



MAY 16 2014

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

RE: New Hope Gracious Personal Care
License #: 432100

Dear Mr. Farabaugh:

As a result of the Department of Public Welfare's licensing inspection on January 8, 2014 and January 9, 2014, 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 April 4, 2014 to April 4, 2015 was issued on December 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is stylized and includes a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE		License Number: 43210
Address: 300 UNION AVENUE, AVALON, PA 15202		County: Allegheny
Administrator: Scott Farabaugh		Region: WEST
Legal Entity Name: NEW HOPE GRACIOUS SENIOR COMMUNITY		
Legal Entity Address: 300 UNION AVENUE, AVALON, PA 15202		RECEIVED
Certificate(s) of Occupancy I-2 03/07/2008 Avalon Borough		MAY 05 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/08/2014: Miller-Linhart, Alden; Bacher, Mike 01/09/2014: Miller-Linhart, Alden; Bacher, Mike		
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: 85 Number of Residents Served: 70 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 0	

MAY 05 2014

Violation Report: 43210 - 01/08/2014 - Miller-Linhart, Alden
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 9/21/13, staff person A did not administer the 10 p.m. prescribed dose of Hydrocodone/APAP 5/325, twice daily at 6 a.m. and 10 p.m., for resident # 1. The home did not report the incident to the Department until 1/09/14.

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. What specific change will be made:

Due to the importance of the timing of submitting reportable incidents, it is essential that all staff are consistently mindful of this regulation. Therefore, all staff will receive education on reportable incidents each February and September.

2. Who will make the change

The Administrator and each department head.

3. When will the change be made

Due to the timing of this change, the first series of education programs shall be presented between 5/8/14 and 5/20/14. In subsequent years, education programs shall take place according to the schedule noted above (February and September).

4. How will the change be made

The Administrator shall train all department heads on the DPW regulations, and policies and procedures between May 6 and May 7, 2014. The Administrator shall give each department head the appropriate training materials and forms to conduct the sessions and document employee attendance.

5. System for ensuring ongoing compliance

The policies and procedures related to new hire education and annual staff education shall be revised by 5/10/14 to specifically state when and how education related to reportable incidents shall take place. Department heads are required to be knowledgeable of and enforce the facility's policies and procedures.

6. Staff Education

The training program shall be implemented as noted above.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Scott A. Farabaugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) SCOTT A. FARABAUGH Date 4/30/14

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

The above plan of correction is approved as of <u>5/16/14</u> (Date)	Plan of correction implementation status as of <u>5/16/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

MAY 05 2014

Violation Report: 43210 - 01/08/2014 - Miller-Linhart, Aiden

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The front exit door in Hallway A, and the rear exit door from the hallway are very difficult to open. An agent of the Department attempted to open the doors, however the doors stuck and required exceptional physical effort to open. It appeared that both of the doors were catching on the door frames.

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. What specific change will be made?

This deficiency was corrected by the maintenance director the same day that the inspectors were at New Hope. Note: it was determined at that time that the existing sub-zero winter conditions at the time of the inspection contributed to the expansion of the cement. The expansion resulted in the door being more difficult to open than in milder temperatures. To ensure that emergency doors open with greater ease, the maintenance director will check each emergency exit during the monthly fire extinguisher/emergency light inspections.

2. Who will make the change?

The Administrator assigned the task to the maintenance director.

3. When will the change be made?

The change was made at the time of the annual DPW inspection

4. How will the change be made?

The change was made by adjusting the doors.

5. System for ensuring ongoing compliance.

The door checks were added to the maintenance director's monthly compliance check list.

6. Staff Education

All staff participates in monthly fire drills. The fire marshal (who conducts the monthly drills), routinely asks the staff if there were any difficulties in assisting residents to safely exit the building.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott A. Farabaugh

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

SCOTT A. FARABAUGH

Date

4/30/14

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The above plan of correction is approved as of

5/6/14
(Date)

Plan of correction implementation status as of

5/6/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 43210 - 01/08/2014 - Miller-Linhart, Alden
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 05 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 1/8/14, the home served 68 residents, with no drinking water stored on site. The home's water contract with Marburger Dairy, dated 2/5/13, specifies delivery of 255 gallons of emergency water to be delivered within 24 hours of notification in the event of an emergency. The home would have no emergency drinking water for 24 hours. Also, the contract does not include:

- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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. What specific change will be made?

This deficiency was corrected by the Administrator the same day that the inspectors were at New Hope. He went to the store and purchased 255 gallons of drinking water. The water is stored in the dietary department.

2. Who will make the change?

The Administrator

3. When will the change be made?

The change was made the day of the inspection

4. How will the change be made?

Instead of using a contracted provider for emergency water, the Administrator decided that we would always keep enough fresh drinking water on site to meet the requirement of the regulation.

5. System for ensuring ongoing compliance.

The maintenance director will check the water supply, and expiration dates during the monthly inspections of the fire extinguishers, etc. Water will be replenished as needed.

6. Staff Education

The Policy and Procedure related to this regulation has been updated. In addition, the Resource Directory, which contains important information for staff to refer to during emergencies has been revised to reflect the policy change. A Resource Directory is located beside each business telephone. All staff will be educated about the change in the Resource Directory at the change of shift meetings during the week of 5/5/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott A. Farabough

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

SCOTT A. FARABOUGH

Date

4/30/14

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(Initials)

Violation Report: 43210 - 01/08/2014 - Miller-Linhart, Alden
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home has exceeded the 5 minute maximum evacuation time established by a fire safety expert on 3/10/13. This evacuation time was exceeded on the following dates:

- 3/10/13 at 9:45 p.m., 5 minutes and 30 seconds
- 4/30/13 at 6:11 a.m., 6 minutes
- 8/18/13 at 11:45 p.m., 6 minutes and 25 seconds

1. What specific change will be made:

The inspector stated that if a monthly fire drill exceeds the specified time, it may indicate that additional practice is necessary. Therefore, if a monthly fire drill exceeds the specified time, additional fire drills shall be held during that month. Fire drills shall be held every few days until the home is able to document an evacuation time that is within the allowed timeframe for that month.

2. Who will make the change

The Administrator and the fire marshal who conducts the drills.

3. When will the change be made

May, 2014

4. How will the change be made

The Administrator shall meet with the fire marshal prior to the next drill and explain the change to him.

5. System for ensuring ongoing compliance

The policies and procedures related to fire drills shall be updated to include the statement, "If any monthly fire drill exceeds the specified time, additional fire drills shall be held during that month. Fire drills shall be held every few days until the home is able to document an evacuation time that is within the allowed timeframe for that month." In addition, any time the evacuation time exceeds the allowed timeframe, the administrator shall meet with the staff subsequent to the drill to explore reasons for exceeding the time. He will seek to systematically resolve issues that affect evacuation times.

6. Staff Education

Staff meetings and education on safe evacuation shall be held immediately subsequent to any fire drill that exceeded the allowed timeframe.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Scott A. Forebaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SCOTT A. FOREBAUGH* Date *4/30/14*

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FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

5a of 6

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE	Number: 432100
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Date	Time	Evac Time	Supervised by Fire Safety Expert
01/30/2013	09:33 AM	2 min 25 sec	
02/26/2013	09:47 AM	4 min 10 sec	
03/10/2013	09:45 PM	5 min 30 sec	
04/30/2013	06:11 AM	6 min	
05/31/2013	07:24 PM	4 min 37 sec	
06/30/2013	01:55 AM	4 min 8 sec	
07/15/2013	09:20 AM	3 min 40 sec	
08/18/2013	11:45 PM	6 min 25 sec	
09/27/2013	10:30 AM	4 min	
10/25/2013	03:10 PM	3 min 45 sec	
11/19/2013	01:30 PM	3 min 57 sec	
12/30/2013	02:37 PM	4 min	

J 5/1/14

RECEIVED

Violation Report: 43210 - 01/08/2014 - Miller-Linhart, Alden
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.144(d) - Smoking outside of the smoking room is prohibited.

MAY 05 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 01/08/14, resident #2 was observed smoking in the area immediately outside of the doorway to a courtyard, opposite room 112. This is not a designated smoking area. The designated smoking area is beyond the main courtyard and fifteen feet from all common walkways and doorways in the area.

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. What specific change will be made?

The Home Rules section of the Resident Agreement already states, "Residents and guests may smoke outdoors in the designated smoking areas, NEVER indoors or within five feet of exits or walkways." All new residents sign the Agreement designating that they have read and understand the contents therein. Therefore, no policy change is required. The Resident who was seen smoking has been reminded to smoke only in the designated area. Anytime he is seen smoking in non-designated areas, the staff will respectfully ask him to move to the designated area.

2. Who will make the change?

All staff will participate in ensuring compliance with this regulation.

3. When will the change be made?

Immediately and consistently.

4. How will the change be made?

Through consistent education and communication.

5. System for ensuring ongoing compliance.

Ongoing and consistent education and communication.

6. Staff Education

This regulation and the importance of compliance shall be discussed during the change of shift meetings during the week of 5/5/14.

By 5/31/14 - A designated staff person will monitor the home daily to ensure smoking is contained to the designated smoking area, and smoking policies are followed.

By 5/31/14 - The administrator will monitor the home weekly to ensure smoking policies are followed.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Scott A. Fairbaugh

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

SCOTT A. Fairbaugh

Date 4/30/14

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