

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

May 15, 2023

[REDACTED], ADMINISTRATOR
NEW CONCEPTS INC
[REDACTED]

RE: WARRIOR RUN HERITAGE HOUSE
11430 STATE ROUTE 44
WATSONTOWN, PA, 17777
LICENSE/COC#: 21696

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2023, 03/31/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WARRIOR RUN HERITAGE HOUSE **License #:** 21696 **License Expiration:** 12/13/2023
Address: 11430 STATE ROUTE 44, WATSONTOWN, PA 17777
County: NORTHUMBERLAND **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: NEW CONCEPTS INC

Address: [REDACTED]
[REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 08/28/2009 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 19 **Waking Staff:** 14

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/31/2023

Inspection Dates and Department Representative

03/30/2023 - On-Site: [REDACTED]
03/31/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 20 **Residents Served:** 19

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:** 5
Diagnosed with Mental Illness: 12 **Diagnosed with Intellectual Disability:** 6
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/30/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/27/2023

04/28/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/12/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/04/2023

Inspections / Reviews *(continued)*

05/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/12/2023

05/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] resident #1 was seen by passersby walking in the middle of the road. Police were called to retrieve the resident from the road. Prior to walking in the road resident #1 had told staff person A that they were going to go 'play in traffic' and that they wanted to kill themselves. The incident was not reported to the department's regional office.

Plan of Correction

Accept [REDACTED] - 05/05/2023)

A staff review was conducted on [REDACTED] that included protocol for reporting incidents involving resident threats or attempted acts of self-harm. Also a review of crisis contacts to help with managing such behaviors, which staff utilized on the day of the incident. A list of reportable incidents was provided. The Administrator is responsible for managing reports and follow up reports. The Administrator completed an incident audit on [REDACTED]. Incident audits will be completed on a quarterly basis to help ensure proper reporting procedures are followed. The Administrator is responsible to complete the audits.

Licensee's Proposed Overall Completion Date: 05/03/2023

Implemented [REDACTED] - 05/15/2023)

201 - Positive Interventions

2. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

According to staff interviews resident #1 told staff person A on [REDACTED] that they were going to go play in traffic and that they wanted to die. Staff interviews indicate that this is a frequent statement made by the resident and the resident frequently has to be brought back to the home after walking to a nearby store and asking for money from neighbors. On [REDACTED] resident #1 was not monitored to ensure their safety after stating that they were going to go play in traffic and resident #1 left the home to walk in the road. This led to a complaint to the department regarding the resident's safety.

Plan of Correction

Accept [REDACTED] - 04/28/2023)

A staff review was conducted on [REDACTED] to educate staff on how to utilize positive interventions when redirecting the resident from dangerous behaviors and offering one-on-one counseling and preferred activity options to negotiate better resident decision making and having safe behaviors. Resident will be reminded that desired items such as soda and snacks are available to resident in order to discourage walking to neighbors home making such requests. Also reviewed information on resources available to provide help in executing a safety plan for resident. Staff utilized county crisis intervention on the day of the incident and the resident was transported to the hospital for evaluation and admission. The Administrator is responsible to ensure that staff provide appropriate interventions.

Licensee's Proposed Overall Completion Date: 04/27/2023

Implemented [REDACTED] - 05/15/2023)

227d Support Plan Medical/Dental

3. Requirements

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 support plan dated [REDACTED] was not updated to reflect that the resident frequently leaves the home to walk to a nearby farm market where they ask people for money. The support plan also was not updated to indicate that the resident frequently expresses a desire to kill themselves by walking in traffic. On [REDACTED] there was an incident in which the resident walked in the middle of the road and needed police intervention to be removed from the road. The support plan was not updated to reflect this incident.

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

After a hospital admission, the resident was determined to have no ideas or plans of self harm and was discharged from the hospital. This administrator requested an evaluation from Aging for skilled care and the determination outcome denied skilled care eligibility. The home has requested help from the county case management services for other appropriate placement. The resident receives psychiatric care at the county mental health clinic. The residents support plan was updated on [REDACTED] to include 15 minute safety checks. In addition, the support plan includes the reviewed techniques of positive interventions to discourage dangerous behaviors and offering praise and other desired activities to encourage safe behaviors. Staff will immediately contact crisis for the residents expressions of self harm and execute a safety plan as ordered. The Administrator is responsible for oversight, updating and enforcing resident support plan. The Administrator conducted RASP audits of all residents on 3/31/23 and 4/3/23. The Administrator will be responsible to conduct RASP audits on 25% of the RASP's on a quarterly basis to help ensure resident care needs are met.

Licensee's Proposed Overall Completion Date: 05/03/2023

Implemented [REDACTED] - 05/15/2023)