

Department of Human Services  
Bureau of Human Service Licensing

May 28, 2021

██████████ PRESIDENT  
NEW CONCEPTS INC  
PO BOX 167  
MCEWENSVILLE, PA 17772

RE: THE SUSQUEHANNA HOUSE  
2400 SUSQUEHANNA TRAIL  
MCEWENSVILLE, PA, 17749  
LICENSE/COC#: 21312

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

**Name:** THE SUSQUEHANNA HOUSE      **Licen e #:** 21312      **Licen e Expiration Date:** 05/26/2021  
**Addr e :** 2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749  
**County:** NORTHUMBERLAND      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5705389555      **Email:** [REDACTED]

**Legal Entity**

**Name:** NEW CONCEPTS INC  
**Address:** PO BOX 167, MCEWENSVILLE, PA, 17772  
**Phone:** 5705389555      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/14/2004      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 20      **Waking Staff:** 15

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal,Incident      **Exit Conference Date:** 04/20/2021

**Inspection Dates and Department Representative**

04/20/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 22      **Residents Served:** 20

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 0

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 15	<b>Are 60 Years of Age or Older:</b> 10
<b>Diagnosed with Mental Illness:</b> 10	<b>Diagnosed with Intellectual Disability:</b> 8
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 0

## Inspections / Reviews

04/20/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/17/2021*

5/17/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/24/2021*

5/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c1 - Personal Needs Allowance

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

1. Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

Description of Violation

Resident #1's contract dated 2/19/21 does not include the amount of the personal needs allowance.

Plan of Correction

Accept

It is important to record the amount of the residents personal needs allowance so that they are aware of their funds available for personal use. The administrator reviewed the monthly spending allowance with resident #1' and documented on the contract on 4/21/21, the day of inspection. The Administrator updated a check off list of items to review on the contract to be completed upon admission. All resident contracts were reviewed for compliance on 4/23/21. The administrator will conduct quarterly audits of resident contracts for completion beginning 7/23/21.

Completion Date: 04/23/2021

Update - 05/17/2021

Upon Resubmission of the POC, the Adm will show evidence of compliance with this Plan from the day of the Inspection. Evidence will be submitted via the Portal.

AG, 5-17-21

Document Submission

Implemented

See attached document 25cResident Audit

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A hired [REDACTED] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

It is important to maintain staff that meet required qualifications to help ensure residents safety and well being. Staff person A's GED was not in staff file on day of inspection. A copy of GED was obtained and is in staff file. The Administrator developed a check list and signature page for required information in staff files to be utilized for staff hiring/training on 4/27/21. The Administrator will conduct audits of staff files on a quarterly basis beginning 7/27/21.

Completion Date: 04/27/2021

54a - Direct Care Staff (continued)

**Update - 05/17/2021**

*The Diploma was viewed in the Portal.*

*Upon Resubmission of the POC, the Adm will submit the check list to be used as of 7-27-21 as evidence of anticipated compliance.*

*The Sign-In Sheets from the 4-27-21 sheets shall also be submitted via the Portal for review.*

AG, 5-17-21

**Document Submission**

**Implemented**

*See Attached document 54aStaff file audit*

183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*Resident #2's Tresiba flex-touch insulin pen was not dated when the pen was opened. The pen expires 8 weeks after opening the pen.*

**Plan of Correction**

**Accept**

*t is important to store medications according to manufacturers instructions to ensure resident safety. Resident #2's Tresiba flex touch insulin pen was removed from the med cart and replaced with a new dated pen immediately on the day of inspection 4/20/21. The Administrator and Med Trainer conducted a staff review on 4/21/21 for proper labeling and dating when opening and storing insulin pens. In addition, the pharmacy has added an alert to the electronic mars system to remind staff when insulin pens are due to be discarded/replaced. The Med Trainer developed a check off sheet and signature page and conducted an audit of the med cart for labels and dates on medications on 4/30/21. The Med Trainer will conduct monthly med cart audits beginning 5/30/21.*

**Completion Date:** 04/30/2021

**Update - 05/17/2021**

*Upon Resubmission of the POC, the Adm shall submit the Sign-In sheet(s) from the staff that attended the 4-21-21 med training, as well as a copy of the Check Off Sheet for use on the Med Cart Audits and a copy of a recent Med Cart Audit from 4-30-21.*

AG, 5-17-21

**Document Submission**

**Implemented**

*See Attached document 183 Med cart audit*

185a - Implement Storage Procedures

**1. Requirements**

**185a - Implement Storage Procedures (continued)**

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**

*Resident #2's PRN loratadine was not available at the time of the inspection.*

**Plan of Correction****Accept**

*It is important in order to meet resident health needs to maintain a supply of PRN medications available to residents when needed. Resident #2's Loratadine was immediately replaced on 4/20/21, the day of inspection. The Med Trainer conducted a staff review on 4/21/21 for proper inventory and ordering PRN medications. The Med Trainer updated a check off list and signature page for auditing the med cart and conducted an audit on 4/30/21. The Med Trainer will conduct monthly med cart audits beginning 5/30/21.*

**Completion Date:** 04/30/2021

**Update - 05/17/2021**

*Upon Resubmission of the POC, the Adm will include the Staff Review Sign In sheet(s) for the staff that attended the 4 21 21 training conducted by the Med Trainer.*

*A copy of the updated Check Off List and Signature Sheet for Med Cart Audits and a copy of the results of the Med Cart Audit from 4 30 21 will also be submitted.*

AG, 5 17 21

**Document Submission****Implemented**

*See attached document 185aMed cart*

**187a - Medication Record****1. Requirements**

2600.

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

3. Name of medication.
4. Strength.
6. Dose.

**Description of Violation**

*Resident #2's sliding scale of insulin is not listed on the MAR.*

*Resident #3's ciprofloxacin HCL is not listed on the MAR as a current order.*

## 187a - Medication Record (continued)

**Plan of Correction****Accept**

*t is important to include all details of each medication listed on the MAR's including name, strength, dose in order to ensure resident safety through accurate medication administration. Resident #2's sliding scale was located on a paper document and not the electronic MAR's. The pharmacy corrected the electronic MAR's to include the sliding scale on 4/20/21 the day of inspection. It is important to maintain proper disposal of discontinued medications to provide clarity on current medication orders. Resident#3's ciprofloxacin was discontinued and removed from the med cart on the day of inspection. The Med Trainer conducted a staff review regarding all required components of medications to be listed on MARS and proper disposing of discontinued meditations on 4/21/21. The Med Trainer developed a check off list and signature page for med cart and MAR's auditing and conducted an audit on 4/30/21. Med Trainer will conduct monthly MAR's and Med cart audits beginning 5/30/21.*

**Completion Date:** 04/30/2021

**Update - 05/17/2021**

*Upon Resubmission of the POC, the Adm will include the Staff Review Sign-In sheet(s) for the staff that attended the 4-21-21 training conducted by the Med Trainer.*

*A copy of the updated Check Off List and Signature Sheet for Med Cart Audits and a copy of the results of the Med Cart Audit from 4-30-21 will also be submitted.*

AG, 5-17-21

**Document Submission****Implemented**

*See attached document 187a MAR's review*

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #2 has an order for humalog 2 units daily with the sliding scale. On 4/16/21 at 5 pm the residents blood glucose reading was 165. 2 units of insulin was administered, 3 units was prescribed.*

*Resident #2 has an order for humalog per a sliding scale at 9 pm. On 4/18/21 the residents blood glucose reading was 421. 2 units of insulin was administered, 3 units was prescribed.*

**Plan of Correction****Accept**

*t is important to follow prescriber's orders to ensure resident health needs and proper medication administration. The Med Trainer conducted a staff review on 4/21/21 for proper procedure in determining appropriate insulin administration and correct documentation. Med Trainer developed MAR's audit check list and signature page and completed an audit 4/30/21. Med Trainer will conduct monthly MAR's audits beginning 5/30/21. In addition, Med Trainer will complete weekly observation of staff insulin administration for 4 weeks and monthly observations thereafter beginning 5/30/21.*

**Completion Date:** 04/30/2021

187d - Follow Prescriber's Orders *(continued)*

**Update - 05/17/2021**

*Upon Resubmission of the POC, the Adm will include the Staff Review Sign-In sheet(s) for the staff that attended the 4-21-21 training conducted by the Med Trainer.*

*A copy of the updated Check Off List and Signature Sheet for Med Cart Audits and a copy of the results of the Med Cart Audit from 4-30-21 will also be submitted. Evidence of weekly observations will be submitted to the Regional Office upon completion of the 4 week and monthly regimen after 5-30-21. These can be submitted by e-mail to the signing supervisor.*

AG 5-17-21

AG, 5-17-21

**Document Submission**

**Implemented**

*See attached document 187dMedcart*

224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident #1's pre-admission screening dated 2/17/21 did not include if the personal care home can meet the residents needs.*

*Resident #4's pre-admission screening dated 4/3/21 did not include the name of the admitting personal care home and the primary language spoken or means of communication.*

**Plan of Correction**

**Accept**

*t is important to complete all elements of the pre-admission screening in order to ensure resident needs can be met by the home. On 5/10/21 the Administrator developed a check list for pre admission process for residents to ensure completion of pre-screening components and completed an audit. The Administrator will conduct quarterly resident file audits beginning 8/10/21.*

**Completion Date:** 05/10/2021

**Update - 05/17/2021**

*Upon Resubmission of the POC, the Adm will submit a copy of the check list that was developed on 5-10-21 and evidence of the completed audit, along with the findings, as well as actions taken, if any.*

AG, 5-17-21

**Document Submission**

**Implemented**

*See attached document 224aPrescreening*