



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

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 21, 2013 and May 22, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of June 24, 2013 to June 24, 2014 was issued on March 20, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, dated 4/10/13, was not signed by the resident.

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.

1. The contract for resident #1 was signed by the resident on 5/24/13.

2. The Personal Care Administrator or designee will review the contract 24-hours after admission to ensure all areas of the contract have been signed.

3. The Community Service Administrator or designee will audit all new resident admission contracts for signatures by the administrator or the designee, the resident and the payer, if different from the resident every 30 days and report results of audit at monthly quality improvement meetings. Audit will be discontinued after 3 months of 100% compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cathy Serfert

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

Cathy Serfert

Date

6/26/13

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The above plan of correction is approved as of

7/15/13
 (Date)

Plan of correction implementation status as of

7/15/13
 (Date)

The above plan of correction was approved by

CS
 (Initials)

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

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A did not receive annual training in 2012 on resident rights, "The Older Adult Protective Services Act", and resident rights.

Withdrawn 7/15/13 AL

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.

1. Direct care staff member A completed annual training in 2012 on residents rights and The Older Adult Protective services act on 5/30/13.
2. The Personal Care Administrator has developed a form for each staff member that will track all required annual training on an individual sheet for each staff member. The form will include the name of staff member trained, date, source, content and length of each course.
3. The Community Service Administrator or designee will audit training records for compliance with required annual training on a monthly basis. Results of audit will be reported at monthly quality improvement meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert*

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

Date *6/26/13*

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The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

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

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

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The 2012 record of training for Direct Care Staff Member A does not document the source of training and the length of the courses in medication self-administration and fire safety.

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.

1. The documentation related to source of training and the length of the course for training of courses in medication self administration and fire safety for direct care staff member A was completed on 5/30/13.
2. The Personal Care Administrator has developed a form for each staff member that will track all required annual training on an individual sheet for each staff member. The form will include the name of the staff member trained, date, source, content and length of each course.
3. The Community Service Administrator or designee will audit training records for compliance with required annual training on a monthly basis. Results of audit will be reported at monthly quality improvement meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cathy Seifert

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

Cathy Seifert

Date 6/26/13

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 (Date)

Plan of correction implementation status as of 7/15/13
 (Date)

The above plan of correction was approved by *ASL*
 (Initials)

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

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

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
 On 5/22/13, the temperature for the freezer in the downstairs dining room measured 10 degrees Fahrenheit at 12:55 pm and 2:45 pm.

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.

1. The freezer will be replaced in the downstairs dining room by July 15, 2013, in the interim, all frozen foods will be stored elsewhere.
2. Dietary staff will be re-educated on recording of temperatures on a daily basis and reporting to a supervisor if refrigerator temperatures are above 40 degrees Fahrenheit and if freezer temperatures are above 0 degrees Fahrenheit.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert* Date *6/23/13*

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The above plan of correction was approved by <u><i>lor</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
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 records for 10/25/12, 11/9/12, 1/30/13 and 2/11/13 did not document that all residents participated in the evacuation process.
• On 10/25/12, there were 43 residents in the home, however only 8 residents participated in the evacuation.
• On 11/9/12, there were 41 residents in the home, however only 6 residents participated in the evacuation.
• On 1/30/13, there were 44 residents in the home, however only 1 resident participated in the evacuation.
• On 2/11/13, there were 43 residents in the home, however only 6 residents participated in the evacuation.

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 personal care administrator and director of environmental services will re-educate the staff and the residents on fire drill procedures. All residents present in personal care at time of the fire drill will be evacuated to designated fire safe areas. Re-education will be completed by July 30, 2013.
- Documentation will reflect that all residents present in personal care at time of drill were evacuated to designated fire safe areas.
- Personal Care administrator or designee will audit fire drill documentation on a monthly basis and report to the quality improvement committee compliance with fire drill records.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/18/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert* Date 6/23/13

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The above plan of correction is approved as of 7/15/13 (Date)

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

Plan of correction implementation status as of 7/15/13 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 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
 On 5/22/13, residents stated, during resident interviews, that they stay in their rooms during fire drills and do not leave unless instructed by the home's staff. Residents do not evacuate to fire-safe areas and designated meeting places. This was confirmed by staff member B.

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.

1. The Personal Care Administrator and director of Environmental services will re-educate the staff and the residents on fire drill procedures. All residents present in personal care at time of the fire drill will be evacuated to designated fire safe areas. Re-education will be completed by July 30, 2013.
2. Documentation will reflect that all residents present in personal care at time of fire drill were evacuated to designated fire safe areas.
3. Personal Care Administrator or designee will audit fire drill documentation on a monthly basis and report to the quality improvement committee compliance with fire drill records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/18/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cathy Seifert</i>	Date <i>6/26/13</i>
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The above plan of correction is approved as of <u>7/15/13</u> (Date)	Plan of correction implementation status as of <u>7/15/13</u> (Date)
The above plan of correction was approved by <u><i>LS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 4/17/13, did not document the resident's special health or dietary needs, body positioning and medical information pertinent to diagnosis and treatment in case of an emergency. Also, the form completion date was blank.

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.

1. The medical evaluation for resident #1 was corrected on 5/23/13. to include resident's special health or dietary needs, body positioning and medical information pertinent to diagnosis and treatments in case of emergency.
2. Personal Care Administrator has re-educated the nurse manager on 5/23/13 regarding completion of medical evaluation form.
3. Personal Care Administrator or designee will audit 10 medical evaluations forms for two months and then 5 medical evaluations forms for two months for compliance and report at monthly quality improvement committee meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cathy Seifert

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

Cathy Seifert

Date

6/26/13

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7/15/13
 (Date)

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LS
 (Initials)

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- Not Implemented

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 5/22/13, there was a bottle of *Ocuvite* in the medication cart for Resident #2, however it was not labeled with the resident's name.

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.

- ① Resident #2's bottle of *Ocuvite* was labeled with the resident's name on 5/22/13.
- ② Personal Care Administrator will re-educate staff ^{error} ~~by~~ by 7/31/13 about labeling OTC medications and CAM with resident's name.
- ③ Personal Care Administrator or designee will conduct an audit on all over the counter medications and CAM to ensure they are identified with the resident's name. Results of audit will be reported at monthly quality improvement committee meeting. After 3 months of 100% compliance, audit will be changed to random audits to be done quarterly to ensure continued compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert* Date *6/26/13*

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 (Date)

Plan of correction implementation status as of 7/15/13
 (Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by *WAC*
 (Initials)

Violation Report: 35132 - 05/21/2013 - Hoover, Douglas
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Calcium, 600 mg., tablets, were prescribed to be given daily for Resident #2 however; the medication was not given on 5/19/13, 5/20/13 and 5/21/13 because the home did not have the medication.

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.

① Resident #2's order for Calcium was changed to Calcium Carb with Vitamin D 600mg/400units and resident has been receiving as ordered.

② Personal Care Administrator re-educated APRN's and med-tech's on 5/23/13 on notifying the personal care nurse manager or administrator when a medication is not available as per physician's order.

③ Personal Care Administrator or designee will conduct three med pass audits and medication administration record documentation audits per month and report at monthly quality improvement meeting. After 3 months of 100% compliance, audits will be discontinued.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert* Date *6/20/13*

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The above plan of correction is approved as of *7/15/13*
 (Date)

The above plan of correction was approved by *AS*
 (Initials)

Plan of correction implementation status as of *7/15/13*
 (Date)

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