

MAILING DATE: **JAN 15 2014**

Mr. Scott Farabaugh
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

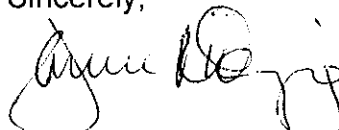
RE: License #432100

Dear Mr. Farabaugh:

As a result of the Department of Public Welfare's (Department) licensing inspection of the above facility on November 7, 2013, 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 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,



Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

DEC 31 2013

Violation Report: 43210 - 11/07/2013 - McConnell, Deb
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/29/13, at 4PM, staff persons A and B assisted resident #1 in transferring from bed during a fire drill evacuation. On 11/4/13, resident #1's family member observed bruising on the resident's left upper arm and reported the bruising to staff person C on the same day. The home did not report the allegation of abuse to the local area agency on aging.

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 violation was corrected on November 17, 2013, when the incident was reported to the local Area Agency on Aging.

On November 15, 2013, Owner/Administrator, Scott Farabaugh attended a DPW approved course sponsored by Temple University. The title of the course was, "Abuse Prevention Program Development." Information from this course will be used to enhance New Hope's ongoing efforts to prevent abuse.

The Director of Nursing, [REDACTED] RN, is in the process of reviewing all regulations related to reportable incidents. She will develop a PowerPoint presentation module that all current and new staff will be required to view. Upon completion, documentation of training shall be submitted to the DPW.

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
ADMINISTRATOR**

Date **12/26/13**

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

The above plan of correction is approved as of 1/6/14
(Date)

Plan of correction implementation status as of 1/6/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

DEC 31 2013

Violation Report: 43210 - 11/07/2013 - McConnell, Deb
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

**WEST REGION FIELD OFFICE
Human Services Licensing**

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 11/4/13, an allegation of physical abuse that resulted in the bruising on the left upper arm of resident #1 was made against staff persons A and B. The home did not develop and implement a plan of supervision or suspend staff persons A and 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.

Once Resident #1's [redacted] reported the bruising, staff persons A and B should have been supervised or suspended until the investigation was completed. The results of the DPW investigation indicated that no abuse was directed toward Resident #1. Therefore, as of 11/7/13, staff persons A and B no longer required suspension or supervision while providing care.

In the future, once it is established that a suspected abuse investigation will be initiated, the following procedure shall be implemented immediately. The staff person(s) involved will: (1) be questioned about the incident and the dialogue shall be documented; (2) receive a written notice of suspension; and (3) be escorted off the property. The staff persons shall not be permitted back on the premises until such time as the investigation is complete. If the investigation indicates that abuse did take place, the staff person(s) employment shall immediately be terminated. If the investigation indicates that no abuse took place, the staff persons will be invited to return to work.

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)

*SCOTT FARRADUGH
ADMINISTRATOR*

Date *12/26/13*

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11/6/14
(Date)

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11/6/14
(Date)

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The above plan of correction was approved by

[Handwritten Initials]
(Initials)

RECEIVED

Violation Report: 43210 - 11/07/2013 - McConnell, Deb
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

DEC 5 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, and support 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

Direct care staff person A, hired 11/4/12, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act or reporting of reportable incidents and conditions within the first 40 work hours.

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.

Upon review of staff member A's employment file, it was discovered that on 11/4/12 did receive new hire orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions within the first 40 work hours. It appears that this documentation was not given to the DPW inspector on 11/7/13. This most likely happened because the Administrator, [REDACTED] was out of town when the inspector was on site. [REDACTED] manages the new hire process and the new Director of Nursing, [REDACTED] may have been somewhat unfamiliar with the organization of employees human resource files. Please refer to the attached documentation.

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

of Scott Farberugh

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

Scott Farberugh
ADMINISTRATOR

Date 12/24/13

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(Date)

Plan of correction implementation status as of 1/6/14
(Date)

- Fully Implemented
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