



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 13 2014

Ms. Nancy A. Caffrey-Schafer, President
Zerbe Sisters Nursing Center, Inc.
2499 Zerbe Road
Narvon, Pennsylvania 17555

RE: Zerbe Sisters Nursing Center
License #: 322370

Dear Ms. Caffrey-Schafer:

As a result of the Department of Public Welfare's licensing inspection on April 8, 2014 and April 16, 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 17, 2014 to June 17, 2015 was issued on March 17, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ZERBE SISTERS NURSING CENTER		License Number: 322370
Address: 2499 ZERBE ROAD, NARVON, PA 17555		County: Lancaster
Administrator: Rene Mathews		Region: CENTRAL
Legal Entity Name: ZERBE SISTERS NURSING CENTER INC		
Legal Entity Address: 2499 ZERBE ROAD, NARVON, PA 17555		
Certificate(s) of Occupancy C-2 LP 02/12/1998 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 22 Waking Staff: 17		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/08/2014: Gensil, Lori; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable <div align="center"> <p>RECEIVED</p> <p>MAY 12 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p> </div>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 22 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: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32237 - 04/08/2014 - Gensil, Lori
 PCH Name: ZERBE SISTERS NURSING CENTER

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 A, hired on 12/31/2013, did not receive training in emergency medical plan and reporting of reportable incidents.

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.

CORRECTED 4/9/14

On 4/9/14, Ancillary staff person A (██████████) was trained in Residents Rights, Emergency Medical Plan, and Reporting of abuse and Neglect for Personal care based on the Regulations. See attached.

Effective Immediately, Staff Development and/or Human Resources will notify PC Administrator when an ancillary staff is being hired. Any Ancillary staff person who is hired will have orientation with the PC Administrator for Personal Care requirements in the event they work in Harvest View. (See initial staff orientation plan checklist attached.) The documentation will remain with their employee training records which are kept in Staff Development.

The staff training policy has been updated to reflect these additions. (see attached).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RENE MATTHEWS, LPN Administrator</i>	Date <i>5/12/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-30-14</u> (Date)	Plan of correction implementation status as of <u>5-30-14</u> (Date)
The above plan of correction was approved by <u><i>RM</i></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

Violation Report: 32237 - 04/08/2014 - Gensil, Lori
 PCH Name: ZERBE SISTERS NURSING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 4/8/2014 at 1:15 pm, the water temperature in the women's bathroom measured 126.3 degrees Fahrenheit.

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.

CORRECTED 4/8/14

Readjusted the mixing valve during survey. Water temperature 116F at the end of survey. This public restroom water was connected to a line in the kitchen area. It has been rerouted and now is connected to the existing hot water system in Harvest View, which does not exceed 120F. Water temperatures are monitored routinely by maintenance staff. (see attached water temperature report).

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)

RENE MATHEWS, RN Administrator

Date 5/12/14

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The above plan of correction is approved as of 5-30-14
 (Date)

Plan of correction implementation status as of 5-30-14
 (Date)

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

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

Violation Report: 32237 - 04/08/2014 - Gensil, Lori

PCH Name: ZERBE SISTERS NURSING CENTER

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1's Spring Valley Natural Vitamin C, 500 mg tabs, expired 12/2012.

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.

CORRECTED 4/8/14

Vitamin C 500mg bottle was discarded on 4/8/14. Ordered from pharmacy for same day packaging and delivery. The pharmacy will package and deliver vitamins for this resident.

Any OTC items that are supplied by residents or their families will be checked for expiration upon receipt. The administrator will check for expiration on all OTC items during their weekly medication cart audit/ordering.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Stone Matthews

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

STONE MATTHEWS, W/N Administrator

Date *5/12/14*

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

The above plan of correction is approved as of *5-30-14*
(Date)

Plan of correction implementation status as of *5-30-14*
(Date)

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

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