



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 5, 2014

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

RE: The Vineyard Personal Care Home
325030

Dear Ms. Hinkle:

As a result of the Department of Public Welfare's licensing inspection on June 25, 2014 and August 7, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

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

Sincerely,

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summaries

Violation Report: 32503 - 06/25/2014 - McCloskey, Jason
 PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The home's designated smoking area does not have a fire extinguisher.

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.

To enable proper and prompt response to a fire emergency a working fire extinguisher must be available in regulated areas. At last inspection the fire extinguisher in the smoking area was found to be out of date. It was cited and removed. However it was overlooked that a working fire extinguisher was still needed to be available in the smoking area. Graham's FyrFyter (contracted for fire extinguisher inspection by the Vineyard) was contacted. They checked all extinguishers and installed a new extinguisher in the smoking area. This extinguisher is now on their list for annual inspection. To ensure this inspection occurs, and to periodically check all extinguishers during the year, is the responsibility of the site administrator. See attached for invoice and photo of new extinguisher.

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) <i>Debra Hinkle Administrator</i>	Date <i>7/30/14</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>9-4-14</u> (Date)	Plan of correction implementation status as of <u>9-4-14</u> (Date)
The above plan of correction was approved by <u>BZ</u> (Initials)	<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

Violation Report: 32503 - 06/25/2014 - McCloskey, Jason

PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration records are missing the diagnoses or purpose for the following medications:

- Adderall XR 20 mg for Resident #1
- Latuda, 20 mg, Toprol XL 50 mg or Advair HFA 115 - 21 mcg for Resident #2
- Sinequan 25 mg for Resident #3


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 critical that staff and any emergency or authorized medical personnel know not only what is being administered but also why it is being given to residents. The paper MARs being used by this facility are replaced monthly. The practice has been to copy repeat information from one month to the next. This past winter, we believe in both March and April, not all information was copied. This was not caught by double checking the work since it was the same person copying who was also verifying it was correct. The MAR replacement task will remain with the assistant administrator. However the Administrator will now double check all MARs before they are placed in use.

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 7/30/14

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The above plan of correction is approved as of 9-4-14
(Date)

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

Plan of correction implementation status as of 9-4-14
(Date)

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

Violation Report: 32503 - 06/25/2014 - 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

-Resident #4 is prescribed Silvadine Cream, "Apply cream to inside of left leg twice a day until healed." The medication administration records indicate that the cream was not applied at the 07:00 administration time during the month of June. During the 21:00 administration time, the medication wasn't applied from 6/18 - 6/21/14.

-Resident #5 is prescribed Antivert 12.5 mg. The medication was not given on 6/13/14 at 17:00.

-Resident #6 is prescribed Tylenol Arthritis 650 mg, 2 tablets every 8 hours for pain. The medication was not given on 6/6/14 or 6/20/14 at 14:00.

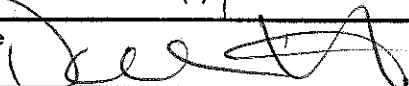
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents are placed under the responsibility of a DPW authorized administrator for their care and well being. However full and proper care often requires the assistance from a doctor. These doctors prescribe medications and treatments. It is the responsibility of the home and the Administrator to follow these prescriptions. Part of following these orders is to record that the directive was completed. This allows all parties to know if the resident is receiving the care needed. The records cited in the violation indicate that these needs were not fulfilled. Upon internal investigation we cannot confirm whether the directive was missed, whether the directive was followed but not properly recorded, or a combination of both. Staff has been emphasized that the recording of medication administration and treatments MUST be accurate. The Administrator and/or assistant Administrator will review the MARs daily and follow up with staff on any missing or inaccurate records.

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 7/30/14

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 (Date)

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- Not Implemented

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

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: 38 Waking Staff: 29		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/07/2014: McCloskey, Jason; Rouse, McKinley		
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 Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 38 Are 60 Years of Age or Older: 18 Have Mental Illness: 29 Have an Intellectual Disability: 7 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32503 - 08/07/2014 - McCloskey, Jason
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff Person C, whose first day of work was 6/19/14, did not receive orientation in general fire safety and emergency preparedness until 6/30/14.

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.

See Next sheet - Page 2 A of 4. -82

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/29/2014

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Debora Hinkle Administrator

Date

8/29/14

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The above plan of correction is approved as of

9-4-14
(Date)

Plan of correction implementation status as of

9-4-14
(Date)

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

The above plan of correction was approved by

82
(Initials)

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2600.65(a)

It's important that all staff be trained to deal with all emergencies in the home the first day of employment. This is so as to protect all residents in the home from danger.

JE

This regulation was violated because staff person(C) missed having signed Fire Safety and Emergency Preparedness at time of training. Administrator missing having staff person (C) sign first day and did realize missed signature.

To fix this Administrator reviewed the personnel folder of staff person (C), reviewed topic of any missed signature, and had staff sign. To stop this in future Administrator needs to confirm all signature forms are completed before ending training periods.

Administrator will be responsible.

Violation Report: 32503 - 08/07/2014 - McCloskey, Jason
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
- (1) Resident rights.
 - (2) Emergency medical plan.
 - (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
 - (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff Person C completed their 40th work hour prior to 6/30/2014. The staff person did not receive orientation in resident rights, mandatory reporting of abuse and neglect and reportable incidents and conditions until 6/30/14, nor have they received orientation in the emergency medical plan.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See next page - Page 3A of 4. - ge

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/29/2014

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Debra Hinkle, Administrator

Date *8/29/14*

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2600.65(b)

It's important that staff be trained in all topics required in the first 40 days of employment. This is to ensure all residents in the home are covered by 2600 regulations protection.

This violation was caused because staff (c) was part time before becoming full time. The 40 hours elapsed quicker than anticipated when staff become full time.

SE

To fix this Administrator reviewed the personnel folder of staff person (C), reviewed topic of any missed signature, and had staff sign. To stop this in future Administrator needs to confirm all signature forms are completed before any training period ends. Tracking of total hours needs to be more closely watched when staff moves from part time to full time status.

Administrator will be responsible.

Violation Report: 32503 - 08/07/2014 - McCloskey, Jason

PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The bathroom between bedrooms #2 and #4 has a toilet with a cracked bowl. Staff Person A, the Administrator, and Staff Person B, stated that the toilet has been broken for 2 1/2 weeks.

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

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see next page - Page 4A of 4. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

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Debra Hinkle, Administrator

Date 8/29/14

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2600.95

It's important that residents have access to required furniture and equipment. The toilet in violation was not working. Administrator was in process of accepting contract offers. Residents were informed of other toilets. Some of these involved sharing bathrooms that meant walking through other resident rooms for the short period of equipment repair. This was accepted by affected residents. Note: there were 3 functioning toilets that did not require passing through other resident's rooms. These were explained to all affected residents. No resident was required to go through another resident room. *SE*

Staff B tried to fix toilet after inspection. It was determined that the task did need, as was mentioned at inspection, a professional contractor. Staff A hired a professional contractor and the toilet replacement was completed.

Staff A and B will inspect all bathrooms and determine that none are in need of immediate repair. This inspection process will be part of home inspections. Staff also told to advise of any equipment concerns. Residents asked to see Staff B with any concerns.

Administrator will be responsible.