

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

November 6, 2023

[REDACTED], ADMINISTRATOR  
NEW CONCEPTS INC  
[REDACTED]  
[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 10/04/2023 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]  
Human Services Licensing Supervisor

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]  
**Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-1 **Date:** 08/29/2009 **Issued By:** L & I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 18 **Waking Staff:** 14

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 10/04/2023

**Inspection Dates and Department Representative**

10/04/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 20 **Residents Served:** 18  
**Secured Dementia Care Unit**  
**In Home:** No **Area:** **Capacity:** **Residents Served:**  
**Hospice**  
**Current Residents:** 18  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 15 **Are 60 Years of Age or Older:** 9  
**Diagnosed with Mental Illness:** 14 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

**Inspections / Reviews**

10/04/2023 Full  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/22/2023

10/27/2023 - POC Submission  
**Submitted By:** [REDACTED] **Date Submitted:** 11/06/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/02/2023

Inspections / Reviews *(continued)*

11/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/06/2023

11/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not post a copy of the Department of Human Services Chapter 2600 Personal Care Homes regulation book in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 10/27/2023)

The home has always had a copy of the regulations posted, but they were evidently removed from the bulletin board. A copy of the regulations was obtained and posted in a conspicuous and public place in the home. A staff review was conducted on 10/9/23 to utilize the check list for required postings as part of staff duties. This is important because it helps to ensure regulatory information is available to everyone. Staff were informed of how to obtain additional copies if needed. The Administrator is responsible for oversight and will audit the bulletin board monthly for required postings.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (█ - 11/02/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During initial walk through, the home's cat was sitting on the counter while staff was in the kitchen. The cat was shooed away, but quickly jumped back onto the counter. It was noted that food items were also located on the counter.

Plan of Correction

Accept (█ - 10/27/2023)

A staff training was conducted on 10/9/23 regarding maintaining sanitary conditions. Staff are instructed that the kitchen door is to be closed even when staff are in the kitchen area to deter the cat from entering the kitchen area. Food on the counter should always remain covered or in containers and all counters are sanitized before food touches the surface. All cat food and water dishes have always been maintained outside of the kitchen area. The Administrator is responsible to provide routine monitoring of the kitchen to ensure there are no pets in the area.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (█ - 11/02/2023)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

The dishwasher in the kitchen was observed leaking leaving a puddle of water on the floor. Upon further inspection of the basement, it was noted that the leak ran into the basement onto a standing shelf.

95 Furniture and Equipment (continued)

Plan of Correction

Accept ( ) - 10/27/2023)

Upon closer examination a hose had become loose and was reconnected later the same day of inspection. Staff were reminded during a review on 10/9/23 to report all necessary repairs in a timely in order to maintain equipment and eliminate hazards. Staff will utilize a weekly check list to include equipment and safety assessments and make reports for repairs needing immediate attention directly to Administrator. Administrator is responsible for follow up to ensure the process of repairs is completed in timely manner. Administrator will monitor condition of furniture and equipment on a monthly basis.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented ( ) - 11/02/2023)

103f - Refrigerator/Freezer Temps

4. Requirements

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 refrigerator in the kitchen.

Plan of Correction

Accept ( ) - 10/27/2023)

A thermometer was placed in the refrigerator on the day of inspection and staff monitored the readings to ensure that the temperature was in the correct range. Staff will perform a weekly visual check that a working thermometer is in each refrigerator and freezer, record the actual temperature, and verify that it is in the appropriate range. Administrator is responsible to conduct monthly audits to include visual checks and readings, as well as ensure that additional thermometers are available when replacements are required. It is important to ensure that refrigerators and freezers maintain appropriate temperatures so that food is stored safely. Staff training was conducted on 10/9/23 to review this information, and so that staff are aware of where to locate additional thermometers when needed.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented ( ) - 11/02/2023)

187a - Medication Record

5. 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 medication administration record for resident 2 does not list ( ), which is stored in the medication cart and is to be administered one time per day and more often if needed.

Plan of Correction

Accept ( ) - 10/27/2023)

The ( ) for Resident #2 was sent from a specialty pharmacy and not added to the emars upon our request to the regular pharmacy. Staff had documented the use in daily notes. The gel was only used for a few days. The home obtained a written order from the provider for the gel to be used in the future on an as needed basis. A staff review was conducted on 10/9/23 on proper documentation on paper mars if emars is unavailable. The current pharmacy

187a Medication Record (continued)

has agreed to add the gel to the emars. The medication trainer will conduct monthly audits of the medication cart to ensure that all items in the medication cart are listed on the mars. The Administrator will provide oversight to ensure completion of audits.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (█ - 11/06/2023)

224a - Preadmission Screen Form

6. 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 preadmission screening form, dated █ does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident 1's preadmission screening form, dated █ does not include any determination regarding if the resident can use and avoid poisonous materials.

Plan of Correction

Accept (█ - 10/27/2023)

The preadmission screening form for Resident #1 had an error that omitted the check mark for yes on the form as the resident's needs have been met by the homes services since the date of admission. Likewise there was an error on the preadmission screening form for Resident #1 in omitting the check mark for yes on the section of the form for resident can use and avoid poisonous materials, as the resident was previously evaluated in this area. In order to help ensure future compliance the Administrator is responsible to utilize a check list for new resident admissions that includes reviewing prescreening preadmission forms which is important to help ensure that the home can meet future resident needs.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (█ - 11/06/2023)