



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
1401 North 7<sup>th</sup> Street  
Harrisburg, Pennsylvania 17102-1810

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**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 11, 2011**

Mr. Douglas L. Flasher, Executive Director  
Albright Care Services  
Normandie Ridge  
1700 Normandie Drive  
York, Pennsylvania 17408

Dear Mr. Flasher:

As a result of the Department of Public Welfare's licensing inspection on June 16 & 23, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NORMANDIE RIDGE, 1700 NORMANDIE DRIVE YORK, PA 17408		CURRENT LICENSE NUMBER 351320	
INSPECTION DATES (Include all dates of the inspection) 06/16/2011, 6/23/11		REGIONAL REPRESENTATIVE Denny Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rodney Brooks PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Rodney Brooks PC Admin</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 10-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c 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).	<ul style="list-style-type: none"> <li>On 10/14/2010, Staff person A, observed staff person E, an employee from the home's skilled nursing facility, grab resident #1's breast. The home did not submit an incident report to the department, or report the incident by telephone, until 8/4/2011.</li> <li>Resident #1's file contains a nurse's note, dated 12/14/2010, that alleges ancillary staff person G "came into room and came on to resident #1 in a sexual manner." The home did not submit an incident report to the department, or report the incident to the department by telephone.</li> <li>On 5/26/2011, direct care staff person <i>PCs</i> reported that staff person E rubbed genitals against resident #2's arm. The home did not submit an incident report to the department, or report the incident by telephone, until 5/31/2011.</li> <li>On 6/17/2011, direct care staff person F threatened to burn the personal care home down. Police were notified and the staff person was arrested for making terroristic threats against the</li> </ul>	8-31-11	<p><i>Staff in served on proper notification incidents that violate the rights of the residents.</i></p> <p><i>On 6-17-2011 Staff person F was removed from the floor pending an investigation, staff person F was terminated from employment. Act 13 completed.</i></p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">SEP 6 2011</p> <p align="center"><b>RECEIVED</b></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>6-7-11</i> <i>SS</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Rodney Bush</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>GE</i>	DATE 10-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	home. The home did not submit an incident report to the department, or report the incident by telephone as required.		<i>Cost</i>	

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SIGNATURE OF LEGAL ENTITY <i>Rodney Brels</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE 10-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	<ul style="list-style-type: none"> <li>• On 10/13/2010, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging or the State Department of Aging until 8/4/2011.</li> <li>• Resident #1's file contains a nurse's note, dated 12/14/2010, that alleges ancillary staff person G "came into room and came on to resident #1 in a sexual manner." The home did not report the allegation to the local area agency on aging or the State Department of Aging.</li> <li>• On 5/28/2011, an allegation of abuse against resident #2 was reported by staff person <del>B</del>C. The home did not report the allegation to the local area agency on aging or the State Department of Aging until 6/15/2011.</li> </ul>	8-31-11  <i>ongoing</i>	<i>Staff members were in service on proper notification of reportable issues. Admin. or director will report incidents to local area agency on aging and the state department via phone and in writing.</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>10-7-11</u> Date <span style="float: right;">Initials (DPW)</span>



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SIGNATURE OF LEGAL ENTITY <i>Rodney Brooks</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE 10-7-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	<ul style="list-style-type: none"> <li>• According to staff person A, on 10/13/2010, staff person E was observed grabbing resident #1's breast.</li> <li>• On 6/15/2011, direct care staff persons C and D reported that they observed direct care staff person E make inappropriate sexual contact with resident #2.</li> </ul>	8-31-11	<p>Staff member E involved in incident that occurred on 6-15-11 was removed from the floor immediately suspended pending investigation and was terminated from employment. DPW and protective services were notified via phone and writing. Police were notified and Act 13 completed. The administrator will ensure that all residents will be protected with respect at all times with the help of the Ombudsman. All staff insured on resident rights</p>	10-7-11 LE

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42c A resident shall be treated with dignity and respect.	On 5/26/2011, staff person B overheard staff person E make a sexually inappropriate comment to resident #2.	8-31-11	<i>Staff person E was suspended pending investigation. all staff members were informed on resident rights and treating residents with dignity and respect.</i>	10-7-11 <i>EE</i>

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SIGNATURE OF LEGAL ENTITY <i>Rocky Brats</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 10-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	On 11/23/2010, Direct care person E, who transferred from the skilled nursing facility of the home to the personal care home, did not receive training in resident rights or The Older Adult Protective Services Act (OAPSA) within 40 scheduled working hours of his/her transfer to the personal care home.	8-31-11 + ongoing	All new staff transferring from other departments will be in-service on all required training within the first 40 hours of working. Administrators will review all new staff training records	Steps have been taken to correct violation; full compliance is not verifiable 10-7-11 Date Initials (DPW)

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			<i>Contol.</i>	