



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Ms. Debbie Young, Administrator
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 Human Services' annual licensing inspection on August 18, 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
/s/

Enclosure
License Inspection Summary

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

PCH Name: GRAND VIEW MANOR		License Number: 21501
Address: 129 HOUCK ROAD, FLEETWOOD, PA 19522		County: Berks
Administrator: Debbie Young		Region: NORTHEAST
Legal Entity Name: ASSURED CARE INC		
Legal Entity Address: 129 HOUCK ROAD, FLEETWOOD, PA 19522		
Certificate(s) of Occupancy		
C-2 LP	I-1	
01/09/1998	10/08/1997	
Department of L&I	Ruscombmanor Township	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/18/2015: Hummel, Jesse; Dumas, Gerald		
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: 54	Number of Residents who:	
Number of Residents Served: 50	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 50	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 21501 - 08/18/2015 - Hummel, Jesse
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined through an interview with Administrator A that resident #1 occasionally uses a cane to ambulate. The resident's assessment and support plan do not indicate the resident utilizes a cane to ambulate. The assessment and support plans for resident #2, completed on 8/12/15 and resident #3, completed on 11/30/14, do not indicate that these residents are receiving home health services.

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, Debbie Young RN, Administrator will document use of cane, and names of Home Health Services that are seeing the residents on the RASP. I will also add to any current resident RASPs this information also.
 Debbie Young RN will be responsible for this documentation. Adm or designee will oversee residents' RASPs are complete in reference to medical, dental, vision, hearing, mental health or other behavioral care services, or referrals to outside services to ensure that all needs that are assessed have a support plan in place to meet these needs & by when,


Repeat Violation: No Date(s) of Previous Violation(s): and w/ frequency. 10/06/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN** Date **9-10-2015**

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

The above plan of correction is approved as of 10/06/15 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 10-06-15 (Date)

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

Violation Report: 21501 - 08/18/2015 - Hummel, Jesse
PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #1 participated in the development of the resident's assessment and support plan completed on 1/19/15; however the finalized assessment and support plan was not signed by the resident.

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, Debbie Young, RN Administrator will be responsible to have resident sign the RASP or ✓ the box declined, etc.

Adm as designee will ensure that all support plans are signed & dated by those who participate in it's development, or not why.

Q 10-6-15


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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN** Date **9-10-2015**

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