



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Mr. Scott A. Farabaugh, Owner/Administrator
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
License #: 432100

Dear Mr. Farabaugh:

As a result of the Department of Human Services' annual licensing inspections on January 4, 2016, February 29, 2016 and May 23, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE		License Number: 43210
Address: 300 UNION AVENUE, AVALON, PA 15202		County: Allegheny
Administrator: Scott Farabaugh		Region: WEST
Legal Entity Name: NEW HOPE GRACIOUS SENIOR COMMUNITY		
Legal Entity Address: 300 UNION AVENUE, AVALON, PA 15202		RECEIVED
Certificate(s) of Occupancy I-2 03/07/2008 Avalon Borough		MAY 18 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 86	Waking Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/04/2016: Barry, Courtney; Georgoullis, Karen 01/05/2016: Barry, Courtney; Georgoullis, Karen 02/29/2016: Barry, Courtney		
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: 85 Number of Residents Served: 73 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: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

In Allegheny County, a certified food protection safety manager is required to be on-site during all hours of operation in facilities where food preparation and handling take place; however, there were no staff with a valid Servsafe certification present in the home during meal preparation between the hours of 10:30 a.m. - 6:30 p.m. on the following dates: 10/14/15, 10/15/15, 10/28/15, 10/29/15, 11/14/15, 11/15/15, 11/28/15, and 11/29/15.

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.

Henceforth, ALL cooks must possess a valid Servsafe certificate. A Servsafe certificate is now a condition of hire. The cook who did not possess a Servsafe certificate at the time of the inspection is no longer employed at New Hope. His replacement has a valid Servsafe certificate (see attached).

Immediately - The administrator will ensure that a certified food protection safety manager is on-site during all hours of operation, when food handling and preparation take place.

Shells

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott Fairbaugh

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

SCOTT FAIRBAUGH, ADMINISTRATOR

Date

5/13/16

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

The above plan of correction is approved as of

8/29/16
(Date)

Plan of correction implementation status as of

8/29/16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The 2015 training record for staff person A does not include the source of the 2015 trainings.

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.

Although it is not possible to correct the violation from 2015, henceforth, all staff will use the new and improved Training Record Form. This new form includes a column for documenting the training source, (see attached).

Immediately - All staff who track staff trainings will be educated on recording all required information on training records, including the training source.

8/29/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Forabough*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Forabough, ADMINISTRATOR* Date *5/13/16*

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

The above plan of correction is approved as of <u>8/29/16</u> (Date)	Plan of correction implementation status as of <u>8/29/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

MAY 16 2016

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 1/5/16, the following poisons, with manufacturers' labels indicating get medical attention and contact poison control center were unlocked and accessible to residents in Bedroom V:

- *Six containers of Denture Cleaning tablets
- *One 4 ounce tube of Medline with Olivamine skin repair cream
- *One 22.7 ounce bottle of Resolve Cleaner Stain Remover
- *One 19 ounce bottle of Lysol Disinfectant Spray

Not all of the residents are assessed as able to safely use or avoid poisonous materials including resident #1.

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.

- Immediate Correction:
 - All items were removed at the time of the inspection.
- Specific process changes to be made and by whom:
 - During the "Change of Shift Walk-Through," oncoming staff will check each room to ensure compliance. On 5/16/16, the Administrator shall draft and circulate a Directive indicating this change.
 - The House Rules section of the Resident Agreement has been amended to clarify what is meant by poisonous substances, (see attached).
 - A memorandum will be mailed along with next month's invoices (May 21, 2016), reminding family members to NOT bring any product into the home that bears a manufacturer's label that states "get medical attention and contact poison control center, if consumed."
- Ongoing compliance and education
 - On 5/16/16, the Assistant Administrator shall revise training forms related to the "Walk-through" process to include a visual inspection of each room for poisonous substances.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Scott Farabaugh</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Scott Farabaugh, ADMINISTRATOR</i>	<i>5/13/16</i>

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The above plan of correction was approved by <u><i>[Signature]</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

MAY 10 2016

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 1/4/16, garbage was overflowing from the top of the dumpster and the lids were unable to be closed. Also, there were 5 boxes to the left of the dumpster, two of which contained full trash bags and 3 boxes behind the dumpster.

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.

- Immediate Correction:
 - Trash beside the dumpster was removed at the time of the inspection.
- Specific process changes to be made and by whom:
 - New Hope has a contract with a waste removal company that routinely removes trash every Tuesday and Friday.
 - Friday, January 1, 2016 was a holiday. As a result, our usual Friday trash removal did not occur. Therefore, when the inspectors came on Monday, January 4, 2016, the trash was out of compliance. The garbage removal company removed everything on Tuesday and the inspectors observed that it had been removed.
 - In the future, when a holiday affects trash day, the Maintenance Director shall ensure that trash is compacted in a manner that enforces compliance. On 5/16/16 the Administrator shall draft a Directive to the Maintenance Director for him to display in his work bench area.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SCOTT FARABAUGH, Administrator* Date *5/13/16*

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The above plan of correction was approved by <u>(Signature)</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: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/5/16, at approximately 2:34 p.m., there was a hole in the ceiling of the medication room, approximately 16" x 16", exposing the metal air vent hose.

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.

- Immediate Correction:
 - A temporary screen shall be placed over the opening on 5/16/16.
- Specific process changes to be made and by whom:
 - The Administrator shall order a new ventilation grate on 5/16/16.
 - In order to ensure ongoing compliance, henceforth, a temporary screen shall be placed over any uncovered ventilation opening until the permanent one is delivered and installed.
 - On 5/16/16, the Administrator shall direct the Maintenance Director to immediately read the "Physical Site" section of the Regulatory Compliance Guide.

Immediately - A designated staff person will monitor the home at least weekly to ensure walls, ceilings, doors and other surfaces are in good repair.

CF

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh, ADMINISTRATOR* Date *5/13/16*

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

The above plan of correction is approved as of 8/29/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

The above plan of correction was approved by *CF*
(Initials)

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

MAY 16 2016

Regulation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 1/4/16, at approximately 11:50 a.m., the hot water temperature at the sink in bedroom B measured 126.1°F.

On 1/4/16, at approximately 11:55 a.m., the hot water temperature at the sink in the shower room between bedrooms D and E measured 124.7°F.

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.

- Immediate Correction:
 - The thermostat on the water heater has been turned down to ensure that temperatures don't exceed 120 degrees Fahrenheit.
- Specific process changes to be made and by whom:
 - In order to ensure ongoing compliance, on 5/16/16, the Administrator shall give a written directive to the Maintenance Director indicating that on a monthly basis he must check hot water temperatures in a random sampling of areas that residents have access to. He will do this on the same day that he checks fire extinguishers.
 - On 5/16/16, the Administrator shall direct the Maintenance Director to immediately read the "Physical Site" section of the Regulatory Compliance Guide.

Immediately - A designated staff person will monitor hot water temperatures daily for at least 2 weeks, then at least weekly thereafter, if temperatures are consistently no higher than 120°F, and record temperature to ensure they remain safe, no higher than 120°F. *3/8/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SCOTT FARABAUGH* Date *5/13/16*

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

The above plan of correction is approved as of 8/29/16 (Date)

Plan of correction implementation status as of 8/29/16 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

MAY 16 2016

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 1/4/16, the maintenance room door was unlocked and the room was unattended. It contained tools including a circular saw that was plugged in and accessible to residents, including residents diagnosed with dementia, posing a cutting hazard.

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.

- Immediate Correction:
 - On 5/16/16, the Administrator shall give the Maintenance Director a written Directive indicating that each and every time he leaves the workbench room, even if it's just for a minute, he must lock the door as he leaves..
- Specific process changes to be made and by whom:
 - In order to ensure ongoing compliance, on 5/16/16, the Administrator shall order a door that automatically locks upon closing. Re-entry will require an individual to know the code on a keypad.
 - On 5/16/16, the Administrator shall direct the Maintenance Director to immediately read the "Physical Site" section of the Regulatory Compliance Guide.

Immediately - A designated staff person on each shift will monitor the home to ensure no hazards are accessible to residents, including items in the maintenance room.

Scott Farabaugh

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh* Date *5/13/16*

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

The above plan of correction is approved as of 8/29/16 (Date) Plan of correction implementation status as of 8/29/16 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 16 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 1/4/16, at 9 a.m., the walkway and front steps leading to the main entrance were covered in approximate 1/4" of snow.

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.

- Note: New Hope retains the services of a snow removal company. In addition, we own a snow blower and a quad with a snow plow. Also, during the winter months we maintain salt boxes in strategic outdoor locations that are inaccessible to residents.
- Immediate Correction:
 - On 1/4/16, the Maintenance Director cleared the snow from the front steps.
- Specific process changes to be made and by whom:
 - In order to ensure ongoing compliance, at the start of a snowfall, and until such time as the snow removal company arrives, the Maintenance Director shall salt all outside walkways, ramps, steps, recreational areas and exterior fire escapes. In his absence, the supervisor on-duty, or his/her designee, shall salt those areas until the snow removal company arrives.
 - On 5/16/16, the Administrator shall direct the Maintenance Director to immediately read the "Physical Site" section of the Regulatory Compliance Guide.
 - On 5/17/16, the Administrator shall revise the Supervisor job description to include this duty.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Forubayh, Administrator* Date *5/13/16*

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

The above plan of correction is approved as of 8/25/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 13 2016

1. REGULATION 55 Pa.Code §2600
 2600.101(f) - Each bedroom must have a window with direct exposure to natural light
 WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Bedroom V does not have a window with direct exposure to natural light and one resident resides in this room.
 The window is blocked by a wooden structure that is permanent in nature.

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.

- Immediate Correction:
 - On 1/4/16, the resident was moved to another room.
- Specific process changes to be made and by whom:
 - The room was modified to become a suite with an adjoining room. Now the room is exposed to natural light and therefore in compliance. Pursuant to the Avalon Borough Building Inspector, a Building Permit was not needed for this minor modification.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Scott Farabaugh, Administrator</i>	Date <i>5/13/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/29/16</u> (Date)	Plan of correction implementation status as of <u>8/29/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 16 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 1/4/16, at approximately 11:02 a.m., the temperature in the three-door stainless steel refrigerator measured 46°F; at 1:50 p.m. the temperature measured 42°F degrees; and at 3:20 p.m. the temperature measured 44°F.

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.

- Immediate Correction:
 - On 1/5/16 a service man was called to the home to service the refrigerator. It was discovered that the exterior thermometer gauge was not working properly. As a result, we no longer rely on the exterior gauge. We now use interior thermometers to monitor temperatures.
- Specific process changes to be made and by whom:
 - The cook on duty must monitor and document refrigerator temperatures on a form that is posted on the refrigerator in question.
 - Note: the walk-in cooler and freezer temperatures are documented daily.

Immediately - The administrator or a designee will monitor refrigerator and freezer temperatures at least monthly, to ensure food is stored at safe temperatures.

8/29/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott Farabough

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

Scott Farabough

Date

5/13/16

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

The above plan of correction is approved as of

8/29/16
(Date)

Plan of correction implementation status as of

8/26/16
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 16 2016

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/4/16, at approximately 11:02 a.m., there were multiple containers of unsealed food, with lids lying on top of the containers, in the 3rd door of the three-door stainless steel refrigerator including:

- *1 large container of hot dogs
- *2 containers of fruit salad

On 1/4/16, at approximately 2 p.m., there was unsealed liver and chicken in an opened box in the walk-in freezer.

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.

- Immediate Correction:
 - On 1/4/16, we sealed the lids. New lids were ordered to ensure a good fit.
- Specific process changes to be made and by whom:
 - The cook on duty must ensure that all foods are in closed or sealed containers. The General Manager, who is responsible for training and managing cooks shall do weekly unannounced inspections. Disciplinary action shall be take for non-compliance.
 - On 5/17/16, the General Manager shall prepare and post reminder signage on the exterior of the working three-door refrigerator.
 - On 5/16/16, all dietary staff shall be required to immediately re- read all sections of the Regulatory Compliance Guide that apply to the dietary department.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sara Karabawich, Administrator</i>	Date <i>5/13/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/29/16</u> (Date)	Plan of correction implementation status as of <u>8/29/16</u> (Date)
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Violation Report: 43210 - 01/04/2016 - Barry, Courtney
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 18 2016

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/4/16, at approximately 11:10 a.m., there was a can of Crisco, expired 5/13/15, under the prep counter in the kitchen. There was yellow residue on the exterior of the can.

On 1/4/16, at approximately 2 p.m., the following outdated foods were in the upper cabinet near the microwave: 2 cans of vegetable soup with expiration dates of 2/15/15, and 4 cans of cream of mushroom soup with expiration dates of 8/12/15.

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.

- Immediate Correction:
 - On 1/4/16, the can of Crisco was discarded.
- Specific process changes to be made and by whom:
 - The head cook must inspect all food on a weekly basis to ensure that there are no outdated foods on the premises.
 - The General Manager, who is responsible for training and managing cooks, shall do weekly unannounced inspections. Disciplinary action shall be taken for non-compliance.
 - On 5/16/16, the General Manager shall prepare and post reminder signage in all food storage areas.
 - On 5/16/16, all dietary staff shall be required to immediately re-read all sections of the Regulatory Compliance Guide that apply to the dietary department.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Scott Parabagh, Administrator</i>	Date <i>5/13/16</i>
--	---------------------

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

The above plan of correction is approved as of <u>8/29/16</u> (Date)	Plan of correction implementation status as of <u>8/29/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 1/4/16, the home served 73 residents; however, there is no supply of emergency drinking water were stored in the home. The home has a 250-gallon water buffalo tank; however, after the water was used initially, the tank was never refilled, and it was moved to another location in the home in December 2015, according to staff person C.

The home does not have a contract with a drinking water supplier for immediate delivery of water in the event of an emergency.

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.

- Immediate Correction:
 - On 1/4/16, the tank was filled with fresh water. Note: the tank had been moved only 10 feet due to the addition of shelving being placed in the original spot. The Maintenance Director who moved the tank was remiss in re-filling it.
- Specific process changes to be made and by whom:
 - During his monthly inspections (fire extinguishers, water temperatures, etc.), the Maintenance Director shall also check the water buffalo. *Documentation will be kept 8/29/16*
 - On 5/16/16, the Maintenance Director shall be required to re-read applicable sections of the Regulatory Compliance Guide.

Immediately - The administrator will monitor the emergency water supply at least monthly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/08/2014 et al
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Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Parabough*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Scott Parabough, Administrator</i>	Date <i>5/13/16</i>
---	---------------------

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

The above plan of correction is approved as of 8/29/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #2 indicates that he/she is unable to hear the smoke detector or fire alarm system when asleep. While there are strobe lights installed in the home, interviews indicate staff must assist this resident in waking up during a drill, as neither the fire alarm system nor the strobe light wake this 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.

Administrator working with maintenance and alarm company to install bed shaker / vibrating pillow for resident #2.

• Immediate Correction:

- On 5/16/16 [redacted] RASP will be revised to indicate that [redacted] requires total assistance in evacuating in an emergency.
- On 5/16/16, New Hope will contact [redacted] physician and ask him to revise [redacted] DME to indicate that [redacted] is totally immobile. This will ensure that, despite not being able to hear the alarm, and in case [redacted] does not see the strobe, [redacted] will safely exit the building with the assistance of staff.

• Specific process changes to be made and by whom:

- A resident, who is unable to hear the fire alarm shall always be designated as immobile on his or her DME and RASP.

Immediately. A bed shaker, or vibrating pillow will be provided for the resident #2 in addition to the strobe lighting. The resident will be educated on its operation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Scott Parshbaugh, Administrator

Date

5/13/16

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

The above plan of correction is approved as of

9/5/16
(Date)

Plan of correction implementation status as of

9/5/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

MAY 16 2016

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 According to records from the home's fire alarm monitoring company, the home's alarm system was placed on hold for hours at a time, reportedly on days fire drills were to be held. No fire watch procedures were implemented and no fire safety checks were performed as follows:
Fire drill date Time Alarm on Hold
 *7/20/15 - 6 hours, 17 minutes
 *10/6/15 - 2 hours, 49 minutes
 *11/25/15 - 3 hours, 9 minutes

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.

- Immediate Correction:
 - On 5/15/16, the fire drill policy was revised to ensure that during fire drills, the monitoring service would be instructed to take us "off-line" for a maximum of ten minutes (see attached).
- Specific process changes to be made and by whom:
 - On 5/16/16, the Administrator will direct the General Manager, who is responsible for fire drills, to read the revised policy. The Administrator shall monitor the General Manager's performance as it relates to conducting fire drills and provide remedial education if indicated.

*Immediately and at least monthly thereafter -
 The administrator will obtain records from the fire alarm company to ensure the fire alarm is placed on hold only for the duration of monthly fire drills and is activated immediately afterward.*

8/29/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/08/2014 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Scott Farabaugh, Administrator* Date *5/13/16*

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

The above plan of correction is approved as of 8/29/16 (Date)

Plan of correction implementation status as of 8/29/16 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

MAY 18 2016

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person C, the administrator, indicated the fire alarm pull station is activated for all fire drills. The home has an interconnected fire alarm system which is monitored by a third-party fire alarm monitoring company. However, the fire alarm company records indicate the fire alarm was not activated during the times fire drills were recorded on the home's fire drill record. The home's fire drill record indicates fire drills were conducted on the following dates and times:

- 6/27/15 at 2:30 p.m.
- 8/22/15 at 5:50 a.m.
- 9/26/15 at 2:10 p.m.

The home did not conduct a fire drill during December 2015. On 12/9/15 at 10:30 p.m. the home's fire alarm activated for undetermined reasons. Staff person C, the administrator, recorded the event as a fire drill, and indicated he made up an evacuation time, as the evacuation was not timed.

Routinely when the administrator is not on-site, he calls the administrator designee instructing them to pull the fire alarm and conduct a fire drill. The administrator designee is notified about the drill, pulls the fire alarm and participates in the evacuation. Multiple staff stated that they are sometimes told about planned fire drills prior to the alarm going off.

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.

Fire drills were conducted on 1/24/16 at 4 p.m., 2/11/16 at 1:30pm, 3/30/16 at 2:0 pm, 4/28/16 at 3pm, 5/18/16 at 5:40am, 6/21/16 at 1:45pm, 7/1/16 at 6:15pm and 8/15/16 at 9:45am and 9/2/16 at 4:52am. Fire drills were unannounced. On 9/5/16

• Immediate Correction:

- On 1/6/16, The General Manager, [redacted] who possesses a valid Personal Care Home Administrator's license, became responsible for fire drills.

• Education and process for ensuring ongoing compliance:

- On 5/16/16, the Administrator will give a written directive to the General Manager, indicating that [redacted] must re-read the fire safety section of the Regulatory Compliance Guide on a monthly basis. The Administrator shall monitor the General Manager's performance ^{at least monthly} as it relates to conducting fire drills and provide remedial education, if indicated.

Immediately - All staff will be reeducated on fire drills and the requirement that all are unannounced.

Repeat Violation: No

Date(s) of Previous Violation(s):

8/31/16

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

Scott Fumbaugh, Administrator

Date

5/13/16

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

The above plan of correction is approved as of

9/5/16
 (Date)

Plan of correction implementation status as of

9/5/16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Initials]
 (Initials)

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

Staff person C, the administrator, indicated that a fire alarm pull station is activated for all fire drills. The home has an interconnected fire alarm system which is monitored by a third party fire alarm monitoring company. The fire alarm company records indicate that the fire alarm was not activated during the fire drills recorded on the home's fire drill record. The home's fire drill record indicates fire drills were conducted on the following dates and times:

- 6/27/15 at 2:30 p.m.
- 8/22/15 at 5:50 a.m.
- 9/26/15 at 2:10 p.m.

On 12/9/15 at 10:30 p.m. the home's fire alarm was activated for undetermined reason. The home's administrator, staff person C, recorded the event as a fire drill; however, no staff timed the fire drill and the administrator stated he/she just made up an evacuation time.

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.

Fire drills conducted on 1/26/16 at 4PM, 2/13/16 at 1:30PM, 3/30/16 at 2:10PM, 4/26/16 at 3PM, 5/18/16 at 5:40AM, 6/21/16 at 1:45PM, 7/14/16 at 6:15PM and 8/15/16 at 9:45AM, and 9/21/16 at 1:52AM. FIRE ALARM ACTIVATED.

- Immediate Correction:
 - o On 1/6/16, The General Manager, [redacted], who possesses a valid Personal Care Home Administrator's license, became responsible for fire drills.
- Education and process for ensuring ongoing compliance:
 - o On 5/16/16, the Administrator will give a written directive to the General Manager, indicating that he must re-read the fire safety section of the Regulatory Compliance Guide on a monthly basis. The Administrator shall monitor the General Manager's performance as it relates to conducting fire drills and provide remedial education, if indicated.

Immediately - The fire alarm will be activated for each fire drill. The administrator will get fire alarm company records at least quarterly to ensure fire alarm company kept of fire drills.

All staff who complete fire drill log will be educated on its accurate completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 7/16/16
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 9/13/16
(Date)

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

MAY 13 2016

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 12/9/15 at 10:30 p.m., there were 71 residents in the home. The home conducted a fire drill at that time and only 69 residents evacuated. Residents #3 and #4 did not evacuate.

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.

- Immediate Correction:
 - On 5/16/16, the Administrator shall draft and distribute a Directive to all staff and residents reminding them that participation in fire drills is mandatory. The General Manager shall assist residents in reading, understanding and signing the Directive. The General Manager shall ensure that the Directive is read and signed by each and every staff person. The signed Directives shall be placed in each staff person and resident's file.
- Education and process for ensuring ongoing compliance:
 - On 5/16/16, the Administrator will give a written directive to the General Manager, indicating that he must re-read the fire safety section of the Regulatory Compliance Guide on a monthly basis. The Administrator shall monitor the General Manager's performance as it relates to conducting fire drills and provide remedial education, if indicated.

Fire drills were conducted on 6/21/16 at 1:45pm, 7/11/16 at 6:15pm, 8/15/16 at 9:45am and 9/2/16 at 4:52am and all residents evacuated.

JA 9/5/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/08/2014 et al
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Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh, Administrator* Date *5/13/16*

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

The above plan of correction is approved as of <u>9/5/16</u> (Date)	Plan of correction implementation status as of <u>9/5/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home's most recent sleeping hours fire drill was conducted on 9/15/14.

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.

- Immediate Correction:
 - On 1/6/16, The General Manager, [REDACTED] who possesses a valid Personal Care Home Administrator's license, became responsible for fire drills.
- Education and process for ensuring ongoing compliance:
 - On 5/16/16, the Administrator will give a written directive to the General Manager, indicating that he must re-read the fire safety section of the Regulatory Compliance Guide on a monthly basis. The Administrator shall monitor the General Manager's performance as it relates to conducting fire drills and provide remedial education, if indicated.

A sleeping hours fire drill was conducted on 9/2/16 at 5:20 A.M. Fire drill was unannounced and all residents evacuated.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh, Administrator* Date *5/13/16*

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

The above plan of correction is approved as of 9/5/14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 9/5/16
(Date)

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

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MAY 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for resident #6 does not include a diagnosis or purpose for the following medications:

- *Robafen DM syrup, take 5ml every 6 hours as needed
- *Docusate Sodium 100mg tablet, take 1 tablet once a day
- *Escitalopram 5mg tablet, take 1 tablet once a day
- *Losartan 100 mg tablet, take 1 tablet once a day
- *Warfarin Sodium 6mg tablet, take 1 tablet every evening
- *Risamine ointment, apply topically to buttocks as needed

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.

See attached

See Page 21A of 24

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Farabaugh, Administrator* Date *5/13/16*

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

The above plan of correction is approved as of 8/29/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

- Immediate Correction:
 - On 5/6/16, the Administrator shall give a written directive to the Resident Care Coordinator assigning her the task of requesting the physician to add the diagnosis/purpose to the prescriptions for resident #6.
- Education and process for ensuring ongoing compliance:
 - On 5/16/16, the Administrator will give a written directive to the Resident Care Coordinator, indicating that she and her staff must systematically review all Medication Administration Records for all residents to ensure compliance. MARs that are found to be out of compliance shall be corrected by June 1, 2016.
 - Going forward, the Resident Care Coordinator's job description and training materials shall be amended to specifically direct the staff person to review all new physician orders and take immediate action to correct any order that is missing a diagnosis or purpose.

Immediately- A designated staff person will review MARs for all residents at least monthly, to ensure MARs include all required information, including the diagnosis or purpose for each medication.

Immediately- All staff who administer medications will be reeducated on information required on residents' MARs.

8/29/16

MAY 16 2016

WEST REGION FIELD OFFICE
Human Services Department

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form for resident #7, dated 5/27/13, is blank in the following fields: Reason for Leaving Current Residence, Level of Supervision Needed, Mobility Needs, Ability to Self-Administer Medications, Personal Care and Medical Needs for Activities of Daily Living and Instrumental Activities of Daily Living.

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.

- Immediate Correction: Due to the length of time since the pre-admission screening, this resident's pre-admission screening cannot be revised to accurately reflect his status as 5/27/2013.
- Education and process for ensuring ongoing compliance:
 - The General Manager is responsible for the final chart review of new admissions. On 5/16/16, the Administrator will give a written directive to the General Manager indicating that in his final chart review, all DHS required forms shall be complete and correct. All completed Admissions Process Forms shall be submitted to the Administrator for final review (see attached), and any deficiencies corrected immediately.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Scott Forabough, Administrator* Date *5/13/16*

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

The above plan of correction is approved as of 8/29/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

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

The above plan of correction was approved by *[Signature]*
(Initials)

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE
 WEST REGION FIELD OFFICE
 Human Services Licensing

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 #8 participated in the development of his/her support plan, dated 11/30/15; however, the resident did not sign the support plan. Also, the support plan was not signed by the person who completed the plan.

Resident #9 participated in the development of his/her support plan, dated 12/2/15; however, the resident did not sign the support plan until 1/4/16.

Resident #10 participated in the development of his/her support plan, dated 12/2/15; however, the resident did not sign the support plan. Also, the support plan was not signed by the person who completed the plan.

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.

- Immediate Correction: On 5/16/16, the Administrator shall direct the Resident Care Coordinator to review and correct the support plans for Residents #8, #9, and #10.
- Education and process for ensuring ongoing compliance:
 - The General Manager is responsible for the final chart review of new admissions. On 5/16/16, the Administrator will give a written directive to the General Manager indicating that in his final chart review, all DHS required forms, including support plans, shall be complete and correct. All completed Admissions Process Forms shall be submitted to the Administrator for final review (see attached), and any deficiencies corrected immediately.
 - On 5/16/16, the General Manager shall give a written directive to the Resident Care Coordinator indicating that (s)he must ensure that all support plans are completed and signed as per regulation 2600.227(g).

9/5/16 Identified residents' support plans updated, signed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Scott Farabough Administrator</i>	Date <i>5/13/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/5/16</u> (Date)	Plan of correction implementation status as of <u>9/5/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

RECEIVED

MAY 18 2016

Violation Report: 43210 - 01/04/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

The support plans for the following residents were not in the residents' records and were not accessible by direct care staff at all times:

- *Resident #8, dated 11/30/15
- *Resident #9, dated 12/2/15
- *Resident #10, dated 12/2/15

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.

- Immediate Correction: On 5/16/16, the Administrator shall direct the Resident Care Coordinator to double check that the support plans for Residents #8, #9, and #10 are filed in the charts.
- Education and process for ensuring ongoing compliance:
 - The General Manager is responsible for the final chart review of new admissions. On 5/16/16, the Administrator will give a written directive to the General Manager indicating that in his final chart review, all DHS required forms, including support plans, shall be complete, correct and filed in the Resident's chart. All completed Admissions Process Forms shall be submitted to the Administrator for final review (see attached), and any deficiencies corrected immediately.
 - On 5/16/16, the General Manager shall give a written directive to the Resident Care Coordinator indicating that (s)he must ensure that all support plans are completed and filed in the resident charts.

Immediately - All staff persons will be educated on the location of residents' support plans and their use for providing resident care and verifying personal care needs and services. 5/16/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Scott Farabaugh, Administrator* Date *5/17/16*

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

The above plan of correction is approved as of <u>9/15/16</u> (Date)	Plan of correction implementation status as of <u>9/15/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE		License Number: 43210
Address: 300 UNION AVENUE, AVALON, PA 15202		County: Allegheny
Administrator: Scott Farabaugh		Region: WEST
Legal Entity Name: NEW HOPE GRACIOUS SENIOR COMMUNITY		
Legal Entity Address: 300 UNION AVENUE, AVALON, PA 15202		
Certificate(s) of Occupancy 1-2 03/07/2008 Avalon Borough		RECEIVED AUG 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 86	Working Staff: 65
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 05/23/2016: Barry, Courtney; Georgoulis, Karen		
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: 80	Number of Residents who:	
Number of Residents Served: 73	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 73	
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: 13	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

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AUG 23 2016

WEST REGION FIELD OFFICE Page 2 of 7
Human Services Licensing

Violation Report: 43210 - 05/23/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 56 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
At approximately 11:03 a.m., the hot water temperature at the sink in bedroom R measured 140.5 degrees Fahrenheit.

At approximately 11:07 a.m., the hot water temperature at the sink in bedroom 112 measured 140.3 degrees Fahrenheit.

At approximately 2:10 p.m., the hot water temperature at the sink in the bathroom in the card room 141.8 degrees Fahrenheit. At 5:30 p.m., it measured 128.6 degrees Fahrenheit.

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.

Immediate Plan of Correction: On Monday, May 23, 2016, when the inspectors made the Administrator aware of the non-compliant water temperatures, he directed the Maintenance Director to adjust the temperatures of the hot water tanks to ensure compliance.

Step-by-Step Plan

1. What specific change shall be made, by whom, when and how?

The Administrator hired Monglovi Plumbing to rectify the problem. Please see attached receipts to verify the parts that were replaced and the type of work that was completed.

2. What system has been put into place to ensure that the same violation does not occur again?

A form was created (see attachment) that gives the Maintenance Director written directions and a method of documenting water temperatures. The form ensures that checks take place at a variety of times as a way of verifying the effect that usage may have on fluctuating temperatures.

3. What training will be provided to the staff?

On Monday, 8/22/16, the form and process for conducting water temperature checks was explained to the Maintenance Director and he verified that he understood and would make every effort to ensure compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Scott Farabough*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) NEW HOPE SCOTT FARABOUGH ADMIN Date 8/22/16

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

The above plan of correction is approved as of 8/29/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

AUG 23 2016

Violation Report: 43210 - 05/23/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION

At approximately 12:20 p.m., there was no toilet paper in the bathroom of bedroom X.

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.

Immediate Plan of Correction: The caregiver replaced the roll of toilet paper in the bathroom of bedroom X.

Step-by-Step Plan

1. What specific change shall be made, by whom, when and how? Each day, when the morning caregivers collect the trash before the change of shift (approximately 1:30 p.m.), they will ensure that there is a spare roll of toilet paper on the top of each toilet.

2. What system has been put into place to ensure that the same violation does not occur again? Each day when the Resident Service Director rounds the buildings, she will ensure that the directive is being followed. She shall also amend the new hire training materials to include ensuring that there is a spare roll on the top of the toilet.

3. What training will be provided to the staff?

In-service training will be provided to the staff at the change of shift meetings during the week of 8/22/16.

Immediately - A designated staff person on each shift will monitor the home to ensure there is adequate toilet paper in each bathroom.

Stark

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott Fracabough

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

*ADVISOR
NEW HOPE SCOTT FRACABOUGH*

Date

8/23/16

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

The above plan of correction is approved as of

8/23/16
(Date)

Plan of correction implementation status as of

8/23/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 43210 - 05/23/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

All residents present in the home during fire drills on the following dates and times did not evacuate to a fire safe area or public thoroughfare:

*3/30/16 at 4:48 p.m.: 69 residents present in the home, only 67 residents evacuated.

4/28/16 at 3:00 p.m.: 74 residents present in the home, only 72 residents evacuated.

5/18/16 at 5:40 a.m.: 72 residents in the home, only 68 residents evacuated. Residents #2, #3, #4 and #5 did not evacuate.

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.

Immediate Plan of Correction: The General Manager conducted one-on-one fire safety counseling sessions with residents #2, #3, #4, and #5. The session consisted of reviewing the attached educational flyer regarding fire drills.

Step-by-Step Plan

1. What specific change shall be made, by whom, when and how?

The fire safety educational flyer that was used for the one-on-one counseling sessions shall be revised and posted on the dining room tables on the first day of each month. On those days, which shall be named "Fire Safety Awareness Day," the staff shall be review the flyer during lunch.

2. What system has been put into place to ensure that the same violation does not occur again?

Any resident who refuses to participate in fire drills shall be counseled by the General Manager. If the resident persists in refusing to participate, then his or her designated person shall be contacted and asked to ensure that his or her loved one participates in fire drills. If non-compliance persists then a warning letter shall be sent to the designated person and given to the resident stating that the next episode of non-compliance will result in a 30-Day Notice of Agreement termination. Fire drills conducted on 6/24/16 at 1:45 pm, 7/11/16 at 6:15 pm, 8/15/16 at 9:45 am and 9/2/16 at 4:52 am and all residents evacuated.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/08/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Scott Farabaugh, ADMIN

Date

8/22/16

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

The above plan of correction is approved as of

9/5/16
(Date)

Plan of correction implementation status as of

9/5/16
(Date)

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

The above plan of correction was approved by

[Handwritten Signature]
(Initials)

Violation Report: 43210 - 05/23/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
During the fire drill on 5/18/16 at 5:40 a.m., 6 staff persons participated in the drill. According to staff records, the average number of staff people on duty at this time of day is 4.

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.

Immediate Plan of Correction: On 8/22/16 the Administrator reminded the General Manager that staff persons may not be counted as a participant if: 1. The staff person does not actually assist residents to evacuate; 2. The staff person had knowledge of the drill in advance; and/or 3. The staff person typically does not work at the time of day that the drill is held.

Step-by-Step Plan

What specific change shall be made, by whom, when and how?

During the 5/18/16 fire drill there were 4 direct care staff persons working on that shift. The General Manager and the Maintenance Director were also present. Going forward, the General Manager will not count himself or the Maintenance Director as participants.

What system has been put into place to ensure that the same violation does not occur again/what training will be provided to the staff?

The General Manager, who is responsible for fire drills and related education, was directed to re-read the sections of the RCG pertaining to fire safety and fire drills.

Immediately - The administrator will observe fire drills conducted in October and November 2016 and review the fire drill record monthly, to ensure fire drills conducted with minimum staff and documented correctly

Repeat Violation: No Date(s) of Previous Violation(s): *documented correctly*

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]* *8/22/16*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *[Signature]* Date *8/22/16*

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

The above plan of correction is approved as of 8/29/16
(Date)

Plan of correction implementation status as of 8/29/16
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

Violation Report: 43210 - 05/23/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The May 2016 medication administration record (MAR) for the following residents does not include a diagnosis or purpose for the prescribed medications as follows:

*Resident #6: Losartan 100 mg, Warfarin Sodium 6mg Warfarin Sodium 5mg, Duloxetine HCL Dr. 20mg, and Metolazone 2.5 mg.

*Resident #7: Citalopram 20msg, Digoxin 0.125mg, Gabapentin 100mg, Metoprolol Succinate ER 50mg, Potassium Chloride ER 20meq, Simvastatin 20mg.

*Resident #8: Acetaminophen 325mg, Carvedilol 3.125mg, Docusate Sodium 100mg, Furosemide 40mg, Glimepiride 4mg, Levemir Insulin, Metolazone 5mg, Novolog Ins 100 units/ml, Miralax powder, Potassium Chloride ER 20meq, Tamulosin 0.4 mg, Xarelto 20mg, Lorazepam 0.5mg, Oxycodone HCL 5mg.

*Resident #9: Potassium Chloride ER 20meq, and Warfarin Sodium 5mg.

*Resident #10: Tramadol 50mg, Vitamin A 10,000 units.

*Resident #11: Furosemide 40mg, Meclizine 25mg, Novolog mix 70/30 10ml.

*Resident #12: Alendronate 70mg, Furosemide 40mg, Levothyroxine 25mcg, Lisinopril 20mg, Losartan, Potassium 50mg, Risperidone 0.25mg and Simvastatin 10mg.

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.

See pages 9 and 7A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Scott Fardak

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

Scott Fardak ADMIN

Date

8/22/16

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

The above plan of correction is approved as of

8/25/16
(Date)

Plan of correction implementation status as of

8/29/16
(Date)

AUG 23 2016

Violation Report: 43210 - 05/23/2016 - Barry, Courtney
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

The above plan of correction was approved by


(Initials)

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

Initials

See Page 7A of 7

Plan of Correction for 2600.187(a)

Immediate Plan of Correction: Ever since the inspection we have been working on reviewing the Medication Administration Records of all Residents to determine which medications and treatments are missing a corresponding diagnosis. We have been getting information from physicians and the pharmacy has been adding the diagnoses to the electronic QuikMAR. With the exception of [redacted] #8 and [redacted] #6, the updated/corrected MARs for the residents listed in the violation report are attached. [redacted] the resident #6 was discharged from New Hope to home on [redacted] 16, and [redacted] RESIDENT # [redacted] passed away [redacted] 16.

Step-by-Step Plan

- 1. What specific change shall be made, by whom, when and how?** All medication administration staff who process orders are responsible for ensuring that each medication or treatment has a corresponding diagnosis. In the past, the pharmacy would contact physicians regarding missing diagnoses on our behalf, so this is a newer responsibility.
- 2. What system has been put into place to ensure that the same violation does not occur again?** The Resident Services Director is required to pass medications weekly. During her med pass, she will review all MARs to ensure compliance. She will ensure that any non-compliant MARs will be corrected immediately.
- 3. What training will be provided to the staff?** All medication administration staff will attend an inservice on 2600.187 that shall also include review of how to process new orders as well as all regulations related to medication administration documentation. Staff who process orders that are missing a diagnosis and neglect to obtain one shall be subject to disciplinary action.

John 8/23/16

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AUG 23 2016
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Human Services Licensing