



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 18 2014

Mr. Robert Rundle, President/CEO
Lutheran Social Services of South Central Pennsylvania
750 Kelly Drive
York, Pennsylvania 17404

RE: The Village at Kelly Drive
License #: 350640

Dear Mr. Rundle:

As a result of the Department of Public Welfare's licensing inspection on May 12, 2014 and May 13, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period June 16, 2014 to June 16, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

Violation Report: 35064 - 05/12/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE AT KELLY DRIVE

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff person A did not receive training in Fire Safety by a Fire Safety Expert during training year 2013.

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.

- Executive Director notified Staff Person A of DPW inspection and results, on May 19, 2014.
- Staff person A received Fire Safety Training on May 20, 2014. Training Requirements / mandatory attendance was reviewed with Staff person A.
- Every Department Manager will conduct an audit of training records for their team members, following all in-services, training sessions, etc, to ensure compliance with DPW training requirements. Team members absent from an in-service will be contacted by their department manager to schedule a time to make up the training, within a specific time frame.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pam Conrad, Executive Director Date 5/27/2014

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

The above plan of correction is approved as of <u>5/29/14</u> (Date)	Plan of correction implementation status as of <u>5/29/14</u> (Date)
The above plan of correction was approved by <u>JG</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: 35064 - 05/12/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE AT KELLY DRIVE

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
 Staff person B received the orientation training in 2013 which included resident rights, OAPSA, emergency medical plan and reportable incidents policy, but the home does not have a record of the 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.

- Form indicating completion of the orientation training could not be found, in Staff Person B's file, during DPW inspection. However, it was in file during an audit conducted by HR Assistant and on another occasion, during a Mock Survey.
- Staff Person B has verified that she received the training, listed in 2a, during the time of orientation. (see attached)
- Trainers have also verified that this training was provided to Staff Person B, during the time of orientation.
- A "New Hire" Checklist is used to ensure that all appropriate documents and training is complete and documented, when personnel file is created. HR Assistant will continue to conduct this audit process.
- Audits of all employee files will continue to be conducted by HR Assistant and Executive Director, to ensure compliance with DPW Regulations. This will be done on a quarterly basis.
- Peer Audits of Personnel Files will also continue on an annual basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Pam Conrad, Executive Director</u>	Date <u>5/27/2014</u>
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The above plan of correction is approved as of 7.10.14
 (Date)

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

Plan of correction implementation status as of 7.10.14
 (Date)

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

Violation Report: 35084 - 05/12/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during the month of June in 2013.

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.

- Executive Director reviewed DPW Regulation 2600.132(a) with Director of Building & Grounds.
- Director of Building & Grounds has provided Executive Director with dates of monthly fire drills through January 2015. Executive Director will ensure compliance by reviewing Fire Drill Log.
- Monthly fire drills will also be discussed during Safety Meeting - which is held monthly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Pam Conrad*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pam Conrad, Executive Director* Date *5/27/2014*

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The above plan of correction is approved as of *7.10.14*
 (Date)

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

Plan of correction implementation status as of *7.10.14*
 (Date)

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

Violation Report: 35064 - 05/12/2014 - Rosenblat, Dale
 PCH Name: THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa. Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 5/11 and 5/12/2014 at 8:30a and 4:30p and 5/13/2014 at 8:30a, resident #1 refused to take a scheduled dose of Saline Nasal spray; 2 sprays each nostril twice a day for 7 days. The home did not report the refusal to the resident's doctor as required.

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.

• Executive Director has reviewed DPW Regulation 2600.187(c) and process for notifying physician of medication refusals, with all nurses.

• Education will continue to be provided to all nurses, upon hire, and at least annually, by Health Services Manager or Executive Director.

• Health Services Manager will audit MAR's monthly, to ensure compliance with this regulation is maintained. If there any further issues noted, Health Services Manager will provide re-education to the Nursing Team. And, if necessary disciplinary action may be taken, on an individual basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Palm Conrad

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

Palm Conrad, Executive Director

Date

5/27/2014

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The above plan of correction is approved as of

7.10.14
 (Date)

Plan of correction implementation status as of

7.10.14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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