



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 28, 2015

Ms. Barbara Martinez, Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, Pennsylvania 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, Pennsylvania 19320
License # 197800

Dear Ms. Martinez:

As a result of the Department of Human Services' licensing inspection on November 17, 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, appearing to read "Cybil Bomberger", with a long horizontal line extending to the right.

Cybil Bomberger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: GLENCREST MANOR		License Number: 197800
Address: 115 GLENCREST ROAD, COATESVILLE, PA 19320		County: Chester
Administrator: Barbara Martinez		Region: CENTRAL
Legal Entity Name: GLENCREST MANOR INC		
Legal Entity Address: P.O. BOX 1204, COATESVILLE, PA 19320		
Certificate(s) of Occupancy R-4 10/21/1996 Township of Valley		
Staffing Hours Resident Support: 0 Total Daily Staff: 12 Waking Staff: 9		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/17/2014: Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JAN 27 2015</p> <p>CENTRAL REGIONAL HUMAN SERVICES LICENSING</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13 Number of Residents Served: 12 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: 5 Are 60 Years of Age or Older: 8 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19780 - 11/17/2014 - Hoover, Douglas
 PCH Name: GLENCREST MANOR

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
 There were two unlocked medications sitting on the kitchen table during the duration of the inspection. *Dulera, 100-5 mcg* belonged to resident #1 and *ProAir HFA* belonged to resident #2.

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 used Syringes shall be kept in the locked Medication Cabinet, To prevent this violation from occurring again. After insulin is administered by resident, Staff will retrieve Syringe and place in locked medication Cabinet, and document in the MAR. Staff will have resident administer insulin in medication room each time so steps can be completed and syringe can be locked in the medicine cabinet. This is effective immediately.
 Staff will have resident #1 administer her puffer in medication room.
 To prevent this from happening again, staff will have resident #1 and resident #2, take their puffers in the medication room, so Staff can retrieve puffers right away and store in cabinet and document in the MAR. completed immediately

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *1-27-15*

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

The above plan of correction is approved as of <u>1/28/15</u> (Date)	Plan of correction implementation status as of <u>1/28/15</u> (Date)
The above plan of correction was approved by <u><i>BM</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

Violation Report: 19780 - 11/17/2014 - Hoover, Douglas
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(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 assessment for resident #3, dated 9/10/14, was not updated to reflect the significant change of excessive drinking and alcohol abuse which was documented in the personal care notes as beginning on 9/16/14 to the present.

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 correction to violation 2600.225(c) for resident #3 was corrected on November 17, 2014. On resident #3 assessment and RASP there was information added regarding change in behavior regarding excessive drinking and alcohol abuse.

To prevent this violation in the future all staff will be educated on a regular basis, on the correct information that needs to be supplied on the assessment and RASP when there is a change in the residents health or behavior - monthly

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara Martinez

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

Barbara Martinez, Administrator

Date 1-27-15

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1/28/15
(Date)

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(Date)

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CB
(Initials)

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- Not Implemented

Violation Report: 19780 - 11/17/2014 - Hoover, Douglas
PCH Name: GLENCREST MANOR

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

An assessment was completed for resident #3 on 9/10/14. The support plan for resident #3, dated 9/10/14, was not revised to reflect the change in the resident's need regarding excessive drinking and alcohol abuse.

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 correction to violation 2600.227(c) for resident #3 was corrected on November 17, 2014. On resident #3 assessment there was information added regarding change in behavior regarding excessive drinking and alcohol abuse.

To prevent this in the future all staff will be educated on a regular basis ^(staff meetings) on the correct information that needs to be supplied on the assessment when there is a change in residents health or behavior - monthly

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Martinez, Administrator* Date *1-27-15*

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(Date)

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(Date)

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(Initials)

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Violation Report: 19780 - 11/17/2014 - Hoover, Douglas

PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plan (RASP) for resident #3, dated 9/10/14, was not signed by the resident and there was no notation of refusal or inability to sign the RASP.

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 correction to violation 2600.227(h) was corrected on November 17, 2014. Staff went over RASP with resident #3 and resident #3 signed and dated the RASP. To prevent a similar violation staff will be educated on time frames for Annual Support plans and other needed paperwork. Staff will ensure all required information is completed in the time frames stated to prevent any further violations. Staff will take second looks at all paperwork and follow modules that are set for all paperwork. Administrator will check the paperwork regularly for important signatures. - Monthly

Inability or refusal of a resident to sign will be documented on the Support Plan (RASP). 1/28/15

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

Signature of Legal Entity Representative (Required on EVERY Page) Barbara Martinez

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Barbara Martinez, Administrator Date 1-27-15

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