



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 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' annual licensing inspection on August 11, 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.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 19780 - 08/17/2015 - McCloskey, Jason PCH Name: GLENCREST MANOR	
1. REGULATION 55 Pa.Code § 2600 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.	
2a. DESCRIPTION OF VIOLATION The following items were requested at the time of the inspection on 8-11-15: diabetic education certificates for staff who administer insulin, a high school diploma or GED certificate for Staff person B, and a copy of the Administrator's driver's license. The licensing representative received a copy of the Administrator's driver's license on 8-18-15. A copy of Staff person B's high school diploma was received on 8-21-15. No diabetic education training certificates have been received. The home failed to provide requested the documentation to the inspector in a timely manner.	
3. PLAN OF CORRECTION (PIC) (Attach pages as necessary. Remember that you must sign and date every attached page.) <i>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>	
<p>At the present time no one administers insulin at Glencrest Manor. GCM will have designated staff be diabetic trained yearly, one being the administrator, med tech and one other med tech staff. This training will be included in our yearly training schedule to have this completed in a timely manner. Administrator will complete on 10/1/15 and med tech on 11/4/15. Staff person B is the wrong person's diploma was copied and placed in her folder. To ensure this will not happen again GCM will have a check off list of credits with each new employee. This will take place immediately. Copies will be sent to DHS when trainings are completed.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez Administrator</i>	
Date <i>9-22-15</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9/28/15</u> (Date)	Plan of correction implementation status as of <u>9/28/15</u> (Date)
The above plan of correction was approved by <u>BAS</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 - 08/11/15 - McCloskey, Jason
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The home has a digital video camera system with 4 cameras. All cameras are recorded. This includes the camera aimed at the dining room table where the residents eat, and the one in the living room where the residents sit.

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.

ADT Suggested where the Camera's should be without violating anyone's rights to privacy of self and possessions. Glencrest has 4 cameras. One in the Medication room, one in the living room facing the front door, one in the dining room facing the hallway, one in basement (pantry area). There are no cameras in the bathroom, bedrooms that would violate bathing, dressing, changing or medical procedures. The purpose of the cameras is the protection of the residents and Glencrest manor. All the residents are aware of the cameras and its purpose. A camera memorandum was placed in each residents folder with their signature of acceptance. The home shall discontinue the recording of the video monitoring system effective immediately. BMS 9/30/15

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 9-22-15

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

The above plan of correction is approved as of <u>9/30/15</u> (Date)	Plan of correction implementation status as of <u>9/30/15</u> (Date)
The above plan of correction was approved by <u>BMS</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 - 08/11/2015 - McCloskey, Jason
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designated direct care staff person may be the administrator if the administrator provides direct care services.

2a. DESCRIPTION OF VIOLATION
During the hours of 6:00 am through 10:00 am on 08-11-15, while at least 2 residents were present in the home, there were no staff trained as a direct care staff person in the home.

3. PLAN OF CORRECTION (POC) Attach pages as necessary. Remember that you must sign and date an attached page(s).
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 ensure that there is always the correct number of staff present that are trained in direct care in the home at all times Glencrest will train all new and prior staff in Direct care by doing the direct care competency test along with other trainings. All prior staff that were not trained in Direct Care were trained on 8/13/15.
To ensure this does not happen again all new staff will be trained within 24 hours of hire. There will always be a direct care staff present all the time at Glencrest Manor.

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	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	9/28/15 (Date)	Plan of correction implementation status as of 9/28/15 (Date)
The above plan of correction was approved by	BAS (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 - 08/11/2015 - McCloskey, Jason
PCH Name: GLENCREST MAN JR

1. REGULATION 55 Pa.Code § 600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION
On 8-11-15, a half-full quart-size can of Kingsford lighter fluid was unlocked and accessible to residents on the back deck

3. PLAN OF CORRECTION (PCD) (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.

Lighter fluid was found in Cabinet of the gas grill unlocked. Gem will store lighter fluid in a locked Cabinet. After each outdoor event grill is cleaned and locked up. Lighter fluid will always be locked up and this went into effect 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 9-22-15

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

The above plan of correction is approved as of 9/28/15 (Date)
The above plan of correction was approved by BMS (Initials)

Plan of correction implementation status as of 9/28/15 (Date)

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

Violation Report: 19780 - 08/11/2015 - McCloskey, Jason
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2610

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 drill record does not include a drill held in July of 2015.

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 Fire drill record does not include a July drill. The fire drill was done on 7/19/15 at 6am, but was not documented. ACM will have a staff meeting on fire drills and documentation. Staff already met with fire chief of Chester county on 8/16/15 for fire and safety training. The staff meeting on proper documentation and tools you will need to have a drill on will be 9/29/15 at 11:00am

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Debra Martines*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Debra Martines, Administrator*

Date *9-22-15*

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

The above plan of correction is approved as of 9/28/15
(Date)

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

Plan of correction implementation status as of 9/30/15
(Date)

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

Violation Report: 19780 - 08/11/2015 - McCloskey, Jason
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2601
 2600.132(f) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The fire drill log documented that fire alarms were not sounded for the fire drills held from August 2014 through August 2015.

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 smoke detectors were sounded during our fire drills, August 2014 through August 2015. Last year Gem had the fire marshal go through our ADT System.

The home activated a fire alarm for every drill, but improperly noted this on the fire drill log.

The home will continue to activate fire alarm for every drill conducted and shall properly note this on the fire drill log.

The administrator will check the log after each drill to ensure proper documentation.

BAS 9/30/15

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 *9-22-15*

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

The above plan of correction is approved as of <u>9/30/15</u> (Date)	Plan of correction implementation status as of <u>9/30/15</u> (Date)
The above plan of correction was approved by <u>BAS</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 - 08/17/2015 - McCloskey, Jason
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code 2800
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's menus for August and September were posted in the dining room. The menus, written on dry erase boards, only stated the dinner items and did not include breakfast or lunch meals.

3. PLAN OF CORRECTION (PCH) (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 menu for Breakfast and lunch was not posted in the home. Menus for Breakfast and lunch will be posted in a public and conspicuous space, written 1 week in advance and will be followed daily.

To ensure menus are always up to date, they will be done on every first day of the month.

Current menus were corrected immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jason McCloskey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jason McCloskey, Administrator* Date *9-22-15*

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

The above plan of correction is approved as of 9/28/15 (Date)
 The above plan of correction was approved by BMS (Initials)

Plan of correction implementation status as of 9/28/15 (Date)

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

Violation Report: 19780 - 08/17/15 - McCloskey, Jason
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §200
 2600.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.

2a. DESCRIPTION OF VIOLATION
 Per interview with Staff Person B, menus are erased at the end of the month so that no record of food served is maintained beyond the last day of the current month.

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.

All menus will be copied from previous month and kept in a folder. GCM will keep the menus up to a year. This action took place immediately.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Montenegro, Administrator* Date *9-22-15*

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

The above plan of correction is approved as of 9/28/15 (Date)
 The above plan of correction was approved by BMS (Initials)

Plan of correction implementation status as of 9/28/15 (Date)

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

Violation Report: 19780 - 08/11/15 - McCloskey, Jason
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2100
2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
On 8-11-15, *Levemir Flexpens* for Resident 2 and *Lumigan 0.01%* eye drops for Resident 3 were unlocked and accessible in the refrigerator in the office.

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.

On 8/11/15, flexpens and lumigan eyedrops were unlocked in the refrigerator in the office/med room. The refrigerator has a lock on it which was locked immediately on 8/11/15. All staff was informed that it should be locked after every use. At the beginning of each shift the lock will be checked by the exiting staff. The key to the lock will be placed in a designated place for all staff. ACM and Staff will discuss proper storage and secured medication procedures at the treatment team meeting on 9/09.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Martner, Administrator* Date *9-22-15*

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

The above plan of correction is approved as of <u>9/28/15</u> (Date):	Plan of correction implementation status as of <u>9/28/15</u> (Date):
The above plan of correction was approved by <u>BMS</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 - 08/11/2015 - McCloskey, Jason
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2610

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

The prescription medication *Humalog Insulin* belonging to Resident 2 was not present in the home. Staff person B stated that the order on the medication administration record had been discontinued as the home does not accept residents who are prescribed sliding scale insulin. The home did not have a written order from the prescriber discontinuing the medication.

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 Humalog for resident 2, was not present in the home, due to her never being on it. Staff called family doctor and received a VTO to be the Humalog on 8/13/15.

To ensure this matter does not happen again, staff will go over all orders from doctors and ensure they are properly taken off the MAR. Med tech or Administrator will recheck to make sure correction is made.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara Martinec

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

Barbara Martinec, Administrator

Date 9-22-15

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

The above plan of correction is approved as of

9/28/15
(Date)

Plan of correction implementation status as of

9/28/15
(Date)

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

The above plan of correction was approved by

BMS
(Initials)

Req 2606 187(2a)

PAGE 12A W-14

All med's will be rechecked
for Name, medication, dose,

Strength, route, time, Doctors
name and diagnosis

they will be checked weekly

Correction was made on 8/11/15

Barbara Martinez
Barbara Martinez, Administrator 9-22-15

Violation Report: 19780 - 08/11/2015 - McCloskey, Jason
PCH Name: GLENGREST MANOR

1. REGULATION 55 Pa. Code §21.30
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 8/11/2015, the prescribed Oxycodone / APAP 5 - 325 mg for Resident 4 was not present in the home and available to be administered.

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.

Resident 4 has never received Oxycodone - he never had a order for the medication when he moved into GCM. Staff contacted PCP and they stated resident 4 no longer had refills on that medication. GCM and PCP contacted pharmacy to inform them resident was no longer on the med on 8/14/15.

The med is now off the MAR, to ensure this does not happen again staff will make sure they have a order or DC order.

All changes will be double checked by med tech or administrator

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Sarah Martinez, Administrator Date 9-22-15

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

The above plan of correction is approved as of <u>9/28/15</u> (Date)	Plan of correction implementation status as of <u>9/28/15</u> (Date)
The above plan of correction was approved by <u>BAS</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 - 08/11/15 - McCloskey, Jason
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §21.00
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home's medication administration training record for Staff Persons A and B does not include documentation of the completion of diabetic education.

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.

All trainings are documented in the staff training log. Staff B had diabetic training through DHS in York on 6/11/15 and misplaced certificate.

All training's will be documented in training book when completed.

Staff will attend all required trainings.

* Copies of training certificates shall be maintained in each employees file. BAS 9/30/15

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 Date
 (Required on EVERY Page) *Barbara Martinez Administrator 9-22-15*

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

The above plan of correction is approved as of 9/30/15
 (Date)

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

Plan of correction implementation status as of 9/30/15
 (Date)

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