

Department of Human Services
Bureau of Human Service Licensing

June 30, 2022

[REDACTED], ADMINISTRATOR
NEW CONCEPTS INC
[REDACTED]
MCEWENSVILLE, PA, 17772

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
Human Services Licensing Supervisor

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* License #: *21312* License Expiration: *05/26/2022*
Address: *2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/2004* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/22/2022*

Inspection Dates and Department Representative

03/22/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *5*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2022*

Inspections / Reviews (*continued*)

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/08/2022*

06/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The exterior light immediately outside the north door exit was not operational.

Plan of Correction

Accept

The lighting was replaced on 3/23/22. Checking exterior lighting for proper operation was added to exterior maintenance check off list to be completed on a monthly basis. Staff and the Administrator are responsible for maintaining monthly checks. Properly lit exits are important to ensure a safe evacuation.

Completion Date: 03/23/2022

Document Submission

Implemented

The lighting was replaced on 3/23/22. Checking exterior lighting for proper operation was added to exterior maintenance check off list to be completed on a monthly basis. Staff and the Administrator are responsible for maintaining monthly checks. Properly lit exits are important to ensure a safe evacuation.

Update: 06/30/2022

88a - Surfaces

1. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The 1st floor bathroom had a hole in the drywall approximately 5 inches long.

Plan of Correction

Accept

The hole was created from a metal trash can lid that flips upwards and was repaired on 3/25/22. It is important for damaged surfaces to be repaired in order to remain hazard-free and provide a safe environment. Staff review on 3/28/22 was conducted to remind them to report any damages to management so they can be repaired. Safety checks and reporting damages is already on a check list to be utilized by staff. Staff are responsible for reporting and Administrator will perform monthly safety checks to ensure future compliance.

Completion Date: 03/25/2022

Update: 06/03/2022

Please send proof (picture) of compliance. 6-3-2022 MM

Document Submission

Implemented

The hole was created from a metal trash can lid that flips upwards and was repaired on 3/25/22. It is important for damaged surfaces to be repaired in order to remain hazard-free and provide a safe environment. Staff review on 3/28/22 was conducted to remind them to report any damages to management so they can be repaired. Safety checks and reporting damages is already on a check list to be utilized by staff. Staff are responsible for reporting and Administrator will perform monthly safety checks to ensure future compliance.

103f - Refrigerator/Freezer Temps

1. Requirements

103f - Refrigerator/Freezer Temps *(continued)*

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer located in the kitchen.

Plan of Correction

Accept

A thermometer was placed in the freezer on the day of inspection and the temperature reading was in the required range. Checking thermometers for proper placement and accurate temperatures has always been on a check off list for staff to utilize. A staff review was conducted on 3/28/22 to provide reminders to use weekly check off list to make certain there is proper placement of thermometers in refrigerators and freezers. This is important to ensure safe storage at accurate temperatures of frozen foods. Staff are responsible for ongoing compliance.

Completion Date: 03/22/2022

Update: 06/03/2022

Please send proof (picture) of compliance. 6-3-2022 MM

Document Submission

Implemented

A thermometer was placed in the freezer on the day of inspection and the temperature reading was in the required range. Checking thermometers for proper placement and accurate temperatures has always been on a check off list for staff to utilize. A staff review was conducted on 3/28/22 to provide reminders to use weekly check off list to make certain there is proper placement of thermometers in refrigerators and freezers. This is important to ensure safe storage at accurate temperatures of frozen foods. Staff are responsible for ongoing compliance.

141a 1-10 Medical Evaluation Information

1. Requirements

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 1’s DME dated [REDACTED] was incomplete. The required section for body positioning was left blank.

Plan of Correction

Accept

A staff review was conducted on 3/28/22 to include assessing the completed resident DME’s for missing information. It is important to have accurate information to provide required care to residents. Staff are responsible to examine DME’s for completion and immediately request needed information when discovered. The Administrator will provide on going monitoring with monthly DME audits of recently completed forms.

Completion Date: 03/28/2022

141a 1-10 Medical Evaluation Information (*continued*)**Update:** 06/03/2022*Please send Resident #1's updated DME. 6-3-2022 MM***Document Submission****Implemented**

A staff review was conducted on 3/28/22 to include assessing the completed resident DME's for missing information. It is important to have accurate information to provide required care to residents. Staff are responsible to examine DME's for completion and immediately request needed information when discovered. The Administrator will provide on going monitoring with monthly DME audits of recently completed forms.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

The most current DME for Resident 2 is dated [REDACTED]. The previous DME was completed on [REDACTED].

Plan of Correction**Accept**

Staff had attempted to obtain an earlier appointment and the physician's office was unable to fulfill the request. A staff review was conducted on 3/28/22 of the importance of obtaining resident appointments and completion of forms within the required time line. Staff were provided a list of annual resident DME's and the required due dates. Staff are responsible to obtain appointments and Administrator will conduct monthly audits to ensure DME's are completed within required time frames.

Completion Date: 03/28/2022**Document Submission****Implemented**

Staff had attempted to obtain an earlier appointment and the physician's office was unable to fulfill the request. A staff review was conducted on 3/28/22 of the importance of obtaining resident appointments and completion of forms within the required time line. Staff were provided a list of annual resident DME's and the required due dates. Staff are responsible to obtain appointments and Administrator will conduct monthly audits to ensure DME's are completed within required time frames.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

There was Polyethylene Glycol Powder which expired 6/8/2021 found on the medication cart.

Plan of Correction**Accept**

The medication was disposed of and reordered on the day of inspection. The medication was a PRN order and the resident had not used it. A staff review was conducted on 3/28/22 regarding staff responsibility to dispose of expired medications and order replacement, if appropriate. The Medications Trainer will conduct monthly audits of the med cart to include checking for expired medications. The Trainer and Administrator will be responsible for maintaining future compliance.

Completion Date: 03/28/2022

183f - Discontinued Medications (continued)**Document Submission****Implemented**

The medication was disposed of and reordered on the day of inspection. The medication was a PRN order and the resident had not used it. A staff review was conducted on 3/28/22 regarding staff responsibility to dispose of expired medications and order replacement, if appropriate. The Medications Trainer will conduct monthly audits of the med cart to include checking for expired medications. The Trainer and Administrator will be responsible for maintaining future compliance.

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:

Description of Violation

The MAR for Resident 3 was left blank on 3/7/2022 & 3/16/2022 for their 3pm prescribed order of Levetiracetam. There was no note made to reflect that the medication was given to family member to administer while the resident was out of the facility with a family member.

Plan of Correction**Accept**

After inspecting the med cart, it was determined that the resident had received the medication, but staff had missed a signature. The staff that missed the signatures received counseling on the day of inspection and a staff review was conducted on 3/28/22 on the importance of proper record keeping. The Medication Trainer will conduct a monthly audit of the MAR's to ensure proper recording of administered medications. The Trainer and Administrator will be responsible to oversee and ensure future compliance.

Completion Date: 03/28/2022

Document Submission**Implemented**

After inspecting the med cart, it was determined that the resident had received the medication, but staff had missed a signature. The staff that missed the signatures received counseling on the day of inspection and a staff review was conducted on 3/28/22 on the importance of proper record keeping. The Medication Trainer will conduct a monthly audit of the MAR's to ensure proper recording of administered medications. The Trainer and Administrator will be responsible to oversee and ensure future compliance.