



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2013

Ms. Jennifer Givler, Administrator
United Zion Retirement Community, Inc.
United Zion Retirement Community
722 Furnace Hills Pike
Lititz, Pennsylvania 17543

Dear Ms. Givler:

As a result of the Department of Public Welfare's licensing inspection on June 25, 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.

Your regular license for the period of August 15, 2013 to August 15, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 32181 - 06/25/2013 - OPake, Hope
 PCH Name: UNITED ZION RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff Member A and Staff Member B did not receive orientation in the reporting of reportable incidents and conditions.

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 attached pages a thru g

1) Important to protect our elderly residents. OAPSA
 2) This was not specifically taught in the 1st 40 hrs. of work
 3) We were covering abuse in orientation but not OAPSA specifically. We do cover prevention & reporting and Reportable incidents.
 4, 5, 6) We have incorporated this into our 1st day orientation
 2) Each Department is reviewing this training in July & August. 3) A sign in sheet is provided to ensure all are educated. 4) Our Training and Development Coordinator is ensuring this is taught to all new hires in orientation and then again for Personal Care front line staff in skills check offs.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Givler PCH*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Givler PCH* Date *7/18/13*

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

The above plan of correction is approved as of 7-23-13
 (Date)

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

Plan of correction implementation status as of 7-23-13
 (Date)

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

Violation Report: 32181 - 06/25/2013 - OPake, Hope
 PCH Name: UNITED ZION RETIREMENT COMMUNITY

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

Staff Member C and Staff Member D did not receive annual training in fire safety by a fire safety expert during training year 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.

See attached Page R

1.) To protect Residents, staff and visitors in the event of a fire emergency.

2.) No training provided in 2012 to member C & D.

3.) Training & Development position was open at the time, member C & D were hired during that time and that training was missed.

4 & 5.) Our Insurance Company is providing the training in Aug. This has been made Mandatory to capture all departments. It will be done Annually going forward. I will have the trainer write a letter stating the type of training and date provided.

6.) Our Training and Development Coordinator will ensure completed yearly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Giler PCH

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

Jennifer Giler PCH

Date

7/18/13

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Violation Report: 32181 - 06/25/2013 - O'Pake, Hope
 PCH Name: UNITED ZION RETIREMENT COMMUNITY

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 two telephones located in the room of Resident #1 do not have emergency service numbers posted nearby.

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 attached page 5

- 1) Important to enable residents the access to important contacts.
- 2) Rooms are audited at move in for #'s list (set on table & phone)
- 3) Over the past year, Resident #1 acquired many new items and the #'s list was no longer visible/able to be located.
- 4) Laminated #'s lists were placed on the wall by the phone.
- 5) All rooms with phones were audited. If found missing the #'s list was placed by the phone on the wall.
- 6) Going forward we will add to our quarterly falls/safety audit. Clinical Coordinator and PCHA will ensure audits completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Givler PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Givler PCHA* Date *7/18/13*

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