

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

April 17, 2024

[REDACTED]
NEW CONCEPTS INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2024 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: *THE SUSQUEHANNA HOUSE* License #: *21312* License Expiration: *05/26/2024*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/2224* Issued By: *DLI*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/01/2024*

Inspection Dates and Department Representative

03/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* 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: *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

03/01/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2024*

04/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/12/2024*

Inspections / Reviews (*continued*)

04/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted] Documentation of Medical Evaluation (DME) dated [redacted] does not have a blood pressure reading recorded. The Medical Information Pertinent to Diagnosis and Treatment section is blank.

Resident [redacted] DME dated [redacted] does not have a blood pressure reading, height, weight, pulse, or temperature recorded. The Medical Information Pertinent to Diagnosis and Treatment section, Immunizations Section, and Allergies Section are blank.

Plan of Correction

Accept [redacted] - 04/08/2024)

The missing information on both Resident [redacted] and Resident [redacted] was inadvertently omitted from the DME's. As recorded in their medical records, the vitals were a component of the physical exam. The missed entries were an oversight by the provider and pch staff accepting the incomplete document. Documentation of resident vitals is important to aid in diagnosis and create a treatment plan. On [redacted] an audit of resident DME's was conducted to determine full completion of the documents. To help ensure future compliance a DME check off list will be utilized to make certain all categories on the DME are completed. Staff review was conducted [redacted] on how to use this form and the importance of obtaining all resident information. In addition, a DME audit will be conducted on a quarterly basis. The administrator is responsible to oversee completion of the audit.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] 04/17/2024)