

Department of Human Services
Bureau of Human Service Licensing

September 29, 2022

[REDACTED]
NEW VISIONS OF SOUTH CENTRAL PA INC
138 EAST KING STREET
SHIPPENSBURG, PA, 17257

RE: NEW VISIONS INC
103 DEERVIEW DRIVE
NEWVILLE, PA, 17241
LICENSE/COC#: 32870

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *NEW VISIONS INC* License #: *32870* License Expiration: *06/13/2023*
Address: *103 DEERVIEW DRIVE, NEWVILLE, PA 17241*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *NEW VISIONS OF SOUTH CENTRAL PA INC*
Address: *138 EAST KING STREET, SHIPPENSBURG, PA, 17257*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *10/04/2017* Issued By: *Upper Frankford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *09/13/2022*

Inspection Dates and Department Representative

09/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/13/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2022*

09/26/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/15/2022*

09/29/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

On 09/13/22, the required influenza information was not posted anywhere in the home as required by the Influenza Awareness Act of July 2016.

Plan of Correction

Accept

- Administrator posted the required influenza information on 9/13/2022 at the time of inspection.
- Staff were re-educated via memo on 9/13/2022 on the requirements of having the influenza information posted in the home by administrator. This requirement will also be reviewed at staff meeting on 9/22/2022.
- Influenza poster will be added to a monthly checklist of required posted information to ensure that it is replaced if it is misplaced. This check will be done by the end of each month by the administrator or an overnight staff member. This will begin September 2022.

Completion Date: 09/30/2022

Document Submission

Implemented

- Administrator posted the required influenza information on 9/13/2022 at the time of inspection.
 - Staff were re-educated via memo on 9/13/2022 on the requirements of having the influenza information posted in the home by administrator. This requirement will also be reviewed at staff meeting on 9/22/2022.
 - Influenza poster will be added to a monthly checklist of required posted information to ensure that it is replaced if it is misplaced. This check will be done by the end of each month by the administrator or an overnight staff member. This will begin September 2022.
- All steps are in process.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 09/13/22, several incontinence pads had been placed on the sofas and chairs in the living room of the home. This does not illustrate the residents being treated in a dignified manner.

Plan of Correction

Accept

- Staff immediately removed incontinence pads from the sofas and chairs at the time of the inspection on 9/13/2022.
- Staff were educated via memo on 9/13/2022 on residents' right to be treated with dignity and respect as it pertains to placing incontinence pads on sofas and chairs by administrator. Staff were instructed not to place incontinence pads in common areas.
- To protect the furniture while still maintaining appearance, plastic was placed over foam cushion inserts, under the cushion covers. Staff will wash the cushion covers if they become soiled.

Completion Date: 09/21/2022

Document Submission

Implemented

- Staff immediately removed incontinence pads from the sofas and chairs at the time of the inspection on 9/13/2022.
- Staff were educated via memo on 9/13/2022 on residents' right to be treated with dignity and respect as it pertains to placing incontinence pads on sofas and chairs by administrator. Staff were instructed not to place incontinence

42c - Treatment of Residents (continued)

pads in common areas.

- To protect the furniture while still maintaining appearance, plastic was placed over foam cushion inserts, under the cushion covers. Staff will wash the cushion covers if they become soiled.

All steps have been completed.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 09/13/22, the grab bar connected to the toilet seat in Bathroom #2 was not securely fastened to the toilet, which poses a safety concern.

Plan of Correction

Accept

- Bolts on grab bar/toilet seat were tightened by Administrator at the time of inspection on 9/13/2022.
- Staff were re-educated via memo on 9/13/2022 in regards to reporting damaged equipment to main office immediately for repair by administrator.
- On 9/15/2022, maintenance removed all grab bars connected to toilet seats and replaced with permanent, wall-mounted grab bars. Toilet seat mounted grab bars will no longer be used, as they are prone to easy damage.

Completion Date: 09/21/2022

Document Submission

Implemented

- Bolts on grab bar/toilet seat were tightened by Administrator at the time of inspection on 9/13/2022.
 - Staff were re-educated via memo on 9/13/2022 in regards to reporting damaged equipment to main office immediately for repair by administrator.
 - On 9/15/2022, maintenance removed all grab bars connected to toilet seats and replaced with permanent, wall-mounted grab bars. Toilet seat mounted grab bars will no longer be used, as they are prone to easy damage.
- All steps have been completed.

185a - Implement Storage Procedures

1. Requirements

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 09/13/22, the following [redacted] errors were observed for Resident 1:

[redacted]

in the Medical Administration Record (MAR).

Plan of Correction

Accept

- Documentation was corrected in the MAR on 9/13/2022.
- Staff were re-educated via memo on 9/13/2022 on the importance of double-checking documentation in the MAR immediately after each med pass by administrator. This will be reviewed again at staff meeting on 9/22/2022.
- Overnight staff will audit the MAR documentation, to include [redacted] every Wednesday and

185a - Implement Storage Procedures (continued)

Saturday to ensure that all documentation has been completed and is accurate beginning on 9/23/2022.

- Administrator will continue monthly audits of MAR documentation and will include [REDACTED] in the audit.

Completion Date: 09/23/2022

Document Submission

Implemented

- Documentation was corrected in the MAR on 9/13/2022.
 - Staff were re-educated via memo on 9/13/2022 on the importance of double-checking documentation in the MAR immediately after each med pass by administrator. This will be reviewed again at staff meeting on 9/22/2022.
 - Overnight staff will audit the MAR documentation, to include [REDACTED] every Wednesday and Saturday to ensure that all documentation has been completed and is accurate beginning on 9/23/2022.
 - Administrator will continue monthly audits of MAR documentation and will include [REDACTED] in the audit.
- All steps have been completed.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 2 is prescribed [REDACTED] Resident 2's medication administration record (MAR) does not include the initials of the staff person who administered this medication on [REDACTED]

Plan of Correction

Accept

- Documentation was corrected in the MAR on 9/13/2022 by the staff who administered the medication.
- Staff were re-educated via memo on 9/13/2022 on the importance of double-checking documentation in the MAR immediately after each med pass by administrator. This will be reviewed again at staff meeting on 9/22/2022.
- Overnight staff will audit the MAR documentation every Wednesday and Saturday to ensure that all documentation has been completed and is accurate beginning on 9/23/2022.
- Administrator will continue monthly audits of MAR documentation. Administrator will provide re-education on proper medication administration documentation to staff as needed.

Completion Date: 09/23/2022

Document Submission

Implemented

- Documentation was corrected in the MAR on 9/13/2022 by the staff who administered the medication.
 - Staff were re-educated via memo on 9/13/2022 on the importance of double-checking documentation in the MAR immediately after each med pass by administrator. This will be reviewed again at staff meeting on 9/22/2022.
 - Overnight staff will audit the MAR documentation every Wednesday and Saturday to ensure that all documentation has been completed and is accurate beginning on 9/23/2022.
 - Administrator will continue monthly audits of MAR documentation. Administrator will provide re-education on proper medication administration documentation to staff as needed.
- All steps have been completed.