi-annual review of record.

Legal Entity Representative

Staci Calabro
Signature

Staci Calabro PRES
Printed Name and Title

10/31/19
Date

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

The above plan of correction is approved as of	<u>11-12-19</u> (Date)	Plan of correction implementation status as of	<u>11-12-19</u> (Date)
The above plan of correction was approved by	<u>MM</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	

89c - Testing Non-Public Water

Regulations

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The home did not have documentation that quarterly water testing of their well water was completed for the 2nd quarter of 2019.

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.)

It is important to conduct quarterly water tests by DEP certified labs to ensure provision of safe drinking water. The required water test was added to the Administrator's calendar on the first Monday of the calendar month, on a quarterly basis, as an alert. If the Administrator does not receive a report that the test was conducted by the 10th of the month, the Administrator will make a request for the test to be performed, and the results maintained in the Water Testing Site. This schedule was created 10/22/19 and next water test is due 12/31/19.

Legal Entity Representative

Stacy Cebrowski

Signature

Stacy Cebrowski Prop

Printed Name and Title

10/31/19

Date

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130e - Hearing Impairment

Regulations

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

According to staff and resident interviews, resident #3 is unable to hear the fire alarm and must be woken up and/or alerted when the fire alarm is sounding.

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.)

After an inspection the fire alarm closest to the residents bedroom was adjusted from 30 to 110 db and the resident was able to hear the alarm when activated. A personal vibrating device was made available to the resident to use in addition to the increased volume of the alarm. Staff were counseled on asking to report to Administrator immediately any issues regarding ability of being able to hear the activated alarm system. In addition, a Safe Alert bed shaker was purchased for the resident to utilize during sleeping hours, in order to assure that the resident has alert/proper notice to evacuate. The Administrator will observe the next three fire drills, including a sleeping drill, in order to assure that all residents hear the activated fire alarm, and observe monthly quarterly basis to help ensure future fire safety compliance.

Legal Entity Representative

Ana Lelle

Signature

Ana Cabrera Pres

Printed Name and Title

10/31/19

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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

The Documentation of Medical Evaluation form (DME) for resident #1 did not include a list of the resident's current medications.

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.)

A sample completed DME form was created to use as a guide when assessing resident DME's for completion of all components, along with a written list of required information. A staff review was conducted on 10/23 and 10/24/19 regarding how to utilize the DME forms for proper completion, including a current medication list. Maintaining a current medication list is important to share with providers for optimum resident health. The administrator will conduct monthly audits of resident DME's to ensure future compliance.

Legal Entity Representative

[Handwritten Signature]

Signature

[Handwritten Name and Title]

Printed Name and Title

[Handwritten Date]

Date

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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 had only the current week's menu posted in the home during the initial walk through inspection.

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 additional required menu was posted on the day of inspection. A staff review was conducted 10/24/19 to remind staff of required menu postings. A menu file is available to staff with dated menus to post in the designated areas. Review and process includes reminders on staff calendar for 2nd shift staff to post the appropriate menus every Monday morning each week, in addition 1st shift staff will confirm to the Administrator that the required menus were posted. Administrator will perform visual checks through out the week to ensure adequate menu postings

Legal Entity Representative

Stina Leblon

Signature

Stina Leblon Pres

Printed Name and Title

10/24/19

Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Staff did not initial the medication administration record (MAR) for resident #2's Baclofen on 9/20/19 and 9/21/19.

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 medication staff person who failed to sign the MAR was counseled on the day of inspection. A staff review was conducted 10/24/19 in regard to medication records, and proper documentation for medication administration. In addition, a resident MAR documentation check off list was created and posted in the front of the MAR Binder as an alert to staff when documenting administered medication. The Administrator will conduct weekly MAR Audits for 2 months, and monthly thereafter. Individual staff reviews will be conducted upon any inadequate documentations. The Administrator will be responsible to carry out this process to help ensure future compliance.

Legal Entity Representative

Shirley Cebro

Signature

Shirley Cebro, RN

Printed Name and Title

10/24/19

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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

According to staff and resident interviews, resident #3 is unable to hear the fire alarm and must be woken up and/or alerted when the fire alarm is sounding. The resident's most recent support plan dated 5/27/19 did not include this need or a plan to address the need.

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 residents Support plan was amended to address this need on 9/23/19. A staff review was conducted 9/24/19 to orient all staff of updated Support Plan and importance of reporting/sharing resident needs in order to document current information for availability to all staff persons to ensure resident health and safety. The Administrator will audit resident Support Plans monthly and survey staff for current resident needs to ensure future compliance, and update Support Plans with new information when appropriate.

Legal Entity Representative

[Handwritten Signature]

Signature

Dina Celbro Pres

Printed Name and Title

10/31/19

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