

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW HOPE GRACIOUS SENIOR COMMUNITY  
LEGAL ENTITY

To operate NEW HOPE GRACIOUS PERSONAL CARE  
NAME OF FACILITY OR AGENCY

Located at 300 UNION AVENUE, AVALON, PA 15202  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 85  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 April 4, 2013 until April 4, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 432100

*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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAR 14 2013**

Mr. Scott A. Farabaugh, Owner/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 January 7, 2013 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.

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: 43210 - 01/07/2013 - Glidden, Michelle  
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

At approximately 9:45AM, activity assessments, containing personal information for residents #1, 2 and 3, were unlocked and accessible in a cabinet in the unlocked activity office.

**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.

**Plan of Correction: Violation: 2600.17 Confidentiality of Resident Records**

**Specific change to be made:**

The Activities Director read and immediately complied with the attached Directive (see Attachment 1). She removed the cited items from her office.

**How will the change be made?**

Any and all Activities documents that contain Resident personal information shall henceforth be stored in the Resident's chart. The chart room shall be locked any time that a staff person is not present in the room.

**The system to ensure ongoing compliance and staff training:**

Confidentiality is among subjects addressed in new hire orientation and the Employee Handbook. In addition, henceforth, all new hires shall be required to read and sign the attached Confidentiality Policy. Lastly, all staff persons, who as a part of their duties disclose protected information via fax, telephone or email, to other parties, shall be required to read and uphold the "Notice of Privacy Practices."

**Who will make the change?**

The Human Resource Director

**When will the change be made?**

In-services for current staff shall be held the week of 2/4/13. The new hire process shall henceforth include the attached documents as appropriate.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/26/2012	03/29/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SCOTT FARABAUGH, OWNER* Date *2/6/13*

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

The above plan of correction is approved as of <u>2/7/13</u> (Date)	Plan of correction implementation status as of <u>2/7/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 11/10/12 had a criminal background check requested on 11/12/12 with results indicating "Request under review". The home never received the results and staff person A has worked unsupervised in the home.

Also, staff person A did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a FBI background check was not completed. This staff person has lived in Pennsylvania since July 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.

Plan of Correction: Violation: 2600.51

Specific changes to be made:

1. On 1/9/2013, two days subsequent to the annual inspection, the Human Resource Director received notification from the Pennsylvania State Police that Employee A has no criminal record in Pennsylvania. , see attachment.

2. An FBI background check was initiated on 1/9/13. New Hope's facility number is 3349, and the Direct Care Individual Staff Identification Number is [blank] Staff Person A has completed required fingerprinting at Cogent facility. New Hope is currently waiting for a reply from the PA Department of Aging via the FBI. Until the reply is received, Staff person A is working under supervision.

*Staff person A will no longer be employed by the home if a FBI clearance is not obtained within 90 days of the staff persons date of Hire of 11/10/12. MS 2/7/13*

How will the change be made? The system to ensure ongoing compliance and staff training:

1. The Human Resource Director was given a written directive from the Administrator reminding him that, until the final criminal background check comes in, that no employee shall work unsupervised. (see attached).

2. The Human Resource New Hire Checklist has been amended to cue the Human Resource Director to inquire the applicant has, within the past two years, resided outside the state of Pennsylvania (see attached).

Who will make the change? When will the change be made?

The Human Resource Director on 2/5/2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Scott Farabaugh*

Printed Name and Title of Legal Entity Representative  
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SCOTT FARABAUGH, ADMIN.

Date

2/6/13

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Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Western Field Office

2a. DESCRIPTION OF VIOLATION

A ramekin of salsa in the game room refrigerator was not dated.  
An uncovered pie pan, containing large chunks of unidentifiable food, in the game room refrigerator was not dated or labeled.

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.

Plan of Correction: Violation: 2600.103e

Specific change to be made:

On the day of the inspection, all unlabeled food in the game room refrigerator was immediately discarded. A reminder sign was placed on the door of the refrigerator. (See attachment)

Who will make the change?

The administrator.

When will the change be made?

The change was immediate.

How will the change be made?

The housekeepers shall inspect the refrigerator on a daily basis and discard any food items that are unlabeled and/or undated. Leftovers are to be discarded within three days of the date.

The system to ensure ongoing compliance and staff training:

The housekeeping staff was trained on the task of discarding any and all food items in the game room refrigerator that are unlabeled and/or undated. (See attachment). Further, the task was added to the housekeeping training checklist so that future housekeepers are trained appropriately.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) SCOTT FARABAUGH, ADMIN. Date 2/4/13

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(Date)

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Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

The refrigerator and freezer located in the game room did not have thermometers.

**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.*

**Plan of Correction: Violation: 2600.103f**

**Specific change to be made:**

A thermometer shall be placed in the refrigerator and the freezer

**Who will make the change?**

The administrator.

**When will the change be made?**

The change was made the day after the inspection.

**How will the change be made?**

The housekeepers shall inspect the refrigerator on a daily basis and ensure that neither the refrigerator, nor the freezer thermometer has been removed.

**The system to ensure ongoing compliance and staff training:**

On 2/4/13 the housekeeping staff was trained on the task of maintaining refrigerators according to regulations. See attached training checklist. The training checklist shall be a part of orientation for all new housekeepers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Scott Farabaugh*

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

SCOTT FARABAUGH, ADMIN

Date

2/4/13

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RECEIVED

Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Washington Field Office  
Administrative Services Section

2a. DESCRIPTION OF VIOLATION  
A bag of appetizers in the game room freezer was not labeled or dated.

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.

**Plan of Correction: Violation: 2600.103i**

We disagree with this violation.

The regulation states that "outdated or spoiled food or dented cans may not be used."

The violation states, "A bag of appetizers in the game room freezer was not labeled or dated."

We disagree with the violation because there was no indication that the frozen food was spoiled. In addition, because it was not dated, there is no way of knowing if the food was outdated.

We believe the bag of appetizers was a violation of 103e, (labeling and dating leftovers) for which we have prepared a plan of correction on page 4 of this violation report.

~~The bag of appetizers has been discarded ms 2/7/13~~

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Scott Farabaugh*

Printed Name and Title of Legal Entity Representative  
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SCOTT FARABAUGH, ADMIN

Date

2/6/13

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Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 74 residents requiring a minimum of 222 gallons of drinking water for a 3-day emergency supply. However, there is no supply of emergency drinking water in the home and the contractual agreement, dated 12/29/11, with Marburger Farm Dairy does not indicate the amount of water to be delivered.

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.

Plan of Correction: Violation: 2600.107c  
 Supply of nonperishable food and drinking water for residents

Specific change to be made:

On 1/7/2013 the Administrator called Marburger Dairy and requested a letter verifying that they would, upon request, and within 24 hours, provide 255 gallons of drinking water for a 3-day emergency supply.

Who will make the change? How will the change be made?

The Administrator shall place the request for an updated letter on a yearly basis.

The system to ensure ongoing compliance and staff training:

The Administrator routinely reviews of all policies and procedures on a yearly basis. As a part of this process he requests letters from officials and vendors as needed to maintain compliance.

When will the change be made?

The letter was faxed from Marburger Dairy on 1/8/2013. See attachment.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Scott Farabaugh*

Printed Name and Title of Legal Entity Representative  
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SCOTT FARABAUGH

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Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, <sup>Western Field Office</sup> 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.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 was admitted 6/16/12; however his/her medical evaluation was completed on 3/6/12.

**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.*

**Plan of Correction: Violation: 2600.141(a)(1)**

**Specific changes to be made:**

All the charts of Residents who were admitted to New Hope within the past 60 days were evaluated to ensure that the DMEs were complete. The review revealed that DMEs are currently 100% in compliance.

**How will the change be made? The system to ensure ongoing compliance and staff training:**

If a Resident is admitted prior to the completion of the DME, then the Health and Wellness Nurse is to request the information from the PCP on a weekly basis until the required information is received. If the physician does not comply within two weeks, the nurse shall notify the designated person and ask him or her to intervene on behalf of the Resident. If the completed DME is not received within a week, the administrator shall be notified and he will personally contact the designated person, and alert them that if the DME is not received within one week, the discharge process shall be initiated.

**Who will make the change?**

~~The Director of Resident Care Services~~

**When will the change be made?**

On 2/5/2013 the Director of Resident Care Services and the Health and Wellness Nurse read and signed the revised medical evaluation policy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Scott Farabaugh*

Printed Name and Title of Legal Entity Representative  
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SCOTT FARABAUGH, ADMIN

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Violation Report: 43210 - 01/07/2013 - Glidden, Michelle  
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

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.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 11/23/12, resident #5 was prescribed Ibuprofen, 400mg - take 1 tab by mouth 3 times a day as needed for pain for 7 days. However, this medication was still stored in the medication cart.

Resident #6's prescription for Warfarin Sodium, 6mg was discontinued on 1/2/13; however, it was still stored in the medication cart.

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 changes to be made:

The medications were removed from the medication cart and wasted on the day of the inspection.

How will the change be made? The system to ensure ongoing compliance and staff training:

Upon the Administrator's review of New Hope's Medication Management Policies and Procedures relating to 183f, he determined that the wording of the policy should strongly emphasize that:

1. Upon receipt of a prescription change, any and all medications affected by the change shall be properly disposed of prior to the end of the shift.
2. Once a prescription has expired, and it has been verified that the physician does not wish to refill the prescription, any remaining medication shall be disposed of immediately subsequent to the administration of the final prescribed dose.

Who will make the change? When will the change be made? What is the system to ensure ongoing Compliance and Staff Training?

The Director of Resident Care Services will revise the policy and educate staff by 2/15/13, and submit documentation to the DPW. All new medication management staff are required to read all Medication Administration Policies and Procedures. Likewise, hands-on training and observations are provided by a certified trainer prior to the issuance of medication administration certification (190a & b).

*the supervisor completes weekly medication audits and the pharmacy does monthly audits. ms 2/9/13*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *SCOTT FARABAUGH, ADMIN.*

Date *2/6/13*

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