



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 4, 2014

Ms. Vanessa Perez, Director
Spirit of Gheel
Po Box 610
Kimberton, Pennsylvania 19422

RE: Gheel House
Po Box 610, 10 Hollow Road
Kimberton, Pennsylvania 19442
License #: 144320

Dear Ms. Perez:

As a result of the Department of Public Welfare's Human Services licensing inspection on June 24, 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.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb". The signature is fluid and cursive.

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 14432 - 06/24/2014 - Rosenblat, Dale

PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 5/12/2014, an allegation of abuse against resident #1 was reported to the administrator. The home did not report the allegation to the local area agency on aging.

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.

PLEASE SEE ATTACHED - Page 2A of 5
JE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Christopher Grala, PsyD

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

CHRISTOPHER GRALA, PSYD EXECUTIVE DIRECTOR

Date

7/17/14

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

The above plan of correction is approved as of

8.4.14
(Date)

Plan of correction implementation status as of

8.4.14
(Date)

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

The above plan of correction was approved by

JE
(Initials)

2600.15(a) Plan of Correction:

On 5/12/14 an allegation was reported by resident #1, claiming that a prepaid VISA gift card in the amount of \$100 that she purchased on 5/9/14 went missing from her room over the weekend. Resident #1, who has an extensive history of misplacing personal items that are later found and who frequently displays paranoid delusional ideation, further stated that she believed staff member A had stolen the item. When questioned about the basis for this belief, resident #1 acknowledged that she at no time saw staff member A in her room, nor did she witness a theft, but maintained she "just knew" that staff member A "must have stolen" the card. Staff member A not only denied such misconduct, but stated she wasn't even aware that resident #1 had purchased said card on 5/9/14. Other staff and residents on site during that weekend were interviewed, and similarly denied knowing about the gift card and could provide no corroborative testimony of witnessing or being aware of any untoward conduct by staff member A. By the time the allegation was reported on 5/12/14, resident #1 had already called VISA to report the missing card and stop payment. During the week of 5/12/14 it was ascertained from the vendor who sold the card that a full refund could be issued for the card with proof of purchase. Staff assisted resident #1 in locating the receipt, and a full refund of the \$100 was obtained by the end of that week.

Under the circumstances described above, it did not appear obvious that resident #1's allegation would fit criteria for "suspected abuse." While we are aware of Regulations 2600.15 and 2600.16, we did not at the time consider this sort of allegation to qualify as a regulatory definition of "suspected abuse" – which, moreover, does not appear to be explicitly defined in the text of the referenced regulations. We have since, however, accessed a document of which we were unaware – "Regulatory Issues & Frequently Occurring Situations, Abuse Reporting" – which does contain specific definitional criteria for abuse. It would appear that the specific criterion on which this violation report is based pertains to "Exploitation by an act or course of conduct...which results in...monetary or personal loss to the resident." While there is no evidence in this case that such an "act or course of conduct" in fact occurred, and the monetary loss was fully recovered within a week via refund of the purchase price of the missing card, we recognize the need to correct our Policy/Procedures for reporting of suspected abuse based on the expanded definitions contained in "Regulatory Issues & Frequently Occurring Situations, Abuse Reporting."

POC Actions for 2600.15(a):

- (1) Policy/Procedures for reporting allegations of suspected abuse will be revised to include all specified definitions of abuse contained in "Regulatory Issues & Frequently Occurring Situations, Abuse Reporting." This will provide clarity on the range of actions/conduct to be reported to the Dept of Aging according to 2600.15(a). This revision will be completed by 7/23/14, and will be executed by the Executive Director.
- (2) Policy/Procedures for reporting suspected abuse will also be revised to specify that all such reports mandated by 2600.15(a) are to be made within 24 hours of receipt of the allegation, prior to any internal investigative activity related to the allegation. This will ensure that all relevant allegations are reported independent of the apparent "face validity" of the claims. Appropriate investigation of the allegations by the Executive Director or designee will be conducted and documented in accordance with the facility's Resident Grievance Policy, in which status report on the investigation will be provided to the resident within 2 days, and a final written report of findings/actions will be provided within 7 days. Such documentation will be forwarded to the Dept of Aging upon completion. This Policy/Procedure revision will be completed by 7/23/14 and will be executed by the Executive Director.
- (3) Policy/Procedure revisions for reporting suspected abuse according to 2600.15(a) will be presented to all staff and administrative personnel during staff meeting on 7/24/14. This will constitute a mandatory re-training on the Gheel Resident Abuse Policy. The training will be conducted by the Executive Director and will include documentation of staff attendance.
- (4) Policy/Procedure revisions and documentation of staff training will be forwarded to DPW Regional Licensing Administrator upon completion.

Christopher Grala, PsyD
Signature CHRISTOPHER GRALA, PsyD
Executive Director
SPIRIT OF GHEEL, Inc.

7/17/14
Date

Violation Report: 14432 - 06/24/2014 - Rosenblat, Dale

PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/12/2014, an allegation of abuse was made against staff person A regarding resident(s) # 1. The home did not develop and implement a plan of supervision or suspend staff person A.

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.

PLEASE SEE ATTACHED - Page 3A of 5. ve

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRISTOPHER GRAIA, PhD</i>	Date <i>7/12/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/4/14</u> (Date)	Plan of correction implementation status as of <u>8/4/14</u> (Date)
The above plan of correction was approved by <u><i>gc</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.15(b) Plan of Correction:

(1) Effective immediately, in accordance with 2600.15(b), staff members who are the subject of abuse allegations under all definitional criteria for abuse contained in "Regulatory Issues & Frequently Occurring Incidents, Abuse Reporting," will be immediately suspended. Where appropriate to the specific nature and circumstances of the allegation, a written plan of supervision may be developed to monitor the staff member's continued employment at the facility – to include having no direct contact with the resident complainant – until all investigations are completed and the allegation is formally determined to be unfounded. Such plans of supervision will be submitted to the DPW Regional Office for approval, and the identified staff member will remain on suspension until DPW approval of the supervisory plan is received.

(2) These procedures will be included in the mandatory staff re-training on Gheel Resident Abuse Policy to be conducted by the Executive Director on 7/24/14. It is to be noted that these procedures are already contained in the facility's written Resident Abuse Policy, but in this case were not followed as the specific allegation in question was not identified as a possible qualifying incident of suspected abuse. As such, this part of the overall Policy does not require revision as the inclusion into the Policy of the specific definitional criteria for abuse from "Regulatory Issues & Frequently Occurring Incidents, Abuse Reporting" [described in the POCs for 2600.15(a) and 2600.16(c)] will serve to capture allegations of this kind as incidents that require the immediate implementation of these procedures.

Christopher Grala, PsyD 7/17/14
Signature CHRISTOPHER GRALA, PsyD Date
 EXECUTIVE DIRECTOR
 SPIRIT OF GAZEL, INC.

Violation Report: 14432 - 06/24/2014 - Rosenblat, Dale

PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 5/12/2014, the home received a report of suspected abuse involving resident #1. The home did not notify resident #1's designated person.

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.

PLEASE SEE ATTACHED - Page 4A of 5.
SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Christopher Oster, Psy D

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

CHRISTOPHER

Date

7/17/14

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8/4/14
(Date)

Plan of correction implementation status as of

8/4/14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SE
(Initials)

2600.15(d) Plan of Correction:

(1) Effective immediately, in accordance with 2600.15(d), residents and residents' designated contact persons will immediately be notified of allegations of abuse or neglect as defined within "Regulatory Issues & Frequently Occurring Incidents, Abuse Reporting."

(2) These procedures will be included in the mandatory staff re-training on Gheel Resident Abuse Policy to be conducted by the Executive Director on 7/24/14. It is to be noted that these procedures for notification are already contained in the facility's written Resident Abuse Policy, but in this case were not followed as the specific allegation in question was not identified as a possible qualifying incident of suspected abuse. As such, this part of the overall Policy does not require revision as the inclusion into the Policy of the specific definitional criteria for abuse from "Regulatory Issues & Frequently Occurring Incidents, Abuse Reporting" [described in the POCs for 2600.15(a) and 2600.16(c)] will serve to capture allegations of this kind as incidents that require the immediate notification of relevant parties.

<i>Christopher Graa, PhD</i>	7/17/14
Signature <i>CHRISTOPHER GRAA, PhD</i>	Date
<i>EXECUTIVE DIRECTOR</i> <i>SPIRIT OF GHEEL, INC.</i>	

Violation Report: 14432 - 06/24/2014 - Rosenblat, Dale

PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 5/12/2014, resident #1 reported an allegation of abuse to the home's administrator. The home did not report the incident by telephone or submit an incident report to the Department.

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.

PLEASE SEE ATTACHED - Page 5A of 5. JE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Christopher Graub, Psy D

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

CHRISTOPHER GRAUB

Date *7/17/14*

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The above plan of correction is approved as of

8/4/14
(Date)

Plan of correction implementation status as of

8/4/14
(Date)

The above plan of correction was approved by

JE
(Initials)

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

2600.16(c) Plan of Correction:

On 5/12/14 an allegation was reported by resident #1, claiming that a prepaid VISA gift card in the amount of \$100 that she purchased on 5/9/14 went missing from her room over the weekend. Resident #1, who has an extensive history of misplacing personal items that are later found and who frequently displays paranoid delusional ideation, further stated that she believed staff member A had stolen the item. When questioned about the basis for this belief, resident #1 acknowledged that she at no time saw staff member A in her room, nor did she witness a theft, but maintained she "just knew" that staff member A "must have stolen" the card. Staff member A not only denied such misconduct, but stated she wasn't even aware that resident #1 had purchased said card on 5/9/14. Other staff and residents on site during that weekend were interviewed, and similarly denied knowing about the gift card and could provide no corroborative testimony of witnessing or being aware of any untoward conduct by staff member A. By the time the allegation was reported on 5/12/14, resident #1 had already called VISA to report the missing card and stop payment. During the week of 5/12/14 it was ascertained from the vendor who sold the card that a full refund could be issued for the card with proof of purchase. Staff assisted resident #1 in locating the receipt, and a full refund of the \$100 was obtained by the end of that week.

Under the circumstances described above, it did not appear obvious that resident #1's allegation would fit criteria for "suspected abuse." While we are aware of Regulations 2600.15 and 2600.16, we did not at the time consider this sort of allegation to qualify as a regulatory definition of "suspected abuse" – which, moreover, does not appear to be explicitly defined in the text of the referenced regulations. We have since, however, accessed a document of which we were unaware – "Regulatory Issues & Frequently Occurring Situations, Abuse Reporting" – which does contain specific definitional criteria for abuse. It would appear that the specific criterion on which this violation report is based pertains to "Exploitation by an act or course of conduct...which results in...monetary or personal loss to the resident." While there is no evidence in this case that such an "act or course of conduct" in fact occurred, and the monetary loss was fully recovered within a week via refund of the purchase price of the missing card, we recognize the need to correct our Policy/Procedures for reporting of suspected abuse based on the expanded definitions contained in "Regulatory Issues & Frequently Occurring Situations, Abuse Reporting."

POC Actions for 2600.16(c):

- (1) Policy/Procedures for reporting allegations of suspected abuse will be revised to include all specified definitions of abuse contained in "Regulatory Issues & Frequently Occurring Situations, Abuse Reporting." This will provide clarity on the range of actions/conduct to be reported to the DPW Personal Care Home Regional Office according to 2600.16(c). This revision will be completed by 7/23/14, and will be executed by the Executive Director.
- (2) Policy/Procedures for reporting suspected abuse will also be revised to specify that all such reports mandated by 2600.16(c) are to be made orally to DPW Regional Office immediately or not later than 24 hours after receipt of allegation, with an initial written report to be submitted within 48 hours. The oral report is to be made prior to any internal investigative activity related to the allegation. This will ensure that all relevant allegations are reported independent of the apparent "face validity" of the claims. Appropriate investigation of the allegations by the Executive Director or designee will be conducted and documented in accordance with the facility's Resident Grievance Policy, in which status report on the investigation will be provided to the resident within 2 days, and a final written report of findings/actions will be provided within 7 days. Such documentation will be forwarded to the DPW Regional Office upon completion. This Policy/Procedure revision will be completed by 7/23/14 and will be executed by the Executive Director.
- (3) Policy/Procedure revisions for reporting suspected abuse according to 2600.16(c) will be presented to all staff and administrative personnel during staff meeting on 7/24/14. This will constitute a mandatory re-training on the Gheel Resident Abuse Policy. The training will be conducted by the Executive Director and will include documentation of staff attendance.
- (4) Policy/Procedure revisions and documentation of staff training will be forwarded to DPW Regional Licensing Administrator upon completion.

Christopher Grala, PsyD
CHRISTOPHER GRALA, PsyD
SPIRIT OF GHEEL, INC.

7/17/14
Date