



OCT 0 2 2014

Ms. Debbie Young, Administrator/VP
Assured Care, Inc.
129 Houck Road
Fleetwood, Pennsylvania 19522

RE: Grand View Manor
License #: 215010

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on August 20, 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 October 28, 2014 to October 28, 2015 was issued on July 14, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

sd

Enclosure
License Inspection Summary

Violation Report: 21501 - 08/20/2014 - Rushin, Julienne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 65 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summary dated 9/3/13 was not posted in a public conspicuous place 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.

Misunderstood that once violations were corrected they could come down - I did have posted the one report from during the year. Debbie Young RN, Administrator will be responsible to keep violations posted. This was corrected during the inspection. Current violation report will be posted until next years inspection.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEBBIE YOUNG RN** Date **9-8-2014**

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

The above plan of correction is approved as of <u>9/19/14</u> (Date)	Plan of correction implementation status as of <u>9/19/14</u> (Date)
The above plan of correction was approved by <u>M</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: 21501 - 08/20/2014 - Rushin, Julienné
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa. Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was not evacuated during the fire drill conducted on 7/24/14 at 1030am. Resident #1's record did not have a physician's order noting the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

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 Physician wrote an ordered stating the resident did not have to participate in fire Drills, but did not state she was Actively dying... etc. Next time Administrator, Debbie Young RN will be responsible to have physician write out the full sentence as stated in the regulation.

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DEBBIE YOUNG RN			9-8-2014

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 (Initials)

Plan of correction implementation status as of 9/19/14
 (Date)

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

Violation Report: 21501 - 08/20/2014 - Rushin, Julianne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa. Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

Resident #1 was not evacuated during the fire drill conducted on 7/24/14 at 1030am. Resident #1's record did not contain written informed consent from the resident, the resident's power of attorney for healthcare, the resident's legal guardian or the resident's health care representative that the person is not to evacuate in a fire drill.

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 daughter was present when dr. wrote the order not to participate in fire drills, and I neglected to get a written statement from her. Next time there is a hospice resident unable to participate in fire drills, I, Debbie Younger, Administrator will get a written consent from resident, or family, guardian, etc.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Younger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEBBIE Younger** Date **9-8-2014**

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Violation Report: 21501 - 08/20/2014 - Rushin, Julianne
 PCH Name: GRAND VIEW MANOR

1. **REGULATION 55 Pa.Code §2600**
 2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

2a. **DESCRIPTION OF VIOLATION**
 Resident #1 was not evacuated during the fire drill conducted on 7/24/14 at 1030am. The informed staff member is not accessing a mode of transportation to reasonably simulate the evacuation.

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 mode of transportation was her bedding, to lower her to ground and drag to exit. She was not capable of bending to sit on chair at that point in her dying process. But, if resident is, a wheel chair will be placed in room for fire drills. Debbie Young, RN Administrator will be responsible to do this for fire drills.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DEBBIE Young RN	Date 9-8-2014
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Violation Report: 21501 - 08/20/2014 - Rushin, Julienne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was not evacuated during the fire drill conducted on 7/24/14 at 1030am. The administrator and staff are not simulating an evacuation 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.

The employees were involved in verbal discussion of EVACUATION procedure just prior to this resident becoming immobile, and again after becoming immobile prior to drill. After drill, discussed again with employees the procedure, but did not actually put weight in bedding + drag it up the hallway. Next time we have hospice resident that becomes immobile, we will do this. Debbie Young RN, Administrator will be responsible

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Debbie Young RN			9-8-2014

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Violation Report: 21501 - 08/20/2014 - Rushin, Julianne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Records for staff person "C" (hired 2/20/14) contained a Pennsylvania Criminal Background Check dated 2/24/14 that indicated "disposition under review."

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.

Background check WAS completed on this employee but final report was not put in record, corrected on inspection.

Debbie Young RN, Administrator, will be responsible to double-check that final report gets added to record.

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) **DEBBIE Young RN** Date **9-8-2014**

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Violation Report: 21501 - 08/20/2014 - Rushin, Julienne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct Care staff person "A" (hired 10/17/11) did not complete the 12 hours of required training related to their job duties for 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.

This was already corrected for 2014 - and approved when inspectors were here. I, Debbie Young will continue to do in-service hours as I have been this year, as per approval.

- The administrator shall re-train staff person "A" on the required 12 hrs of annual training for the year 2013.
- The administrator shall maintain the 2013 staff retraining documentation for staff person "A" and be made available to the Department upon request.
- The administrator shall assure that ALL direct care staff persons have at least 12hr of annual training relating to their job duties.

M 9/26/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE Young RW* Date *9/22/2014*

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Violation Report: 21501 - 08/20/2014 - Rushin, Julianne
 PCH Name: GRAND VIEW MANOR

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.

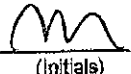
2a. DESCRIPTION OF VIOLATION
 The Personal Care Home Hotline number has not been updated in resident room #32 and in the home's "auxiliary" seating area.

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 new hotline number has been added to our list of telephone numbers placed on all phones, in resident rooms, and common areas.
 Debbie Young (RD), Administrator, will be responsible to make sure new numbers get changed in the future.

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Debbie Young RD		9-8-2014

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Violation Report: 21501 - 08/20/2014 - Rushin, Julienne
 PCH Name: GRAND VIEW MANOR

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 fire drills conducted on 7/24/14, 3/24/14, 1/26/14 and 12/26/13 do not indicate seconds for the amount of time it took for evacuation.

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.

I, Debbi Young RN, will be responsible to write EXACT seconds on fire Drill log.

The administrator shall monitor for ongoing compliance.

M
9/26/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Debbi Young

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

DEBBIE Young RN

Date 9/22/2014

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9/26/14
 (Date)

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 (Date)

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