



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 19, 2016**

Mr. Danny Prosky, President  
GAHC3 York PA ALF TRS SUB, LLC  
18191 Von Karman Avenue Suite 300  
Irvine, California 92612

**RE: Senior Commons at Powder Mill**  
1775 Powder Mill Road  
York, Pennsylvania 17403  
License #: 332100

Dear Mr. Prosky:

As a result of the Department of Human Services' licensing inspections on December 15, 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.

The 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 "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 33210 - 12/15/2015 - Heemer, Laura  
PCH Name: Senior Commons at Powder Mill

1. REGULATION 55 Pa.Code §2800  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 12/4/15 Staff Member A treated Resident #1 in an undignified manner when Staff Member A told Resident #1 that the resident should wear Depends in order to not wet the bed. Resident #1 became upset by the way that Staff Member A said this to the resident.

On 12/4/15, Staff member A treated Resident #2 in an undignified manner when Staff member A told another staff member that Resident #2 wet the bed, in front of Resident #1. Staff Member A continued making the comments and would not allow Resident #2 to explain that the resident had not wet the bed and the bed was wet for another reason. The comments made by Staff member A caused Resident #2 to become tearful.

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.

Staff members are trained upon hire and annually on resident abuse and neglect. A staff member treated two residents in an undignified manner regarding incontinence issues. Other staff and the residents immediately reported the incidents. The staff member in question agreed she had made the inappropriate statements to the residents. All reporting procedures were followed and completed in a timely fashion. The facility will continue to educate staff, investigate complaints and report as required in a timely manner.

Staff member A's employment with the personal care Home was terminated.

BAS 1/19/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Danielle R. Reed*

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

Danielle R. Reed

Date

1/7/16

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

The above plan of correction is approved as of

1/19/16  
(Date)

Plan of correction implementation status as of

1/19/16  
(Date)

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

The above plan of correction was approved by

BAS  
(Initials)

Violation Report: 33210 - 12/15/2015 - Heemer, Laura  
PCH Name: Senior Commons at Powder Mill

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Between the period of 11pm on 12/9/15 until 7am on 12/10/15, there were 141 Residents present in the home. During this time there were only 2 staff members in the home who were certified in first aid and CPR when 3 staff members trained in CPR and first aid were required.

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.

First aid and CPR classes have been rescheduled for the Senior Commons facility to occur on a quarterly basis. All night shift employees will be required to attend the class first and a monitoring system will be completed and maintained by the office administration staff to insure that staff are notified prior to their certification expiration dates.

\* The administrator will review all schedules to assure that sufficient staff with First aid/CPR training are scheduled

BRAS 1/5/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Danielle R. Reed

Date 1/7/16

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

The above plan of correction is approved as of 1/19/16  
(Date)

Plan of correction implementation status as of 1/19/16  
(Date)

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

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

Violation Report: 33210 - 12/15/2015 - Heemer, Laura  
PCH Name: Senior Commons at Powder Mill

**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**

Resident # 3 has not received an assessment since the initial assessment completed on [redacted] 14, more than one year ago. Nor does the initial assessment adequately reflect the needs of the resident. Resident #3 requires assistance with transferring into and out of a wheel chair and into and out of bed. However, Resident #3's assessment does not document these needs.

**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.*

Residents Assessment will be completed upon admission, annually and when there is a change in condition. This resident's assessment was updated to include her need for more assistance with transferring. All staff have been advised to report any changes they observe in resident's abilities with ADL's or IADL's to the nursing coordinator, director of wellness, supervisor or administrator so that assessments can be done and needs can be care planned for all residents. Resident assessments will be reviewed periodically to insure that their needs are being met.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed* Date *1/7/16*

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

The above plan of correction is approved as of <u>1/19/16</u> (Date)	Plan of correction implementation status as of <u>1/19/16</u> (Date)
The above plan of correction was approved by <u><i>BR</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