



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

Ms. Beth A. McMaster, COO/Vice President  
United Church of Christ Homes, Inc.  
30 North 31<sup>st</sup> Street  
Camp Hill, Pennsylvania 17011

RE: Ephrata Manor  
99 Bethany Road  
Ephrata, Pennsylvania 17522  
License #: 321880

Dear Ms. McMaster:

As a result of the Department of Public Welfare's licensing inspection on April 1, 2014 and April 2, 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 June 24, 2014 to June 24, 2015 was issued on April 8, 2014. 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  
Director

Enclosure  
License Inspection Summary



Violation Report: 32f88 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

**1. REGULATION 55 Pa. Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 The contract for resident #1, dated 12/10/13, was not signed by the resident.

**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 contract for resident #1 was signed by the resident on 04/03/2014.  
 The PCHA will review and ensure that all contracts are signed by the Administrator or designee, the resident and the payer, if different from the resident, and co signed by the resident's designated person if any, if the resident agrees.  
 The PCHA will perform a monthly audit, and report it at the Quality Assurance Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez-Rocha, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ramona Gomez-Rocha, PCHA	Date 05/07/14
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5.15.14</u> (Date)  The above plan of correction was approved by <u><i>ja</i></u> (Initials)	Plan of correction implementation status as of <u>5.15.14</u> (Date)  <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
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Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRAṬAMANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 Administrator A's 24 hours of annual training for 2013 was not available in the home.

**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 Administrators 24 hours of annual training will be available in the home, copies of the records will be kept in the employee's file.  
 The Executive Director will ensure that the file is updated annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez Rocha, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ramona Gomez-Rocha, PCHA	Date 05/07/2014
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Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Administrator A, hired on 3/06/14, did not receive orientation on fire safety in the following topics until 3/11/14: the location of the fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services.

Staff person B, hired on 7/09/13, did not receive orientation on fire safety in the following topics until 7/10/13: the location of the fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services.

**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.*

All staff will have during the first work day orientation as described in 2600.65a(1-7)

It has been added to the Orientation Checklist For New Employees.

The PCHA will ensure that all new employees have the orientation to be in compliance.

The PCHA will perform an audit on a monthly basis and report it at the Quality Assurance meeting.

Attachment: Orientation Checklist For New Employees

*Employee and presenter will sign & date the checklist to indicate completion. LR*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Ramona Gomez-Rocha*

Printed Name and Title of Legal Entity Representative  
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Ramona Gomez-Rocha, PCHA

Date 05/07/2014

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 (Date)

Plan of correction implementation status as of 5.15.14  
 (Date)

The above plan of correction was approved by *JG*  
 (Initials)

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

Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

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 person B, hired 7/09/13, staff person C, hired on 8/06/13 and staff person D, hired on 8/18/13 did not receive orientation in the emergency medical plan or 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.*

All staff within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes the following;

1. Residents Rights
2. Emergency Medical Plan
3. Mandatory reporting abuse and neglect under the Older Protective Services Act.
4. Reporting of reportables incidents and conditions

The PCHA will review and assist in the orientation.

It has been added to the Orientation Checklist For New Employees

Attachment: Orientation Checklist For New Employees

*Employee and presenter will sign & date the checklist to indicate completion. etc*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez-Rocha*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ramona Gomez-Rocha, PCHA	Date 05/07/2014
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Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

**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**

Direct care staff person E and F, did not receive annual training in 2013 for the instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

**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.*

All PC direct staff persons, will have UCC Homes Personal Care Home Annual Training Plan and logs, developed to ensure compliance to regulation 2600.65(f)  
 All training plans and logs will be reviewed by the PCHA to ensure compliance.  
 The PCHA will perform an audit on a monthly basis and report it at the Quality Assurance Meeting.

*Training plans + logs were developed for staff by 5/6/2014*

Attachment: UCC Homes Personal Care Home Annual Training Plan and logs.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez-Rocha*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Ramona Gomez-Rocha, PCHA

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Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA 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 persons E and G did not receive annual training in falls and accident prevention during the 2013 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.*

All Direct staff persons, ancillary staff persons, substitutes personnel and regularly scheduled volunteers shall be trained annually in the following areas.

The PCHA will review and ensure compliance to regulation 2600.65(g).

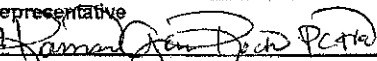
The PCHA will perform a monthly audit and report it at the Quality Assurance Meeting.

Attachment: Most recent Inservice and UCC Personal Care Home Annual Training Plan and Log.

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)

Ramona Gomez-Rocha, PCHA

Date 05/07/2014

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- Not Implemented

Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:  
 (1) The name, position and duties of each direct care staff person.  
 (2) The required training courses for each staff person.  
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**2a. DESCRIPTION OF VIOLATION**  
 The home's staff training plan for 2014 does not include the dates and times of all scheduled trainings.

**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.

All staff training plans for *staff* will include the dates and times of all scheduled trainings.  
 The PCHA will review and ensure that all staff training plans meet compliance.  
 The PCHA will audit on a monthly basis and report it at the Quality Assurance Meeting.  
 Attachment: DPW Staff Training Plan and UCC Personal Home Annual Training Plan and Log.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez-Rocha*

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Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's current medical evaluation was completed on 6/26/13, more than a year after the previous medical evaluation completed on 6/06/12.

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.

Residents will have a completed Medical Evaluation annually.  
 The PCHA will review and ensure completion within 12 months of most recent medical evaluation.  
 The PCHA will perform an audit on a monthly basis and report it at the Quality Assurance Meeting.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez-Rocha*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Ramona Gomez-Rocha, PCHA      Date 05/07/2014

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Violation Report: 32188 - 04/01/2014 - Minnich, Ron  
 PCH Name: EPHRATA MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 The initial assessment for resident #3, admitted on 12/28/13, was completed on 1/28/14.

**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.*

All new resident's shall have the initial assessment completed within 15 days of admission.  
 The PCHA will supervise and ensure completion of the initial assessment within the 15 days of admission.  
 The PCHA will perform a monthly audit and report it at the Quality Assurance Meeting.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ramona Gomez-Rocha*

Printed Name and Title of Legal Entity Representative  
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