

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE VINEYARD PERSONAL CARE HOME INC  
LEGAL ENTITY

To operate THE VINEYARD PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 3030 COLUMBIA AVENUE, LANCASTER, PA 17603  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 42  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 28, 2014 until January 28, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 325031

Robert E. Robinson  
ISSUING OFFICER

  
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** JUL 29 2014

Ms. Debra Hinkle, Owner/Administrator  
The Vineyard Personal Care Home, Inc.  
3030 Columbia Avenue  
Lancaster, Pennsylvania 17603

**RE: The Vineyard Personal Care Home  
License #: 325031**

Dear Ms. Hinkle:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 29, 2014, April 30, 2014 and October 25, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #325030 dated June 24, 2014 to June 24, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 24, 2014 to June 24, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Debra Hinkle

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

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

Enclosures  
License  
Licensing Inspection Summary

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

Page 1 of 36

PCH Name: THE VINEYARD PERSONAL CARE HOME		License Number: 32503
Address: 3030 COLUMBIA AVENUE, LANCASTER, PA 17603		County: Lancaster
Administrator: Debra Hinkle		Region: CENTRAL
Legal Entity Name: THE VINEYARD PERSONAL CARE HOME INC		
Legal Entity Address: 3030 COLUMBIA AVENUE, LANCASTER, PA 17603		
Certificate(s) of Occupancy C-2 LP 04/11/2003 Labor & Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/29/2014: McCloskey, Jason; Minnich, Ron 04/30/2014: McCloskey, Jason; Minnich, Ron		
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: 42	Number of Residents who:	
Number of Residents Served: 37	Receive Supplemental Security Income: 30	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 19	
Area:	Have Mental Illness: 34	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 8	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

RECEIVED TIME JUN. 9. 7:20AM

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 4/29/14 at 12:30 pm, inspectors requested:

- \* Fire drill records for drills held since the last inspection in 2013
- \* A copy of the direct care schedule from 4/7/14 through 4/21/14
- \* Staff records for staff working from 4/7/14 through 4/21/14
- \* A contact list for staff working in the home
- \* Current First Aid and CPR Cards for staff in the home
- \* Documentation of refunds given to residents no longer in the home

Staff person A, the Administrator, was unable to provide fire drill records, a staff schedule from 4/7/14 through 4/21/14 or staffing records for previous staff while inspectors were present. Documentation of a refund and a staff contact list was not provided until 4/30/14.

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.

The state entrusts the care of residents to an Administrator and issues a license to confirm that trust. To validate that trust the state must be able to access any and all verification records and documents on demand. This verification needs to be maintained and available upon request, without delay.

Just prior and during inspection the Administrator was undergoing a staff turnover and spring cleaning of building. The Administrator and another licensed administrator (assisting with office work) were both in the office when inspectors arrived. File cabinets, Med Cart and resident records were all being emptied, cleaned and organized as part of a thorough spring office cleaning and rearrangement.

Records were, due to being moved, unorganized. The Administrator was able to provide all listed documents during the inspection.

The Administrator has since reorganized the office and records. They are now available upon request for inspectors.

In future the Administrator will not do so many disruptive tasks simultaneously. Record maintenance is responsibility of Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Hinkle, Administrator, Owner* Date *6-6-14*

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

The above plan of correction is approved as of 6/26/14 (Date)

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

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

The home did not report the following incidents to the Department:

- Staff Person A, the Administrator, stated that police were called to the home on 4/25/14 to calm a disturbance.
- The Administrator stated police were called on Easter weekend (4/19 - 4/20) when a former staff person was causing a disturbance by "acting crazy" and slamming doors and objects 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.

Abuse of residents is a serious violation. Residents are placed in the Administrator's care by the state and it is the responsibility of the Administrator to ensure a safe and secure environment.

On 4/25/14 there was a disturbance with an employee, who had resigned, when [redacted] was collecting her last check. [redacted] felt it was not correct. Police were called but there was no report generated.

4/19/20 there was a disturbance on the 3<sup>rd</sup> floor private apartment. It did not affect the home. Police were called but again there was no police report generated.

~~The Administrator's understanding of Appendix A and C and Regs 15, 16, 18, and 41-48 does not require a reportable incident for simple police contact. In neither of these incidents was there any abuse of residents or staff. Unacceptable Statement - BE~~

In the future any staff or ex-staff which may cause an issue will be immediately taken to the office where the issue can be resolved behind closed doors.

The resident in the 3<sup>rd</sup> floor has been spoken to and behavior has been corrected. This resident is an independent individual, who is not receiving personal care services. -BE  
Administrator will report in future any questionable incidents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Hinkle, Administrator* Date *6-6-14*

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

Plan of correction implementation status as of 6/26/14 (Date)

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- Not Implemented

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

Resident records are kept in the home's office which is located next to the front door of the home. When inspectors entered the home on 4/29/14, medication bottles with prescription labels, medication administration records (MARs) and resident records were laying openly on shelves and on desks in the office. The office could not be locked and anyone entering the office, including residents, visitors and untrained staff or volunteers, had access to the records.

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.

Resident privacy is protected by HIPPA. The Vincyard is aware and does respect this right. Resident records are locked in a file cabinet inside the Administrators office. Medications are stored in a locked Med Cart with a second inside lock for narcotics.

At time of inspection file cabinets, MARs and Med Cart were open. Some resident files were on a desk. The Administrator and another licensed administrator (assisting with office work) were both in the office. The Med Cart was undergoing a thorough cleaning and organizing. MARs and medication expiration dates were being updated and checked.

On May 1 a padlock was installed on the office doors. Three days later a second lock was installed. The main lock only the Administrator and Assistant have a key. This is unlocked only when they are in the building. If the Administrator or Assistant leave the office they lock the second lock only, allowing Med Tech's access when Administrator or Assistant are in the building.

This lock procedure will be maintained by the Administrator and Assistant.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Hinkle, Administrator* Date *6-6-14*

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

The above plan of correction is approved as of 6-12-14 (Date)

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PGH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

2a. DESCRIPTION OF VIOLATION

The home holds money for 25 residents. The ledger sheet for Resident #1 listed a balance of \$1,307 but only the amount of \$22 was present. The ledger sheet for Resident #2 listed a balance of \$733 but only the amount of \$14 was present. The co-owner stated the money was taken to pay an electric bill of over \$1,800.

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.

Resident funds are placed in the trust of the Home and the Administrator. This trust should never be violated. Residents have a right their funds at all times. This trust was violated by one of the co-owners. That co-owner replaced the funds at inspection.

The co-owner who took the money had been in charge of all home finances. On April 30 the Administrator started to take steps to remove co-owner from access to any funds. On May 1 met with the home's banking institution management and had all funds frozen. Only Administrator is authorized to dispense bank funds. On April 30 the Administrator took control of the Resident Account box. All accounts were verified to be accurate and up to date. The resident funds are stored in a locked box inside a locked cabinet, inside the Administrator's locked office. Distribution of these funds is presently only handled by the Administrator. Administrator may shift some of this responsibility in future to bookkeeper or Assistant.

Administrator will inspect these accounts and the record of deposit/withdrawal at the beginning of every month when resident money is deposited.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle, Administrator*      Date *6-6-14*

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

The above plan of correction is approved as of 6-12-14  
(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
The home has a quality management plan, however, it is not being followed as Staff Person A, the Administrator, stated that no quality management review has occurred since 2010.

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.

For a home to function properly quality management plans need established to find and correct problems. The Vineyard does have these plans. Reviews were generally done monthly, with a few months missed.

However documentation of these reviews was missing. While some reviews may have never had documentation created, the rest of the missing reviews can not be accounted for.

The Administrator and Assistant held a review on Monday May 5. These reviews will be performed quarterly.

Documenting review will be the responsibility of either the Assistant or the office assist. The Administrator will maintain the review minutes.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle, Administrator*      Date *6-6-14*

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(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
Staff Person B, hired on 2/24/14, does not have a criminal history background check.

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 residents deserve to be cared for by staff who have no ACT 13 background arrests. This is for their safety and peace of mind.

Co-owner in charge of finances was given the criminal background requests. They were never mailed. Administrator lost track of the amount of time and the 30 day window passed.

Administrator has taken over all home finances and sends requests ~~XXXXXX~~. ALL present staff have backgrounds check sent. One returned due to illegible date and resent.

Administrator and Assistant will track all new hires more closely and review new staff files more frequently.

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) Debra Hinkle, Administrator

Date 6-6-14

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The above plan of correction is approved as of 6/26/14  
(Date)

Plan of correction implementation status as of 6/26/14  
(Date)

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

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

The following direct care staff do not have a high school or GED diploma:

- Staff Person B, hired 2/24/14
- Staff Person C, hired 4/7/14
- Staff Person D, hired 4/24/14
- Staff Person E, hired 4/24/14

**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.*

Direct Care staff need to meet certain criteria to be able to perform the duties assigned. The residents have a right to competent staff.

Just prior and during inspection the Administrator was undergoing a staff turnover. Administrator lost track of the amount of time and the 30 day window passed.

Staff Person B when requested again for documents refused to provide needed records. No longer employed.

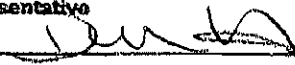
Staff Person C when requested again for documents unable to provide needed records. No longer employed.

Staff Person D when requested again for documents unable to provide needed records. No longer employed.

Staff Person E when requested again for documents provided needed records. Still employed.

Administrator and Assistant will track all new hires more closely and review new staff files more frequently.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Debra Hinkle, Administrator Date 6-6-14

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

The above plan of correction is approved as of <u>6/24/14</u> (Date)	Plan of correction implementation status as of <u>6/26/14</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>NJC</u> (Initials)	

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(c) - A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter.

2a. DESCRIPTION OF VIOLATION

Volunteer A assists residents with ADLs including medication assistance, serving meals and helping residents take part in social and leisure activities. The volunteer does not have a high school or GED diploma.

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.

Volunteer staff need to meet certain criteria to be able to perform the duties they perform. The residents have a right to competent care.

The time spent by volunteer increased and the tasks increased slowly over time. The Administrator personally knew Volunteer A and was aware of [redacted] educational past, but should have collected this information into a personnel file earlier.

Please see attached for High School and College BS degrees. Please note Volunteer A has 12 credits for continuing education and is scheduled to attain [redacted] Administration License by mid August.

In future any Volunteers will need to confirm education and Act 13 clearance prior to any volunteer work.

This is the responsibility of the Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Debra Hinkle*

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

Debra Hinkle, Administrator

Date

6-6-14

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The above plan of correction is approved as of

6-12-14  
(Date)

Plan of correction implementation status as of

6/26/14  
(Date)

The above plan of correction was approved by

DE  
(Initials)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION

Staff Person A, the Administrator of the home, does not maintain a list of staff persons which includes their addresses and phone numbers.

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 need access to co-workers and management for emergency reasons. A list of names and phone numbers allows this access. In addition management needs such a list, with addresses, for ready access to personnel for non-emergency contact.

Just prior and during inspection the Administrator was undergoing a staff turnover. Administrator lost track of an updated list.

A list was provided at inspection.

Staff schedules are posted every two weeks. Correction is that at posting the list is checked and updated as needed. A list of all staff and their phone contacts is posted in kitchen with the new schedule. A list of all staff and volunteers, along with their addresses, is posted in the office behind the Administrator.

This is responsibility of staff member doing the schedule and will be confirmed by the Administrator.

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) Debra Hinkle, Administrator      Date 6-6-14

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Plan of correction implementation status as of 6/26/14 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2800**

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**

The following staff did not receive an orientation in general fire safety and emergency preparedness:

- Staff Person B, hired on 2/24/14
- Staff Person C, hired on 4/7/14
- Staff Person D, hired on 4/24/14
- Staff Person E, hired on 4/24/14
- Volunteer A, in the home for a month
- Volunteer B, in the home beginning 4/29/14

**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.

Direct Care and volunteer staff need to have specific on-site training to be able to perform the responsibilities assigned. The residents have a right to competent and trained staff.

This regulation was not violated, however there was no documentation.

Just prior and during inspection the Administrator was undergoing a staff turnover. Administrator lost track of updating records.

All records updated.

Administrator and Assistant will track all new hires more closely and review new staff files more frequently.

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first work day. -ee

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Hinkle, Administrator* Date *6-6-14*

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

The above plan of correction is approved as of 6-16-14 (Date)

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 56 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

The following staff persons did not receive orientation which includes resident rights, emergency medical plan, mandatory abuse and neglect reporting or reporting of reportable incidents and conditions:

- Staff Person B, hired on 2/24/14
- Staff Person C, hired on 4/7/14
- Volunteer A, in the home for a month

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.

Direct Care and volunteer staff need to have an understanding of resident's rights, emergency plans, and abuse and reporting to be able to perform the responsibilities assigned. The residents have a right to staff who are aware and able to respond to these needs.

This regulation was not violated, however there was no documentation.

Just prior and during inspection the Administrator was undergoing a staff turnover. Administrator lost track of updating records.

All records of present staff updated. Documentation of training will be kept in accordance with 2600.65i. -DE

Administrator and Assistant will track all new hires more closely and review new staff files more frequently.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hink, Administrator* Date *6-6-14*

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The above plan of correction is approved as of <u>6-16-14</u> (Date)	Plan of correction implementation status as of <u>6/26/14</u> (Date)
The above plan of correction was approved by <u>DE</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: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff person B, hired on 2/24/14, and Staff person D, hired on 4/24/14, provide direct care services to residents and have not received training as specified within this regulation.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Training staff in the best of personal care for residents is a never ending task of Administration. However before being allowed to perform personal care to residents there are certain minimum training requirements.

Just prior and during inspection the Administrator was undergoing a staff turnover. Administrator lost track of updating records.

Staff Person B and Staff person D no longer employed for other reasons. All records of present staff updated. Documentation of training will be kept in accordance with 2600.65i. *DE*

Administrator and Assistant will track all new hires more closely and review new staff files more frequently.

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

Printed Name and Title of Legal Entity Representative  
*(Required on EVERY Page)* Debra Hink, Administrator Date 6-6-14

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The above plan of correction is approved as of 6-16-14  
(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason

PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have a record of training for Ancillary Staff Person F.

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.

Direct Care staff need to meet certain criteria to be able to perform the duties assigned. The residents have a right to competent staff. This needs to be documented.

Ancillary Staff Person F was the Assistant for over 6 years. These records were present at all previous inspections. The Administrator can not explain why these records are missing.

Staff F no longer employed.

All staff files are now locked in a cabinet in which only Administrator has access. Assistant has access only when Administrator is present. Administrator will closely watch which files are removed and monitor their return to the cabinet.

The home will implement the developed Staff Training Plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c. - SE

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Hinkle, Administrator Date 6-6-14

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

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**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 does not include the name, position or duties of direct care staff, the required training for each staff person or the dates, times and locations of the trainings scheduled for the current 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.*

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g. - *SE*

Training staff on proper personal care for residents is a never ending task of Administration. However before being allowed to perform personal care to residents there are certain minimum training requirements. And then additional training needs to be made. This progress needs tracked and documented.

Just prior and during inspection the Administrator was undergoing a staff turnover. Administrator lost track of updating records. In addition many of the final assignments of staff had not yet been determined in that Administrator was still assessing competency of new staff.

A plan was presented at inspection. However it was incomplete, as mentioned, due to new staff. Administrator feels this violation can not truly be measured at this time. In addition several of the staff on record are no longer employed and new staff has been added. This is an ongoing and changing training plan which needs to remain flexible until 10/14/14.

A plan is in place and available. It is changed and updated as needed by the Administrator and Assistant.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle, Administrator* Date *6-6-14*

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The above plan of correction is approved as of <u>6/26/14</u> (Date)	Plan of correction implementation status as of <u>6/26/14</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
The above plan of correction was approved by <u>NJC</u> (Initials)	

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- The carriage house contains a stainless steel side-by-side cooler with lunchmeat, eggs and other refrigerated food items. The shelves of the cooler are dirty and heavily corroded. The exterior of the cooler where the handles are is covered in a layer of greasy, black grime.
- The ceiling tiles in the bathroom off of bedroom #14 have a heavy buildup of a fuzzy black substance which appears to be mold.

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.

In a Personal Care Home with many residents in tight quarters sanitation is very important. Any infectious outbreak effects 42 residents and 10 staff at the Vineyard. Sanitation must be a high priority.

The refrigerator was not noticed as being non-unsanitary by Administrator. Cleaning in food storage is a weekly task of staff. Refrigerator has been stripped and sanitized. Shelves are out to be repainted. As of 6/4 the refrigerator is still not in use.

Administrator must keep a closer watch on cleaning in storage area. In addition new equipment must be considered in future budgets.

The tiles in bathroom 14 were replaced 5/18. The cause of the leakage is unknown. It is suspected that a resident overflowed the tub and that the top drain piece allowed the water to run down behind the tub.

Administrator will monitor

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle Administrator*      Date *6-6-14*

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(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

- The bathroom connected to bedroom #14 does not have an operable window or ventilation fan.
- The bathroom connected to bedroom #11 has a ventilation fan that is covered in a very thick layer of fuzz that impedes the fan from providing effective ventilation.

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.


Proper air ventilation is important to maintaining a clean and sanitary environment. The bathrooms do not have access to outside air and therefore mechanical ventilation is required. The fan was inoperable. This was not flagged by maintenance, residents or staff.

Fan #14 replaced by contractor on 5/20. All other fans in building checked. All lights in bathrooms checked. All operational. Fan #11 cleaned by Volunteer A on 5/13.

Staff has been requested to check fans and lights as part of daily cleaning. Administrator will inspect rooms and bathrooms monthly in future.

Responsibility of Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Hinkle, Administration	Date 6-6-14
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The above plan of correction is approved as of <u>6-12-14</u> (Date)	Plan of correction implementation status as of <u>6/26/14</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>DE</u> (Initials)	

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

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

A ceiling tile directly above the showerhead in the bathroom connected to bedroom #14 in the basement is covered in a thick, fuzzy, black substance which appears to be mold. The tile is sagging and poses a potential hazard to a resident using the shower.

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.

In a Personal Care Home with many residents in tight quarters sanitation is very important. Any infectious outbreak effects 42 residents and 10 staff at the Vineyard. Sanitation must be a high priority. In bathrooms all possible leakage areas need to be monitored.

This specific tile was addressed in Page 16. However an outside contractor tore apart the wall area and inspected for additional reasons water may have leaked from 2<sup>nd</sup> floor onto tiles. No cause found.

Tiles replaced 5/18. To be monitored by Administrator.

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) *Debra Hinkle, Administrator*      Date *6-6-14*

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(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The emergency phone numbers posted on the phone in basement room #16 does not contain the personal care home complaint hotline number.

**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.*

It is important that residents have access to outside help and emergency contact. All telephones must have the numbers needed for them to easily find and contact assistance.

During a telephone replacement this phone did not have all the needed numbers attached. This was corrected on 5/5 by Volunteer A with masking tape. An updated list was created and all phones checked on 5/12. This was found to be the only phone missing all numbers.

Any new phones will need the updated list attached before they are installed.

Responsibility of the Administrator.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle, Administrator* Date *6-6-14*

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(Date)

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(Initials)

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600  
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The exterior steps from the home's lounge to the parking lot has a handrail which is not securely mounted and wobbles from side to side.

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.

Resident safety is very important. They must be able to rely on safety tools that are installed.

The handrail was found to have had some dry rot over the winter that caused the top post to be insecure. This was temporary fixed on 5/19. It is on the list of more detailed repairs needed to the home. The intent is for the rail and several steps to be replaced. This will need added to budget before a complete date can be given, however the handrail is presently secure.

A new contractor has been retained for several projects. This will be added to list.

Responsibility of Administrator to monitor handrail until replaced.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Debra Hinkle Administrator      Date 6-6-14

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(Date)

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(Initials)

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

- The wooden steps from the home's lounge to the parking area do not have a non-skid surface.
- The wooden steps from the smoking porch to the parking area do not have a non-skid surface.
- The smoking porch adjacent to the parking area is covered in smooth tile which lacks a non-skid surface.

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.

Resident safety is very important. They must be able to rely on safety tools that are installed.

The carpet for the smoking porch had been moved to the 2<sup>nd</sup> floor balcony by the 3<sup>rd</sup> floor tenant. It was not noticed by the Administrator. Carpet was cleaned and returned. Tenant will not move carpets again.

The non-skid strips had been damaged and mostly removed during snow and ice removal this past winter. Maintenance did not replace in a timely fashion and was not forced to do so by Administrator.

All outside steps inspected by outside contractor and non-skid installed as needed. Completion 5/22.

To be monitored by Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Hinkle Administrator	Date 6-6-14
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(Initials)

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 65 Pa. Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The large chest freezer in the carriage house contained a box with an opened plastic bag holding approximately 2 to 3 pounds of "lay flat bacon" from Cisco foods.

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.

Food must be marked with date of purchase and once opened must be marked with open date and then properly sealed. Food must be kept clean and free of contamination.

The type of bacon sited does not come in a sealed package. The plastic wrap does not seal but simply unfolds. It was assumed by staff that to return unused bacon to freezer in the same container was approved.

Violation bacon was destroyed day of inspection. Staff informed through staff meeting of importance to seal ALL opened containers, and date them, regardless of how food was supplied. The bacon does not fit in the freezer bags we have so staff directed to fold unused bacon and place in bags. We are looking into another way to store this food once opened.

Responsibility of Administrator and Assistant in weekly food storage inspection to check all packages, to ensure all food is in closed or sealed containers. -BE

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) Debra Hinkle Administrator Date 6-6-14

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
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  
The home had no emergency drinking water. The home had 37 residents at the time of the inspection.

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.

During an emergency it may take several days for state and local assistance to address the home's needs. The home must be able to supply basic needs, such as water. It is recommended that 1 gallon per day be available for up to three days. For 42 residents this is 126 gallons.

In late March several water bottles broke and caused a small flood in the basement around the storage room. These initial bottles were removed. The Administrator then decided that the other water supply was outdated and needed replaced. These were removed in early April. Maintenance was to replace but did not. Administrator did not re-inspect to confirm water was replaced.

Volunteer A cleaned water room and stocked 25 five gallons jugs on 5/20. Supplier (Culligan) will notify in 22 months that the water needs replaced.

Responsibility of Administrator to replace in 22 months.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle Administrator*      Date *6-6-14*

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(Initials)

Plan of correction implementation status as of 6/26/14  
(Date)

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- Not Implemented

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa. Code §2600**  
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**2a. DESCRIPTION OF VIOLATION**  
The fire extinguishers located in the designated smoking area, the basement workshop and the basement laundry room have not been inspected by a fire safety expert.

**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.

It is important that firefighting equipment be available and in good working order. The home chose to add additional fire extinguishers than required by the fire inspector (FyrFyter). These were outside the inspection of the fire inspector.

Though the extinguishers appeared to be charged they were not in accordance with the fire inspectors list of extinguishers. This could cause a hazard if they had been out of service but still available for emergency use.

The home does have an adequate supply of firefighting tools. The extra extinguishers were removed 5/6.

Non-inspected fire extinguishers will not be added in the future. Upon next fire inspection the Administrator will discuss with the fire inspector if there is a recommendation on additional extinguishers.

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) Debra Hinkle Administrator      Date 6-6-14

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The home did not have fire drill records for the previous 12 months.

**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.*

It is important to safely and efficiently evacuate residents during an emergency. This is especially important for MIMR residents who may need additional assistance and calmness. Practicing an evacuation will help residents know what to do in the case of a real emergency.

The home did have fire drills and the inspectors were given the security company's (Yarnell) record of service interruption for these drills. Both the Administrator and the co-owner at the exit interview attested to having created or seen these records. However they could not be found. They are still not located.

Starting in May 2014 the records are now kept with the Administrator. It is the responsibility of the Administrator to ensure these records are not lost.

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)

Debra Hinkle Administrator

Date 6-6-14

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

The above plan of correction is approved as of 6/26/14  
(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2800.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The second floor lacks direct visual access to the exit at the front of the home. There are no signs marking the line of travel to the exit. On 4/30/14, the home served 37 residents.

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.

During an emergency it is easy to become confused and disoriented. Having signs and lights to help direct residents and staff is important to assist them in going in the right direction.

This violation was never reported or mentioned in the past. Due to the location it was not thought to be a place where an exit sign was needed. However now that it was pointed out it is understood that someone at that location may need guidance.

Two signs have been placed directing to the west side fire exit. This still appears slightly confusing and we will further address with the fire inspector at next fire inspection.

Follow up responsibility of Administrator.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Debra Hinkle Administrator Date 6-6-14

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The above plan of correction is approved as of <u>6/26/14</u> (Date)	Plan of correction implementation status as of <u>6/26/14</u> (Date)
The above plan of correction was approved by <u>NSL</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: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600  
2600.144(d) - Smoking outside of the smoking room is prohibited.

Za. DESCRIPTION OF VIOLATION

The home's designated smoking area is on an outside porch on the first floor. An outdoor balcony on the second floor, directly above the designated smoking area, contained two upholstered chairs between which a table was placed which held an ashtray with 12 cigarette butts. A flower planter in the corner of the balcony held numerous cigarette butts.

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.

Smoking can not only cause fire concerns but is also not permitted in non-smoking areas due to second hand smoke. The area cited for smoking violation was actually once smoking permitted, however a resident did start a fire and smoking was then restricted to only one location on the first floor.

Upon investigation it was determined that a tenet in the 3<sup>rd</sup> floor private apartment was smoking on the 2<sup>nd</sup> floor balcony at night. The tenet was talked to and agreed to cease.

Administrator and assistant to monitor the balcony for violations.

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)

Debra Hinkle Administrator

Date 6-6-14

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(Date)

Plan of correction implementation status as of 6/26/14  
(Date)

The above plan of correction was approved by N3C  
(Initials)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**1. REGULATION 55 Pa. Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

According to resident interviews, Volunteer A has administered medications to residents. Volunteer A has not completed the Department's medication administration training.

**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.

Medication is critical to the care of most residents. Incorrect administration of medicine can have serious consequences. Only properly trained and certified staff should dispense medication.

Volunteer A was in clinical when dispensing medication. Once [redacted] showed competence [redacted] was allowed to dispense on [redacted] own, but only to residents [redacted] knew and had given meds to before. [redacted] never dispensed narcotics or insulin. [redacted] has since completed [redacted] clinical and is Med Tech certified.

In future no clinical will proceed without constant and direct Administrator oversight. Administrator responsibility.

Moving forward, the administrator will ensure that all a record of training is kept for staff persons trained to administer medication that contains all of the required information. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Debra Hinkle Administrator	6-6-14

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(Date)

Plan of correction implementation status as of 6/26/14  
(Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by NJC  
(Initials)

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason

PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 4/29/14 at 9:30 am, inspectors observed bottles of medications lining a bookshelf next to the medication cart in the office. The medication cart was unlocked. The office did not have an operable lock and the medications were accessible to residents who entered the room.

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.


Resident privacy is protected by HIPPA. The Vineyard is aware and does respect this right. Resident medications are locked in a Med Cart, with a second inside lock for narcotics.

At time of inspection file cabinets, MARs and Med Cart were open. Some resident medications were on a desk and shelf. The Administrator and another licensed administrator (assisting with office work) were both in the office. The Med Cart was undergoing a thorough cleaning and organizing. MARs and medication expiration dates were being updated and checked.

On May 1 a padlock was installed on the office doors. Three days later a second lock was installed. The main lock only the Administrator and Assistant have a key. This is unlocked only when they are in the building. If the Administrator or Assistant leave the office they lock the second lock only, allowing Mod Tech's access when Administrator or Assistant are in the building.

This lock procedure will be maintained by the Administrator and Assistant.

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) Debra Hinkle Administrator Date 6-6-14

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The above plan of correction is approved as of 6-12-14 (Date)

Plan of correction implementation status as of 6/26/14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 32603 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

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

On 4/30/14, two unlabeled glucometers were located on the second shelf of the metal bookcase next to the medication cart in the office. The test strips in one of the glucometers had an expiration date of 2/14. Per Staff Person A, the Administrator, the glucometers belonged to previous residents no longer residing at 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.

Resident medications and medical tools are for the individual resident only. They can not be shared and can only be used by the resident to which they are prescribed. Only a physician can order or make available the medications and tools used by a resident.

The Administrator admits this was an oversight to keep these tools. The Vineyard is a non-profit SSI and supplies are often donated. These were brand new donated machines. Since they were not prescribed for a specific resident there was no use for them and they did not belong in the medical area. They were not used by any residents. They were trashed at inspection.

In future the Administrator and Assistant will accept, out of courtesy, donations but then immediately discard any medications or medical tools.

Responsibility of Administrator and Assistant.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Hinkle, Administrator*      Date *6-6-14*

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The above plan of correction is approved as of 6-12-14 (Date)

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

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Thiamine 100 mg, take 1 tablet by mouth daily for vitamin supplement, was not available for Resident #5.
- Flonase .05% nasal spray, 1 spray each nostril twice daily, was not available for Resident #5.
- Ativan, .5 mg tablet, take 1 tablet by mouth 3 times daily, for Resident #3, was not present in the home.
- Imodium 2 mg, take 1 tablet / 1 capsule by mouth after each loose stool, pm, for Resident #3, was not present in the home.
- Tylenol 325 mg, take 2 tablets by mouth every 6 hours as needed for pain, was not available for Resident #5.
- Percoset 5/325 mg for Resident #4 was not available.

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.

A resident has the right to request and receive prescribed medications when scheduled. It is the responsibility of the home to have these medications available and in date.

The Administrator had recently become aware that the previous Assistant was not keeping the Med Cart to expected standards. At time of inspection file cabinets, MARs and Med Cart were open. The Administrator and another licensed administrator (assisting with office work) were both in the office. The Med Cart was undergoing a thorough cleaning and organizing. MARs and medication expiration dates were being updated and checked. Missing PRNs were being noted and ordered.

All Medications are now in order and available to residents.

This is the responsibility of the Assistant with Administrator oversight.

Note: the Percoset was D/C.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle Administrator* Date *6.6.14*

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(Date)

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

Plan of correction implementation status as of 6/26/14  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There was no pre-admission screening form for Resident #6.

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.

A home can not accept a resident it can not care for. A thorough prescreen is important to understand the needs of the potential resident and an assessment made if the home can provide those needs. Once a resident is accepted the prescreen is important for developing a care plan.

During staff transition the Administrator charged the then Assistant with maintaining all resident files. This included new residents and residents who had been at the home for a while. During post inspection review the Administrator and new Assistant have found many errors and missing documents. Some of these missing documents were from long term residents. The location of these missing records are unknown. The regulation was violated because the records are not available. The cause is unknown.

The Administrator has reviewed ALL resident files and has agreed to the content. ALL are now up to date as to the understanding of the Administrator and Assistant.

Annual review based on intake date has begun. New resident files will be created and completed with input from both Administrator and Assistant.

Responsibility of Administrator to confirm.

The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. -lg

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) Debra Hinkle Administrator      Date 6-6-14

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The above plan of correction was approved by 6-12-14 (Initials)

Plan of correction implementation status as of 6/26/14 (Date)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

**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 home has not completed an initial assessment for:

- Resident #6, admitted 10/11/13
- Resident #7, admitted 10/17/13

**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.*

~~A home can not accept a resident it can not care for. A thorough prescreen is important to understand the needs of the potential resident and an assessment made if the home can provide those needs. Once a resident is accepted the prescreen is important for developing a care plan.~~

During staff transition the Administrator charged the then Assistant with maintaining all resident files. This included new residents and residents who had been at the home for a while. During post inspection review the Administrator and new Assistant have found many errors and missing documents. Some of these missing documents were from long term residents. The location of these missing records are unknown. The regulation was violated because the records are not available. The cause is unknown.

The Administrator has reviewed ALL resident files and has agreed to the content. ALL are now up to date as to the understanding of the Administrator and Assistant.

Annual review based on intake date has begun. New resident files will be created and completed with input from both Administrator and Assistant. The assessments will be detailed, comprehensive, and filled out in their entirety, including signatures and dates. ~~SE~~  
Responsibility of Administrator to confirm.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Hinkle Administrator	Date 6-6-14
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(Date)

Plan of correction implementation status as of 6/26/14  
(Date)

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

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.226(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The home has no assessments for:

- Resident #8, admitted 4/24/12
- Resident #9, admitted 11/19/10

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 administrator will complete new assessments for all residents on the Department's required form. The assessments will be detailed, comprehensive, and filled out in their entirety, including signatures and dates - *DE*

~~A home can not retain a resident it can not care for. While the prescreen is important to understand the needs of the potential resident and an assessment made if the home can provide those needs, once a resident is accepted the prescreen is important for developing a care plan.~~

During staff transition the Administrator charged the then Assistant with maintaining all resident files. This included new residents and residents who had been at the home for a while. During post inspection review the Administrator and new Assistant have found many errors and missing documents. Some of these missing documents were from long term residents. The location of these missing records are unknown. The regulation was violated because the records are not available. The cause is unknown.

The Administrator has reviewed ALL resident files and have agreed to the content. ALL are now up to date as to the understanding of the Administrator and Assistant.

Annual review based on intake date has begun. New resident files will be created and completed with input from both Administrator and Assistant.

Responsibility of Administrator to confirm.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra Hinkle Administrator* Date *6-6-14*

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(Date)

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(Date)

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(Initials)

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

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The home has not developed support plans for Residents #6, #7, #8 and #9.

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 administrator will complete new support plans for each resident that accurately identify how the home plans to meet each resident's needs. The support plans will be completed on the Department's required form. Forms will be filled out in their entirety, including signatures and dates. DE

~~A home can not retain a resident it can not care for. While the prescreen is important to understand the needs of the potential resident and an assessment made if the home can provide those needs, once a resident is accepted the prescreen is important for developing a care plan.~~

During staff transition the Administrator charged the then Assistant with maintaining all resident files. This included new residents and residents who had been at the home for a while. During post inspection review the Administrator and new Assistant have found many errors and missing documents. Some of these missing documents were from long term residents. The location of these missing records are unknown. The regulation was violated because the records are not available. The cause is unknown.

The Administrator has reviewed ALL resident files and have agreed to the content. ALL are now up to date as to the understanding of the Administrator and Assistant.

Annual review based on intake date has begun. New resident files will be created and completed with input from both Administrator and Assistant.

Responsibility of Administrator to confirm.

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  
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Debra Hinkle Administrator

Date 6-6-14

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 32503 - 04/29/2014 - McCloskey, Jason  
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The home has no support plans for:  
- Resident #8, admitted 4/24/12  
- Resident #9, admitted 11/19/10

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 administrator will complete new support plans for each resident that accurately identify how the home plans to meet each resident's needs. The support plans will be completed on the Department's required form. Forms will be filled out in their entirety, including signatures and dates. ~~de~~


~~A home can not accept a resident it can not care for. A thorough prescreen is important to understand the needs of the potential resident and an assessment made if the home can provide those needs. Once a resident is accepted the prescreen is important for developing a care plan.~~

During staff transition the Administrator charged the then Assistant with maintaining all resident files. This included new residents and residents who had been at the home for a while. During post inspection review the Administrator and new Assistant have found many errors and missing documents. Some of these missing documents were from long term residents. The location of these missing records are unknown. The regulation was violated because the records are not available. The cause is unknown.

The Administrator has reviewed ALL resident files and has agreed to the content. ALL are now up to date as to the understanding of the Administrator and Assistant.

Annual review based on intake date has begun. New resident files will be created and completed with input from both Administrator and Assistant.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Debra Hinkle Administrator Date 6-6-14

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