



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 20 2013

Ms. Debbie Young, Administrator
Assured Care, Inc.
Grand View Manor
129 Houck Road
Fleetwood, Pennsylvania 19522

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on September 3, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 28, 2013 to October 28, 2014 was issued on July 10, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GRAND VIEW MANOR		License Number: 216010
Address: 129 HOUCK ROAD, FLEETWOOD, PA 19522		County: Berks
Administrator: Debbie Young		Region: NORTHEAST
Legal Entity Name: ASSURED CARE INC		
Legal Entity Address: 129 HOUCK ROAD, FLEETWOOD, PA 19522		
Certificate(s) of Occupancy		
I-1	C-2 LP	
01/09/1998	10/30/1997	
Ruscombmanor	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/03/2013: Novak, Ryan; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 54	Number of Residents who:	
Number of Residents Served: 45	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 45	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 21501 - 09/03/2013 - Novak, Ryan
PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 5/23/10, only completed 2 of the 12 hours of required annual training for 2012.

Direct care staff person B, hired 10/17/11, only completed 8 of the 12 hours of required annual training for 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.

The 12 hours of training did NOT have times written in to prove the hours. STARTING now the times for each training session will be written in for each person and signed by Administrator or Assist. Administrator. I will use any Department forms available to help documentation to be completed to comply with this regulation. Ryan Novak stated she would help me with that.

DCS A+B did attend training, times just were not documented.

[Redacted] and will talk with Ryan Novak and use the new system plan to document the training properly. The Administrator shall monitor for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Young* m
10/9/13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN** Date **10/7/2013**

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

The above plan of correction is approved as of 10/9/13 (Date)

Plan of correction implementation status as of 10/9/13 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 21501 - 09/03/2013 - Novak, Ryan
PCH Name: GRAND VIEW MANOR

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 person's A, hired 5/23/10 & B, hired 10/17/11 did not receive training in fire safety by a fire safety expert for the 2012 training year.

Ancillary staff person C, hired 8/30/10, did not receive training in fire safety, emergency preparedness, resident rights, The Older Adult Protective Services Act, and falls & accident prevention for the 2012 training year.

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.

Grand View was using the Department on-line fire safety training from 2011 - prior we did have a paid fire safety expert come in - therefore, we will go back to having a fire expert come in.

We talked to our fire chief who is coming on Oct. 2013 to do our annual fire Drill and he has agreed to do a employee training also and do a train the trainer course with [redacted] owner and [redacted] co-owner to instruct them to be a fire safety expert.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE YOUNG RN** Date **10/7/2013**

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Violation Report: 21501 - 09/03/2013 - Novak, Ryan
 PCH Name: GRAND VIEW MANOR

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 home's record of direct care staff training for staff person's A & B, do not include the source of training and the length of each course.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Includes 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 training hours will be documented more clearly as to source, and times will be documented under each course/session, instead of just saying 1 hour - for each training. [Redacted] will be responsible to document this information.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

DEBBIE Younger

Date 10/7/2013

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[Handwritten Initials]
 (Initials)

Violation Report: 21501 - 09/03/2013 - Novak, Ryan
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa. Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident room #8, located on the lower level of the home, the bed located nearest to the door had a bed enabler with no cover. The enabler device had enough space between the bars that could cause an entrapment risk of an arm or limb.

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.

A sock (tube) was placed over bar opening as per inspectors advice. In the future any grab bars will be covered to prevent an opening and possible injury.

• [Redacted] ew, Administrator will be responsible to make sure this is done in the future, and staff will be made aware of this also.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBBIE Young RW* Date *10/7/2013*

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Violation Report: 21501 - 09/03/2013 - Novak, Ryan
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Administrator D. reported that the sleep time fire drills conducted on 01-15-13 at 11:30 pm and 07-05-13 at 6:00am, the Administrator participated in the fire drill and counted themselves as a staff person.

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.

Since the form STATES # OF STAFF participating and I do work as STAFF alot, I did not realize I could not count myself as participating STAFF. In the future I will have ASSISTANT ADMINISTRATOR conduct the fire Drill if I am already here working. [Redacted] - I will be responsible for Arranging this for future fire Drills.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEBBIE Young RN** Date **10/7/2013**

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Violation Report: 21501 - 09/03/2013 - Novak, Ryan
 PCH Name: GRAND VIEW MANOR

1. REGULATION #5 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's Levemir Injection F pen did not have a pharmacy label attached.

Resident #2's lantus Solostar 100u insulin pen did not have a pharmacy label attached.

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 Levemir pen was in a container that had a label written by an RN since the original box was in fridge and once opened pens are to be non-refrigerated. I talked with pharmacy and they are willing to send 2 labels for the pen (insulin) scripts so that we can use them on the 2 different locations.

The administrator is responsible for monitoring and ongoing compliance in 10/9/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN** Date **10/7/2013**

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Violation Report: 21501 - 09/03/2013 - Novak, Ryan
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening forms used for resident's #3, #4 & #5 were completed on the old, outdated pre-admission form.

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.

I WAS NOT AWARE OF THE NEW FORM UNTIL TOLD BY JESSE IN JUNE, 2013. THE ADMITS SINCE THEN WERE COMPLETED ON NEW FORM. I WAS ON INDICATOR INSPECTION PREVIOUS 2 YRS. AND DID NOT KNOW ABOUT NEW FORM. [REDACTED] WILL BE RESPONSIBLE TO LOOK FOR EMAILS CONCERNING NEW FORMS.

The administrator shall monitor and be responsible for ongoing compliance.

mm
 10/9/13

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 10/7/2013

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