



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 28 2015

Ms. Courtney N. Bolinsky, Executive Director
Albright Care Services
1700 Normandie Drive
York, Pennsylvania 17408

RE: Normandie Ridge
License #: 351320


Dear Ms. Bolinsky:

As a result of the Department of Human Services' licensing inspection on June 22, 2015 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 24, 2015 to June 24, 2016 was issued on April 1, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: NORMANDIE RIDGE		License Number: 35132
Address: 1700 NORMANDIE DRIVE, YORK, PA 17408		County: York
Administrator: Cathy Seifert		Region: CENTRAL
Legal Entity Name: ALBRIGHT CARE SERVICES		
Legal Entity Address: 1700 NORMANDIE DRIVE, YORK, PA 17408		
Certificate(s) of Occupancy I-2 04/06/2010 West Manchester TWP		
Staffing Hours Resident Support: 0 Total Daily Staff: 36 Working Staff: 27		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/22/2015: Rouse, McKinley; McCloskey, Jason		
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: 66 Number of Residents Served: 25 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: 1 Are 60 Years of Age or Older: 25 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 1

Violation Report: 35132 - 06/22/2015 - Rouse, McKinley
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

The contract for Resident #2, date of admission 04/02/2015, was not signed by the guarantor.

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.

Contracts for new admissions will be reviewed by a designated person to ensure that if a guarantor is named, they have signed documents at all specified areas.

A list of new admissions with completed, signed contract will be reviewed at monthly RSQA meetings for compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert Personal Care Administrator* Date *8/19/15*

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

The above plan of correction is approved as of 8/24/15
 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 8/24/15
 (Date)

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

Violation Report: 35132 - 06/22/2015 - Rouse, McKinley
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa. Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 There was a strong foul smell of mold coming from the walk in refrigerator. The staff of the home stated that periods of high humidity cause condensation on the outside of the door because the seal of the door was not tight.

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 walk-in refrigerator is being replaced with a new unit.
 Replacement will begin on August 24th.
 Temporary refrigerator units will be used to store food while replacement is being completed.

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 (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert Personal Care Administrator* Date *8/19/15*

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Violation Report: 35132 - 06/22/2015 - Rouse, McKinley
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire safety letter dated 03/06/2014, gives a maximum safe evacuation time of 7 minutes 0 seconds, but the fire drill conducted on 08/13/2014, at 2:09AM, was 9 minutes and 13 seconds.

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.

* We performed a repeat fire drill after the failed attempt. We performed that evacuation within the safe evacuation time.

Residents were educated that a fire drill/evacuation during the night time hours should be conducted as any other fire drill/evacuation.

Residents will continue to be educated/reminded about evacuation procedures during monthly Resident Counsel meetings.

Results of drills/evacuations will be reported at monthly RSQA meetings for a period of 6 months

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) *Cathy Seifert - Personal Care Administrator* Date *8/19/15*

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Violation Report: 35132 - 08/22/2015 - Rouse, McKinley
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication administration record and physician's orders for Resident #3's Novolog insulin sliding scale reads:

151-200 = 2 units
 201-250 = 4 units
 251-300 = 6 units
 301-350 = 8 units
 351-400 = 10 units

The pharmacy label for Resident #3's Novolog insulin sliding scale reads:

150-199 = 4 units
 200-299 = 6 units
 300-399 = 8 units

The pharmacy label for Resident #3's Novolog insulin sliding scale does not match the medication administration record or the physician's orders.

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.

Insulin Doctor's orders and pharmacy labels will be checked/ compared each time a new vial of insulin comes from pharmacy.
 If insulin label and Doctor's orders do not match, the doctors orders will be verified. A direction change label will be placed on the pharmacy label as necessary.
 To ensure checks are being completed, documentation will be kept in Margaret's court book.

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 (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert Personal Care Administrator*

Date *8/19/15*

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Violation Report: 35132 - 06/22/2015 - Rouse, McKinley
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1's medication administration record for the prescribed Arthritis Pain ER 650mg tablet was not initialed as administered at 8:00PM on 05/31/2015.

Resident #2's medication administration records for the prescribed Simvastatin 40mg tablet and Refresh eyedrops was not initialed as administered at 8:00PM on 05/30/2015 and 8:00PM on 05/31/2015, respectively.

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.

One staff person on each shift will be assigned to review all resident medication administration records to ensure that all documentation has been completed.

When change over to electronic medication administration- the system will alert staff that a medication administration was not signed for.

Administrator will report review and alerts at monthly RSQA meetings for 3 months.

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