

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALBRIGHT CARE SERVICES

LEGAL ENTITY

To operate NORMANDIE RIDGE

NAME OF FACILITY OR AGENCY

Located at 1700 NORMANDIE DRIVE, YORK, PA 17408

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 66
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 24, 2012 until June 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 351320

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

JUN 28 2012

Ms. Amy Young, Executive Director
Albright Care Services
Normandie Ridge
1700 Normandie Drive
York, Pennsylvania 17408

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on May 18, 2012 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

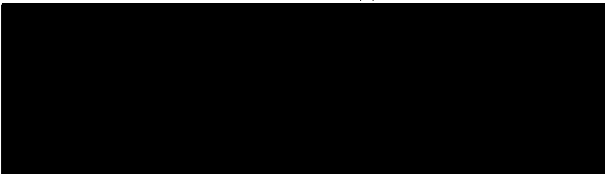
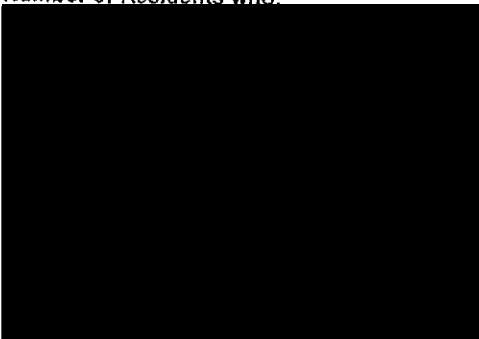
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: NORMANDIE RIDGE		License Number: 351320
Address: 1700 NORMANDIE DRIVE, YORK, PA 17408		County: York
Administrator: Rodney Brooks		Region: CENTRAL
Legal Entity Name: ALBRIGHT CARE SERVICES		
Legal Entity Address: 1700 NORMANDIE DRIVE, YORK, PA 17408		
Certificate(s) of Occupancy I-2 04/06/2010 West Manchester Township		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number: NA	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
05/18/2012: Riel, Becky; Bungo, John		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: NA		Random Indicators: NA
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66 Number of Residents Served: 47 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures do not include the means of transportation in the event that relocation is required

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The facilities emergency procedure plan will be updated to include the means of transportation in the event that a relocation is required.

The facilities emergency plan are reviewed annually as part of the facilities quality assurance procedures.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rodney Brooks PC Admin</i>	Date <i>6-14-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/14/12
 (Date)

The above plan of correction was approved by Nsc
 (Initials)

Plan of correction implementation status as of 6/20/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted in the months of June 2011 and March 2012 do not include the dates the drills were held. The fire drill record for the drills conducted on 12/30, 1/20, 2/24, and 4/20 does not include the year the drills were held. The fire drill record only lists the number of residents who evacuated during a fire drill and does not include the number of residents who stayed in place and were accounted for.

- 1/20/2012 @ 6:45pm 45 residents in the home; 10 residents evacuated
- 3/30/2012 @ 11:45am 47 residents in the home; 3 residents evacuated
- 4/20/2012 @ 7:25pm 46 residents in the home; 9 residents evacuated

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire drill records will be reviewed by the administrator and the environmental director monthly. The fire drill records will include full dates of the fire drills being performed. The fire drill record will include the number of residents who stayed in place.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks PC Admin* Date *6-14-12*

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The above plan of correction is approved as of 6/14/12
 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 6/29/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home consists of two floors but the home's fire safety expert only designated a maximum safe evacuation time for the first floor. The home's fire drill evacuation times are as follows:

11/28/2011 @ 10:40pm	3 min, 11 sec
12/30/2012 @ 1:45pm	3 min, 18 sec
1/20/2012 @ 6:45pm	5 min, 0 sec
2/24/2012 @ 1:09am	3 min, 5 sec
3/30/2012 @ 11:45am	4 min, 33 sec
4/20/2012 @ 7:25pm	5 min, 11 sec

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The facilities fire safety experts report will designate a maximum safe evacuation time for both floors.

The PC Administrator will review the annual letter from the fire safety expert to ensure letter meets requirements of 2600.132(d).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks PC Admin* Date *6-14-12*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Four exit routes that are to be used in case of the need of evacuation were identified by a fire safety expert. The home is using only 2 exit routes during fire drills as identified on the fire drill record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The facilities fire drill record will indicate that alternate exit routes as identified by the fire safety expert, will be used during the fire drills.

The PC Administrator and the Environmental Director will review the fire drill records monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rodney Brooks

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Rodney Brooks PC Admin

Date

6-14-12

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6/14/12
 (Date)

Plan of correction implementation status as of

6/20/12
 (Date)

The above plan of correction was approved by

NSC
 (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During fire drills, residents in the bedrooms in the immediate area of the smoke detector being set off are evacuated to another area. The remaining residents stay in place in their bedrooms. The fire safety expert has not identified the entire building and all resident bedrooms as fire-safe areas.
 During the fire drills held on 5/12/2011, 8/11/2011, and 9/30/2011, residents were evacuated to the dining room area. The fire safety expert has not identified the dining room as a fire-safe area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An updated letter from the fire safety expert was sent on 5/25/2012
 There are five designated fire safe areas on the second floor.
 The Arboretum
 Each of the three stair wells
 The connector leading to ground level

There are five designated safe areas on the first floor.
 The dining room.
 Each of the three stair wells.
 Vestibule leading out of the facility.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Rodney Brooks

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Rodney Brooks PC Admin</u>	Date <u>6-14-12</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/14/12
 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 6/20/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION

The home's home rules indicate that the home does not permit smoking and there is no designated smoking area. Staff Person A reported that residents are allowed to smoke outside and each sitting area outside each exit is a designated smoking area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The facility home rules were updated to indicate that the home permits smoking in designated area outside of the home.

Smoking area outside the facility has been equipped with fire safe receptacles and fire extinguishers.

South side of facility has been designated as the residents smoking area.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Rodney Brooks

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Rodney Brooks PC Admin Date 6-14-12

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 (Date)

Plan of correction implementation status as of 6/20/12
 (Date)

The above plan of correction was approved by NJC
 (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 65 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 The home permits smoking in the sitting areas outside each exit. The home's written fire safety procedures related to smoking do not include proper safeguards to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, extinguishing procedures, fire resistant furniture outside the home and the location of the outside smoking areas that are a safe distance away from common walkways and exits.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The homes written fire safety procedure were updated to include the PC designated smoking area.

THE PROCEDURES WILL ALSO BE UPDATED TO ADDRESS FIRE HAZARDS, RECEPTACLES, EXTINGUISHING PROCEDURES AND FIRE RESISTANT FURNITURE

6/18/12
 NSC

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Rodney Brooke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rodney Brooke PC Admin Date 6.14.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 6/20/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 5/18/2012, the following expired vials of insulin were found in the home's medication room:
 NovoLog 100 units/mL for Resident #1, opened 3/29/2012
 Levemir 100 units/mL for Resident #2, opened 4/13/2012

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Med techs will audit med carts for expired meds on a monthly basis. The PC Administrator and nurse supervisor will review audits.

The identified meds were destroyed and a new supply received.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks PC Admin* Date *6-14-12*

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 (Date)

The above plan of correction was approved by NBC
 (Initials)

Plan of correction implementation status as of 6/20/12
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 5/18/2012, the following PRN medications were listed on the medication administration record for Resident #3 but were not available in the home: Duoneb/2.5-0.5mg/3mL, Tylenol/355 mg, Fleet Enema, and Dulcolax Suppository/10mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Med techs have audited all med carts to assure that all residents have the prescribed PRN medications readily available.

Med techs will audit the med carts on a monthly basis to assure that all residents have PRN meds, PC Administrator and nurse supervisor will review audits performed monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooks*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rodney Brooke PCAdmin* Date *6-14-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/14/12</u> (Date)	Plan of correction implementation status as of <u>6/20/12</u> (Date) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>NSC</u> (Initials)	

Violation Report: 35132 - 05/18/2012 - Riel, Becky
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 3/9/2011, Resident #4 was admitted to the hospital for severe back pain and discharged to the skilled nursing unit. The resident returned to personal care on 4/4/2011 with the diagnoses of asthma and low blood pressure and was prescribed Combivent Inhaler/2 puffs four times daily. The home did not complete a new assessment of the resident's needs to reflect these changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new RASP was completed on 4/27/2012
 A new RASP will be completed for any significant change that occurs for any resident.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Rodney Brooks

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Rodney Brooks PCA Admin Date 6-14-12

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 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 6/14/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 35132 - 05/18/2012 - Riel, Becky
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

On 3/9/2011, Resident #4 was admitted to the hospital for severe back pain and discharged to the skilled nursing unit. The resident returned to personal care on 4/4/2011 with the diagnoses of asthma and low blood pressure and was prescribed Combivent Inhaler/2 puffs four times daily. The home did not complete a new support plan to reflect these changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new RASP was completed on 4/27/2012.
A new RASP will be completed within 30 days of return from the hospital, nursing care center or upon change of residents needs.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Rodney Brooks*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rodney Brooks PC Admin* Date *6-14-12*

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