



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 10 2013

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 April 16, 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.

Sincerely,

A handwritten signature in black ink that reads "Maria Stepanovich". The signature is written in a cursive style with a large, stylized initial "M".

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

Violation Report:

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

RECEIVED

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.

JUN 20 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/13/13 at approximately 3:40 PM, staff person A observed resident #1 in the bathroom with cut marks, obtained from a razor, on the resident's right wrist. The resident indicated "I am trying to kill myself". Resident #1 is prescribed Citalopram for depression. However, resident #1's assessment, dated 2/4/13, does not include a diagnosis of depression.

Also, resident #1's assessment does not address the resident's risk for falls. However, this resident has fallen numerous times since admission on 5/24/11 as indicated in the following incident reports:

- * 2/24/13 found lying on the floor next to his/her bed, no injury noted. Resident indicated he/she was trying to get out of bed and slid off.
- * 2/11/13 found sitting on the floor by his/her bed, sustained a brush burn and a very large bump on left shin
- * 12/17/12 found on the floor beside his/her bed, sustained a small skin tear on right elbow and a small skin tear on his right foot.
- * 12/8/12 attempted to walk without a walker, "I grabbed him back to prevent him/her from crashing down face first on the table"
- * 8/26/12 tangled in his/her sheets and fell on the floor, no injury noted
- * 4/17/12 resident was on the floor next to the bed lying on the left side, open wound on left elbow the size of a quarter
- * 3/31/12 resident was lying on his/her side on the floor, apparently slid out of chair - resident was in pain and lethargic and was transported to the hospital
- * 3/24/12 resident found on the floor by the nightstand, skin tear on right arm below the elbow and a reddened area on the right mid back and a red mark on the right side of forehead
- * 3/3/12 resident lying on his side on the floor, apparently slid out of chair
- * 2/14/12 resident found half way on bed. Fell onto bed coming out of the bathroom and bumped left elbow on nightstand sustaining a large raised area on left elbow and skin tear.
- * 2/14/12 resident fell onto his/her knees, no apparent injuries

Resident #1 had hallucinations, according to the resident and staff interviews. However, this resident's assessment indicated resident #1 had no problem with hallucinations.

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.

See home attached plan of correction
 on 5/13/13, resident #1 was ordered Abilify and Zoloft for depression.
 An assessment for resident #1 was completed on 4/27/13 which indicates the resident has a moderate problem with hallucinations and is a fall risk.
 By 8/9/13 - the administrator or designated staff person will review all current residents' assessments for accuracy and completion, including diagnoses, ^{problematic} behaviors and fall risk.
 See attachment A page 24 of 3 ms 7/10/13
 See attachment B page 28 of 3

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/26/2012 |
|-----------------------|-----------------------------------|------------|

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) SCOTT KARABAUGH Date 6/17/13

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| | |
|---|--|
| The above plan of correction is approved as of <u>7/10/13</u> (Date) | Plan of correction implementation status as of <u>7/10/13</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 ms <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

RECEIVED

JUN 28 2013

WEST REGION FIELD OFFICE
Human Service Licensing



June 24, 2013

Ms. Maria Stepanovich
Supervisor
Bureau of Human Service Licensing
Pennsylvania Department of Public Welfare
11 Stanwix Street
Suite 230
Pittsburgh, PA 15222

Delivery via Certified Mail

Dear Ms. Stepanovich:

Pursuant to your request during our telephone conversation on Monday, June 24, 2013, please find and accept the following plan of correction for the 3 matters discussed and depicted by Ms. Laurie Garrigan, Regional Licensing Representative during her incident inspection of April 16, 2013 and subsequently described on a violation report received June 14, 2013.

1. With regards to a plan of correction for the description of the violation characterized within the violation report: "Resident #1 is prescribed Citalopram for depression."

We have notified Mission Pharmacy about the medical diagnosis (antidepressant which is actually not a diagnosis) that is reflected on QuickMar. We have discussed this matter with an Officer of Mission Pharmacy and have requested in the future that the pharmacy input the bonafide diagnosis whenever possible like stress disorder, eating disorder, panic disorder, OCD or as in this case, mood disorder - not other specified instead of a general drug category like antidepressant for residents taking medication like Citalopram.

In the meantime, if we are unsure of any diagnosis reflected on the MAR that would impact the proper administration of the medication, we will continue to contact the attending physician for clarification immediately.

If you believe it would be helpful, [redacted] of Mission Pharmacy has offered and would welcome a call to discuss pharmacy practices related to the QuickMar operating system and medication challenges encountered with this broadly used class of medication. Her telephone number is: [redacted]

As I tried to explain in my June 17, 2013 letter to Ms. Garrigan, [redacted] was not prescribed Citalopram (Celexa) for a diagnosis of depression at any time prior to or up to his admission to Ohio Valley General Hospital. Since [redacted] return from the hospital, his Citalopram has been discontinued.

300 Union Avenue, Pittsburgh, PA 15202
Telephone 412-761-4673 Fax 412-459-0660

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Everyone needs a place that feels like home.

MARIA STEPANOVICH (ms) 7/10/13

Regional Licensing Approval of Plan of Correction

Maria Stepanovich

JUN 28 2013

WEST REGION FIELD OFFICE
 2. With respect to a plan of correction which summarizes that: "Resident #1 Assessment (RASP) did not address the resident's risk for falls".

As referred to during our conversation on June 24, 2013, we respectfully ask that you please refer to [REDACTED] signed (RASP) dated February, 4, 2013. In the meantime, we will continue to properly monitor [REDACTED] risk for falls within the Ambulation and Mobility Sections.

Furthermore, we will continue to list [REDACTED] on New Hope's High Risk Chart emphasizing residents who require assistance with ADLs and have ambulation challenges or cognitive/behavioral concerns. We will continue to remind [REDACTED] to use his call bell whenever he requires assistance and PM staff will continue to make rounds every two hours.

3. With regards to a plan of correction to the statement reflected on the violation report that: "Resident #1 had hallucinations according to the resident and staff interviews"

In the future we will document any residents who are discovered to experience hallucinations as they are evaluated and diagnosed by a Qualified Medical Professional.

Since the violation report doesn't actually indicate dates or identify staff persons interviewed, please provide us with this information so we can address and correct why this wasn't responded to, qualified or reported to administration.

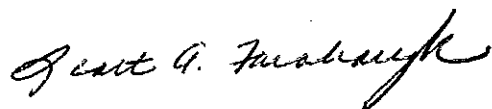
Again, as I tried to explain in my June 17, 2013 letter to Ms. Garrigan, the residents records do not reflect, that [REDACTED] has had any history of having hallucinations reported or recorded by any member of New Hope's Resident Care Department or any attending Qualified Medical Professional from his admission on May 24, 2011 through your inspection on April 16, 2013.

As discussed in our conversation on the 24th, please note that the violation report indicates that the resident [REDACTED] was interviewed at New Hope on April 16, 2013. On that day, [REDACTED] was actually admitted as a patient at Ohio Valley General Hospital for observation.

Based on our conversation with you on the 24th, I hope you find the aforementioned actions acceptable as a suitable Plan of Correction for each of the matters you have requested.

Please contact me with any further information we may provide to you regarding this matter.

Very truly yours,



Scott A. Farabaugh
 Owner and Administrator

CC: Shelia Page, Licensing Director, Western Regional Office ✓
 Enclosures:

MARIA STEPANOVICH (MS) 7/10/13
 Regional Licensing Approval of Plan of Correction
 Maria Stepanovich

RECEIVED

Violation Report:

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

JUN 20 2013

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 4/13/13 at approximately 3:40 PM, staff person A observed resident #1 in the bathroom with cut marks, obtained from a razor, on the resident's right wrist. The resident indicated "I am trying to kill myself". Resident #1 is prescribed Citalopram for depression. However, the resident's support plan, dated 2/7/13, does not include the services the home will provide to assist the resident with signs and symptoms of depression.

According to the resident and staff interviews, resident #1 had hallucinations. However, the resident's support plan does not include the services the home will provide to assist the resident when hallucinating.

Resident #1 has had numerous falls as follows:

- * 2/24/13 found lying on the floor next to his/her bed, no injury noted. Resident indicated he/she was trying to get out of bed and slid off.
- * 2/11/13 found sitting on the floor by his/her bed, sustained a brush burn and a very large bump on left shin
- * 12/17/12 found on the floor beside his/her bed, sustained a small skin tear on right elbow and a small skin tear on his right foot.
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- * 2/14/12 resident fell onto his/her knees, no apparent injuries

However, resident #1's support plan does not address the services the home will provide for fall prevention.

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.

See home's attached plan of correction

A revised support plan was completed on 5/14/13 for resident #1.

By 7/10/13 - The administrator or designated staff person will review all current residents support plans for accuracy and completion including services the home will provide regarding diagnoses and problematic behaviors as indicated on the residents assessment and fall risk precautions. ms 7/10/13
see attachments G-0 pages 3A, 3 and 3B of 3

| | | | |
|----------------------|-----------------------------------|--|--|
| 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* Date *6/17/13*

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The above plan of correction is approved as of 7/10/13
(Date)

Plan of correction implementation status as of 7/10/13
(Date)

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

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

RECEIVED *page 34 of 3*
JUN 28 2013
WEST REGION FIELD OFFICE
Human Services Licensing



June 24, 2013

Ms. Maria Stepanovich
Supervisor
Bureau of Human Service Licensing
Pennsylvania Department of Public Welfare
11 Stanwix Street
Suite 230
Pittsburgh, PA 15222

Delivery via Certified Mail

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In the meantime, if we are unsure of any diagnosis reflected on the MAR that would impact the proper administration of the medication, we will continue to contact the attending physician for clarification immediately.

If you believe it would be helpful, [redacted] of Mission Pharmacy has offered and would welcome a call to discuss pharmacy practices related to the QuickMar operating system and medication challenges encountered with this broadly used class of medication. Her telephone number is: [redacted]

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*MARIA STEPANOVICH (MS) 7/10/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich*

JUN 28 2013

WEST REGION FIELD OFFICE

2. With respect to a plan of correction which summarizes that: "Resident #1 Assessment (RASP) did not address the resident's risk for falls".

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Furthermore, we will continue to list [redacted] on New Hope's High Risk Chart emphasizing residents who require assistance with ADLs and have ambulation challenges or cognitive/behavioral concerns. We will continue to remind [redacted] to use his call bell whenever he requires assistance and PM staff will continue to make rounds every two hours.

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Very truly yours,

Scott A. Farabaugh
Owner and Administrator

CC: Shelia Page, Licensing Director, Western Regional Office ✓
Enclosures:

MARIA STEPANOVICH (ms) 7/10/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich