

Mailing Date: DEC 20 2012

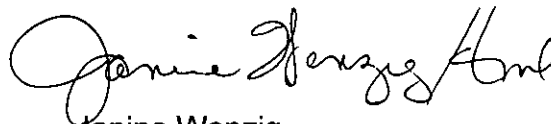
Mr. Scott A. Farabaugh, Administrator
New Hope Gracious Senior Community
New Hope Gracious Personal Care
300 Union Avenue
Avalon, Pennsylvania 15202

Dear Mr. Farabaugh:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 26, 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 Human Services Licensing so that compliance can be verified.

Sincerely,



Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

DEC 10 2012

Violation Report: 40210 - 10/26/2012 - Orme, Melinda
POH Name: NEW HOME GRACIOUS PERSONAL CARE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa. Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 10/26/2012, the home's current license and violation report from 3/29/12 were not posted in a conspicuous and public place in the home. The most recent violation reports posted were from 12/11/11 and 1/13 - 1/17/11 and were covered by an unrelated document.

The violation reports and a copy of 55 PA Code Chapter 2600 are posted on a bulletin board around a corner inside the residents' dining room which is not public or conspicuous.

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.

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible:

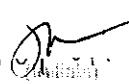
The maintenance director will move the bulletin board referred to in the violation to the front lobby by 12/13/12. On 12/13/12, the administrator will move all regulation-required postings to the front lobby including: 1) a copy of the current license; 2) a copy of the "pink book" Chapter 2600 Regulations, 3) the current licensing inspection summary; and 4) the 3/29/12 and 10/26/12 Violation Reports.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

To ensure that the required documents are not covered by unrelated documents, on 12/13/12 a sign will be placed on the bulletin board stating that non-regulatory postings are prohibited.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Scott A. Farabaugh, Administrator			12/10/12

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

The above plan of correction is approved as of <u>12/18/12</u> (Date)	Plan of correction implemented as of <u>12/18/12</u> (Date)
The above plan of correction was approved by 	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Investigate the rest <input type="checkbox"/> Not Implemented

DEC 10 2012

Western Field Office
Adult Residential Licensing

Violation Report #3210 - HOME CARE - (Check Below)
FCH Name: NEW HOME OPERATIONS PERSONAL CARE

1. REGULATION 55 Pa. Code §2606

2606.22(c). Poisonous materials shall be kept locked and inaccessible to residents, except in a location of the facility where the home care staff is safely use of approved poisonous materials.

2. DESCRIPTION OF VIOLATION

The shared bath room in bedroom #3 had an 8 ounce tube of OTC cream, 10 prescription tablets, a box of Tylenol tablets, and a 1.5 liter orange bottle of toothpaste. The cream, tablets, and Tylenol all had manufacturer's labels indicating "If accidentally ingested, get medical help or contact Poison Center immediately", which were unlocked and accessible to residents. Residents of the room had unrestricted access to the cabinet of locking and using poisonous substances.

3. PLAN OF CORRECTION (POC)

The administrator removed the items from Resident #3's room on 10/26/12.

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible:

The administrator removed the items from Resident #3's room on 10/26/12.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

Out of 50 Resident rooms, 25 already have locking medicine cabinets. By December 17, 2012, the resident caregivers will make certain that all toiletries that have instructions that state, "seek medical attention if swallowed, or contact poison control center if swallowed" are locked inside the medicine cabinets. Each caregiver will be provided with a master key so that they can access and re-lock the toiletries on each Resident's behalf.

By 12/17/12 the administrator will order locks to be installed on the medicine cabinets that don't already have locks. The maintenance director shall install the locks upon receipt.

The Director of Resident Cares shall train all current caregivers on the system by 12/17/12 and make certain that it is a component of the new caregiver training process.

Repeat Violation No.	Date(s) of Previous Violation(s)	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Scott A. Farabach*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SCOTT A. Farabach administrator* Date: *12/10/12*

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

This stop work or correction agreement is approved by: *[Signature]* Date: *12/13/12*

Date of required compliance department call: *12/13/12*

This stop work or correction agreement was approved by: *[Signature]* Date: *[Signature]*

- Facility is in compliance
- Facility is not in compliance - (If not in compliance, explain why)
- Facility is not in compliance - (If not in compliance, explain why)
- Facility is not in compliance - (If not in compliance, explain why)

RECEIVED

DEC 10 2012

Violation Report: 43210-002620-7 - Ohio, Medina PCH Name: NEWHOPE GRACIOUS PERSONAL CARE	Western Field Office Adult Residential Licensing
1. REGULATION 55 Pa. Code §2600 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	
2a. DESCRIPTION OF VIOLATION The emergency phone numbers next to phones for residents #3 and #4 in bedroom #303, and next to the phone on the left side of bedroom #306 do not include the updated personal care Home Complaint Hotline number.	
3. PLAN OF CORRECTION (POC) (Attach paper as required. Remainder of this violation may include any attached pages.) include a plan to correct the violation, including dates and steps to prevent a similar violation from recurring again. If paper plan of correction is being used, include dates by which the steps will be completed.	

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible:

The Administrator will order new labels on 12/17/12. Upon delivery, the assistant administrator shall place the new labels on each Resident telephone as well as all facility telephones.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

Once the new labels have been distributed, the remaining new labels shall be given to the Director of Resident Care to distribute to new admissions and any existing Residents who brings a new phone into the facility. Residents with cell phones shall choose the location of their label. By 12/17/12 the Director of Resident Care shall document that all housekeepers and caregivers have been trained on this regulation,

Repeat Violation No.	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Scott A. Farabaugh</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Scott A. Farabaugh, Administrator</i>			Date <i>12/10/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12/17/12</u> (Date)		Plan of correction implementation status as of <u>12/18/12</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)		<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	

Violation Report # 1770 10/26/12 12:44 PM
Home Name: NEW HOPE HEALTH CARE CENTER

DEC 10 2012

1. IDENTIFICATION OF THE CASE #2100

2. DATE OF VIOLATION 12/10/12

Western Field Office
Adult Residential Licensing

3. DESCRIPTION OF VIOLATION

Resident A.C. admitted 09/20/08, did not have a medical history update on file.

4. PLAN OF CORRECTION/POC

The administrator will ensure that a medical history update is completed for all residents. The administrator will ensure that a medical history update is completed for all residents.

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible

Despite numerous fax requests and repeated phone calls to the primary care physician, MD, refused to complete the required DME because the Resident was in the process of changing to Dr. Dr. refused to complete the form because Dr. office neglected to forward the medical records. Finally, per New Hope's request, the resident's daughter confronted Dr. who subsequently completed the form on 2/15/12.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

New Hope's Health and Wellness Nurse maintains a monthly medical and service report to ensure the timely completion of DPW required documentation. This document addresses compliance with the due dates of initial and annual DMEs. Requests for annual DMEs are routinely made to physician offices two months in advance of the due date. If repeated attempts to secure the completed DME from the physician are not successful by the end of the first three weeks, then the Health and Wellness Nurse shall mail the Resident's designated person a written request to intercede with the physician on behalf of New Hope and the Resident. Subsequent to the mailing, the process of securing the DME shall be closely monitored by the nurse to ensure compliance. This information shall be integrated into the current policy and procedure manual by 12/17/12.

Number of Violations	Number of Previous Violations		
Signature of Licensed Health Care Professional Responsible: EVERY HOME <i>Heidi A. Fairbank</i>			
Printed Name and Title of Licensed Health Care Professional (Required on EVERY Case)		Date <i>Heidi A. Fairbank, administrator</i> 12/10/12	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
Date of completion of corrective action (month/year)	Date of next scheduled inspection (month/year)	<input checked="" type="checkbox"/> Fully Compliant <i>J</i> <input type="checkbox"/> Partially Compliant - Additional Action <input type="checkbox"/> Partially Compliant - Additional Action <input type="checkbox"/> Not Compliant	
Signature of Licensed Health Care Professional <i>J</i>			

Violation Report # 12-0017 - **FORWARD TO THE MEDICAL DIRECTOR**
 Date: **DEC 10 2012**

1. REGULATIONS OR Pa Code §2600
 2600.001 (b) Prescription medications, OTC medications, CAM and syringes must be kept in a locked container in the resident's room. The container, syringes and syringe caps in the resident's room.

**Western Field Office
 Adult Residential Licensing**

2. DESCRIPTION OF VIOLATION
 In Resident #3's room bottles of Systane ultra lubricant eye drops with eyedropper & 11 and 13 in bottle of Fresh Tears lubricant eye drops which expired 10/12 were unsecured on the bathroom sink and accessible to residents in the home.

3. PLAN OF CORRECTION (POC) - How the violation was corrected. All items that were expired were discarded. The administrator will ensure that all items are kept in a locked container and accessible to residents in the home.

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible:

The administrator removed the items from Resident #3's room on 10/26/12. The items were discarded because they were outdated.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

The Director of Resident Care shall, in writing, remind all current caregivers that prescription, OTC medications, CAM and syringes must be kept in an area or container that is locked. This written reminder shall be given to each staff person no later than 12/17/12. The Director shall also ensure that new hires are thoroughly trained on the regulations in 2600.

As a new initiative, each day, near the conclusion of each shift, the caregivers will be required to check each Resident's room and bathroom for non-compliance. If a non-compliant item is found, then the caregiver must either help the Resident lock the medication in the designated place in his/her room or remove the medication and lock it in the nursing office. This new initiative shall be implemented by 12/20/12 and caregivers shall document that they understand and agree to comply with the policy.

Report violation type	Date(s) of Previous Violation(s)	OTC/OTCII	
Signature of Legal Entity Representative Required on EVERY Page: <i>Scott A. Parabough</i>			
Printed Name and Title of Legal Entity Representative Required on EVERY Page: <i>Scott A. Parabough, Administrator</i>			Date: <i>12/14/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
Number of pages of this report as attached to report	<i>12/12/12</i>	Date of report (month/year/day)	<i>12/14/12</i>
Number of pages of this report as attached to report		<input checked="" type="checkbox"/> Fully implemented	<i>J</i>
		<input type="checkbox"/> Partially implemented	
		<input type="checkbox"/> Not implemented	

DEC 10 2012

Violation Report 4-17-12
PCN Number: 5015-1000-0000-11111111111111111111

Western Field Office
Adult Residential Licensing

1. REGULATION IS Pa. Code §2002

2002.21.4 - Admission shall be made with 30 days prior to admission to the facility. The facility shall not accept a resident who is not in compliance with the requirements of this regulation.

2a. DESCRIPTION OF VIOLATION

A DEPARTMENTAL ACTION FOR RESIDENTS WAS NOT TAKEN WHEN IT WAS APPLICABLE

2. PLAN OF CORRECTION MUST - As a part of the plan, the facility must describe the steps that will be taken to correct the violation.

The administrator, who had conducted the pre-admission screening, corrected the form by adding the date on the line provided.

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible:

The pre-admission screening was conducted and completed in the appropriate timeframes. The administrator, who had conducted the pre-admission screening, corrected the form by adding the date on the line provided.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

The administrator and all designated admissions screeners will sign and date all forms. The Health and Wellness Nurse shall be reminded, in writing, by the director of resident care, to review all forms before filing them in the Resident's chart.

Report Number: 5015-1000-0000-11111111111111111111	Date of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Scott A. Farnsworth</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SCOTT A. FARNSTORW, Admin.</i>		Date: <i>12/10/12</i>
DEPARTMENT USE ONLY - HOME'S MAY NOT WRITE BELOW THIS LINE		
Initials of person who filed this report on: <i>12/18/12</i>	Initials of person who completed this report on: <i>12/18/12</i>	
Initials of person who reviewed this report on: <i>J</i>	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented <input type="checkbox"/> Plans to Implement <input type="checkbox"/> Not Implemented	<i>J</i>

DEC-10-2012

Violation Report # 2012-0010 - Home Health
Home Name: NEW HOPE HEALTH AND WELLNESS CENTER

Western Field Office
Adult Residential Licensing

REGULATION 15 Pr Code §1620

Procedures - The resident shall have written assessments on file on a regular basis.

2. If the completion of the tasks of §1620(a) will change a person's status, the person's assessment must be updated as required of the Department upon a change in status that will require a re-assessment.

DEPARTMENT USE ONLY - VIOLATION

~~2012 assessment for resident #5 did not have an assessment completed in 2011~~

withdrawn
12/18/12

Resident #5 admitted 02/15/12, did not have an assessment completed in 2011.

PLAN OF CORRECTION (POC) - A plan of correction is required for each violation. The purpose of the plan of correction is to correct the violation and prevent it from recurring. The plan of correction must include a description of the violation, the steps to be taken to correct the violation, the date by which the violation must be corrected, and the person responsible for ensuring that the violation is corrected.

Specific Change(s)/How the Change(s) will be made, Date of Change(s) and Position(s) Responsible:

Resident # 5's 2012 assessment was corrected and faxed to the Department on 10/31/12.

In relation to no assessment in 2011, insofar as an assessment cannot be completed without a DME, page 7 of this plan of correction already explained that despite numerous fax requests and repeated phone calls to the primary care physician, I, [redacted], MD, refused to complete the required DME because the Resident was in the process of changing to Dr. [redacted]. Dr. [redacted] refused to complete the form because Dr. [redacted]'s office refused to forward the medical records. Finally, per New Hope's request, the resident's daughter confronted Dr. [redacted] who subsequently completed the form on 2/15/12. Once we received the DME, an assessment was completed post haste.

Implementation of Systems to Ensure Ongoing Compliance and Staff Training

As previously noted on page 7, New Hope's Health and Wellness Nurse maintains a monthly medical and service report to address DPW required documentation. This document addresses compliance with the due dates of the completion of initial, and annual DMEs. Requests for annual DMEs are routinely made to physician offices two months in advance of the due date. If repeated attempts to secure the completed DME from the physician fail, then the Health and Wellness Nurse shall mail the Resident's designated person a written request, not less than thirty days prior to the due date, to intervene with the physician on the home's behalf. This system should also alleviate tardy assessments that are the result of the failure of PCPs to complete DMEs on a timely basis.

Immediately - The administrator will ensure a resident assessment is completed annually even if awaiting a medical evaluation form.

Report Number: No.	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative <i>Scott A. Fairbank</i>		
Printed Name and Title of Legal Entity Representative <i>Scott Fairbank, adm. dir.</i>		
		Date: <i>12/10/12</i>

12/18/12

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

<p>1. The plan of correction is approved by the administrator.</p> <p>2. The plan of correction is approved by the administrator.</p>	<p>12/18/12</p> <p><i>[Signature]</i></p>	<p>Date: <i>12/18/12</i></p> <p><i>[Signature]</i></p>
<input checked="" type="checkbox"/> Fully Compliant <input type="checkbox"/> Partially Compliant <input type="checkbox"/> Not Compliant <input type="checkbox"/> Not Assessed		