



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 28 2014

Ms. Vanessa Perez, Director of Operations
Spirit of Gheel
P.O. Box 610, 10 Hollow Road
Kimberton, Pennsylvania 19442

RE: Gheel House
License #: 144320

Dear Ms. Perez:

As a result of the Department of Public Welfare's licensing inspection on November 18, 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 must be maintained.

Your regular license for the period February 5, 2014 to February 5, 2015 was issued on October 15, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 14432 - 11/18/2013 - Rosenblat, Dale
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff persons A & B in training year 2012 did not include any hours of training on the topics permitted by the regulation.

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.

Training information for all of the C5F requirements have been added to the annual training schedule and a training was held this year on 12/5/13. It has been added to the 2014 training schedule and will be annually from now on.

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) Vanessa Perez Director of Operations Date 1/9/14

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The above plan of correction is approved as of 2/27/14
 (Date)

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

Plan of correction implementation status as of 2/27/14
 (Date)

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