



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 8, 2016

Mr. Harrison G. Sanders, CEO
Harrison Senior Living of Coatesville LLC
300 Strode Avenue
Coatesville, Pennsylvania 19320

RE: Harrison Senior Living of Coatesville
Certificate #: 105660

Dear Mr. Sanders:

As a result of the Department of Human Services' licensing inspection on October 14, 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 cursive script, appearing to read "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 10566 - 10/14/2015 - O'Pake, Hope
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On August 24, 2015, an allegation of abuse against Resident #1 was reported to Staff Member A. The home did not report the allegation to the Department of Aging until September 2, 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.

- A. A Review of Regulation 55 PA Code §2600 2600.15(a) was done with the EXECUTIVE Director and the Director of Resident Services. All staff will be trained regarding reporting requirements/OAPSA by 6/30/16. -BE
- B. Forth coming the home will immediately report suspected abuse of a resident served in the home immediately to the local Department of Aging.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) Jean C. Bryan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jean C. Bryan, Executive Director</u>	Date <u>12/14/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-8-16</u> (Date)	Plan of correction implementation status as of <u>3-8-16</u> (Date)
The above plan of correction was approved by <u>BE</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: 10566 - 10/14/2015 - OPake, Hope
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On August 24, 2015, an allegation of abuse against Resident #1 was reported to Staff Member A. The home did not report the allegation to the Department of Human Services until September 3, 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.

- A. A review of Regulation 55 PA. Code §2600 2600.16(c) was done with the EXECUTIVE Director and the Director of Resident Services. Staff training will also be conducted by 6/30/16 regarding reportable incidents. -BE
- B. Forthcoming the home will immediately report the incident or condition to the Department of Human Services personal care home regional office or the personal care home complaint hotline within 24 hours.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan, EXECUTIVE Director</i>			Date <i>12/14/15</i>	

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Violation Report: 10566 - 10/14/2015 - OPake, Hope
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION

Resident #1 requested assistance with shopping from Staff Member B, which was provided. Staff Member B then used the credit card belonging to Resident #1 to purchase personal items totalling \$208.00.

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.

A. Scheduled Annual inservice for ancillary Staff which included Staff member B was done on August 25 and August 27, 2015.

Staff was included on a discussion about Resident Funds and property only being used for the resident's benefit. This is also stated in the employee handbook.

B. The home will re-visit / update house rules to address the use of residents' cards / Personal property. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jean C. Bryan, Executive Director* Date *12/14/15*

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The above plan of correction is approved as of 3-8-16 (Date)

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

Plan of correction implementation status as of 3-8-16 (Date)

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