



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Lisa A. Johnson, CEO
Bradford Ecumenical Home Inc.
100 St. Francis Drive
Bradford, Pennsylvania 16701

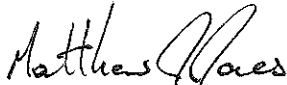
RE: Chapel Ridge
200 St. Francis Drive
Bradford, Pennsylvania 16701
License #: 426420

Dear Ms. Johnson:

As a result of the Department of Human Services' annual licensing inspections on February 3, 2016 and February 5, 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,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberli
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The home charges specified amounts for individual personal needs services. The contract for resident #'s 1, 2, 3, 4, 5 and 6 does not include a fee schedule of actual amounts charged for available services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We wish to dispute this deficiency. As required by regulation 25(c)(2) all residents are provided a copy of the current Schedule of Rates and Charges along with their Admission Contract. In addition, an acknowledgment of receipt is signed confirming receipt of the Schedule of Rates and Charges as part of the Admission Contract. A copy of the Schedule of Rates and charges from the date of admission specific to each resident is included in their chart along with Admission Contract. Schedule of Rates and charges will be moved from Section 3 of chart and attached directly to Personal Care Contract signed at admission. Administrator will monitor compliance and report during Quarterly Management Meeting for six months.
 Attachment #1: Checklist showing change in location of Schedule of Rates and Charges

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole Wells, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nicole Wells, Administrator

Date *3-8-16*

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

The above plan of correction is approved as of *3/14/16*
 (Date)

Plan of correction implementation status as of *3/14/16*
 (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: 42842 - 02/03/2016 - Foulkes, Kimberli
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 According to the Centers for Disease Control (CDC), insulin vials and penlet devices should not be used for more than one resident. These precautions help to prevent the transmission of communicable diseases. Each resident must have their own glucometer. According to staff person A, the home's "stock glucometer" was used on resident #7 prior to it being given to resident #8.

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.

Chapel Ridge immediately discarded the "stock glucometer." Resident #7 and resident #6 received new glucometers. See attached receipts (attachment #2 and #3) Chapel Ridge will no longer have a stock glucometer available for use and all diabetic residents will have their own glucometers available. Resident assistants were educated during monthly meeting on 2-9-2016 regarding the importance of residents having their own glucometer. (attachment #4) Residents assistants will confirm glucometer belongs to specific resident prior to use. Nursing will ensure each glucometer machine has resident name engraved/labeled upon admission or upon obtaining new machine. Compliance will be reported and monitored by Nurse Manager at the next two Quarterly Management Meetings.

-Doc. from physician - Residents Free From Communicable Disease. 2/4/16.

- The administrator shall monitor and assure ongoing compliance. m 3/14/16

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Wells, Administrator* Date *3-8-16*

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Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberli
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 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
 At 9:35am on 2/3/16, the ceiling in hallway located on the second floor, outside the card room, was leaking next to the light fixture. There were two trash cans placed to catch the leaking water. There is approximately 1 inch of water in one of the buckets and the carpeting was wet.

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.

Chapel Ridge had already began the process of a roof replacement. Unfortunately on 2/3/2016 we had experienced excessive rain which lead to the leak in the hallway. Roofers were immediately on site to repair the leak. Leak was resolved and no further issues resulted.

The administrator shall monitor and assume ongoing compliance -

m
 3/14/16

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Wells, Administrator Date 3-8-16

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 (Initials)

Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberl
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The exit doors located on the home's first ground level floor, at each of the stair towers, near room #107, #110, and #123 all have cement landings that you exit onto. The cement landings are not flush with the ground and have approximate drop offs between 3-4 inches above the ground. There are no handrails.

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 permanent, stainless steel handrail has been mounted outside exit doors near room #'s 107, 110 and 123. Please see attached pictures of mounted handrails. Maintenance personnel will monitor handrails to ensure they are kept in good repair. Attachment #5 shows receipt for handrail and attachment #6 is picture of mounted handrail

The administrator shall monitor and assure ongoing compliance.

[Signature]
 3/14/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole Wells, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nicole Wells, Administrator Date: 3-8-16

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Violation Report: 42642 - 02/03/2016 - Fouikes, Kimberli
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

At 9:47am on 2/3/16, the ceiling in resident room #207 had water pouring in from a hole where part of the ceiling collapsed near the door to the room. The resident was found sitting outside his/her room and the flowing water was audible from the hallway.

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.

Chapel Ridge had already began to replace the roof. Unfortunately on 2/3/16 we experienced excessive rain which resulted in water leaking in resident room #207 near entrance. Immediately upon discovering leak, residents residing in apartment 207 were temporarily relocated to another apartment. Repairs were initiated immediately. In addition, apartment received fresh paint and new carpet to provide an attractive atmosphere upon their return. No further leaks have been noted. Please see attached proof of work completed (attachment #7) and pictures (attachment #8).

The administrator shall monitor and assure ongoing compliance.

M
 3/14/16

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nicole Wells, Administrator Date *3-8-16*

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Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberli
 PCH Name: CHAPEL RIDGE


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

2a. DESCRIPTION OF VIOLATION
 A box of Otis Spunkmeyer cookies and a box of bread rolls were in an unsealed container located in the home's 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.

2600.203 (g) ensures that food is stored in sealed and/or closed containers to protect from spoilage. Immediately upon discovery both the Otis Spunkmeyer cookies and box of bread rolls were sealed and all other food storage areas were checked to ensure proper storage of food items. Food Service Supervisor educated all dietary staff the importance of properly sealing all food items. Starting immediately Food Service Supervisor or Director will monitor all food storage areas and document results to ensure compliance. Areas will be checked by Dietary staff biweekly for one month then weekly for one month to ensure compliance with proper storage of food items. Results will be reported by Dietary Supervisor at Quarterly Quality Management Meeting.

Attachment: Log for monitoring of food storage areas (attachment #9)


The administrator shall monitor and assure ongoing compliance

 3/14/16

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 3/7/2016	
Nicole Wells, Administrator			

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Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberli
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.


2a. DESCRIPTION OF VIOLATION
 The following resident bedroom #'s 101, 116, 117, 204, 219 and 220 has an exterior door to an enclosed balcony that does not permit egress from the facility; the door appears to be an exit, but needs to be labeled not an exit.

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.
 We wish to dispute this violation as Chapel Ridge is in compliance with the regulation as stated above. All stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Balconies within resident apartments are not egress routes. As requested by regulation please see plan of correction based on interpretation of Regulatory Issues and Frequently Occurring Situations which does not represent PA Code Title 55. Chapter 2600. During inspection, stickers stating "Not An Exit" were placed in bedroom #'s 101, 116, 117, 204, 219 and 220 beside door leading to private balcony. To maintain compliance a section was added to the apartment inspection checklist which is completed upon changing of apartments to someone new. Administrator will report on compliance during next two Quarterly Management Meetings.
 Attachment: Apartment Inspection Checklist (attachment #10)

The administrator shall monitor and assure ongoing compliance.

 3/14/16

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Nicole Wells, Administrator		3/8/16	

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Violation Report: 42842 - 02/03/2016 - Foulkes, Kimbri
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the home's Chevy van contained two packets of triple antibiotic ointment that expired in 9/2004.

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.
 In keeping with regulation 2600.183(d) the two packets of expired triple antibiotic ointment were immediately removed and discarded. The first aid kit now has antiseptic wipes in place of the ointment. To ensure compliance is maintained a first aid kit inspection will be completed monthly by the transportation aide to ensure all contents are present and expiration dates monitored. Inspection will be turned into Administrator for review of compliance and discussed at the next two Quarterly Quality Management Meetings.
 Attachment: First Aid Kit Inspection Checklist (attachment #11)

The administrator shall monitor and assume ongoing compliance.
m
3/14/16

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole Wells PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Wells, Administrator	Date <i>3-8-16</i>
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Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberli
PCH Name: CHAPEL RIDGE

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

Resident #5 has a physician's order for accu checks three times daily before meals, at 8:00am, 11:30am, and 4:30pm. The reading in the resident's glucometer for 2/2/16 at 8am was 245 and the MAR had 240. The reading in the resident's glucometer for 2/2/16 at 11:30am was 139 and the MAR had 138.

Resident #6 has a physician's order for accu checks 4 times daily, before meals and at bedtime, 6:00am, 11:00am, 5:00pm and 7:00pm. The reading in the resident's glucometer on 2/1/16 at 7:00pm was 161 and the MAR had 160. The reading in the resident's glucometer on 2/2/16 at 6:00am was 143 and the MAR had 151.

Resident #8 has a physician's order for accu checks once daily at 8am. The reading in the resident's glucometer for 2/1/16 at 8am was 96 and the medication administration record (MAR) had 95 recorded.

Resident #9 has a physician's order for accu checks twice a day, at 6am and 4:30pm, on Tuesdays and Saturdays. The reading in the resident's glucometer on Saturday, 1/30/16 at 6:30am in the glucometer was 119 and there was no reading recorded on the MAR.

Resident #10 has a physician's order for accu checks once daily, at 6am, on Tuesdays and Fridays. The reading in the resident's glucometer for Tuesday, 2/2/16 at 6am was 201 and the MAR had 102 recorded.

Resident #11 has a physician's order for accu checks 4 times daily, before meals and at bedtime. The reading in the residents glucometer for 1/29/16 at 11:30am was 342 and the MAR had 347 recorded.

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.

Nicole Wells, PCHA 3-8-16

Violation Report: 42642 - 02/03/2016 - Foulkes, Kimberli
 PCH Name: CHAPEL RIDGE

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.

Staff were educated that they are responsible to view glucometer machine reading prior to noting any results in the MAR. Resident assistants were education during monthly meeting on 2-9-16 regarding accurately transcribing glucometer results. (attachment #4) Nursing will be checking two diabetic resident glucometers weekly for a 7 consecutive day period ensuring accuracy between the glucometer reading and documentation on the MAR. Results of glucometer reading log will be reviewed by Nurse Manager at the next two Quarterly Management Meetings.

Attachment: Glucometer reading log (attachment #12)

The administrator shall monitor and assure ongoing compliance.

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3/14/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole Wells PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Wells, Administrator	Date 3-8-16
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Violation Report: 42842 - 02/03/2016 - Foukes, Kimberl
 PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 was prescribed a Medrol pack for allergic dermatitis. On 1/4/16 it was noted by staff person B that the resident did not receive the medication as prescribed. The resident missed the first dose that should have been administered on 12/31/15 at 9pm by staff person C.

Resident #7 has a physician's order for accu checks twice daily at 7:30am and 4:30pm. On 2/1/16 The resident did not have a 7:30am or 4:30pm reading in the resident's glucometer. On 2/1/16 at 7:30am 216 was recorded on the medication administration record (MAR) and on 2/1/16 at 4:30pm 204 was recorded on the MAR. The readings of 216 and 204 were not located in the residents glucometer.

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.

As a result of self reporting a medication error involving resident #5, proper protocol was followed in notifying physician, family and Department of Human Services. Staff person B was counseled regarding medication administration and following physician orders. Medication administration staff will continue to receive MAR review audits and med pass observations in accordance with med pass certification requirements. Please see previous plan of correction for regulation 2600.187 (a) in response to resident #7 glucometer readings.

The administrator shall monitor and assure that the home is following the directions of the prescriber - The administrator shall be responsible for ongoing compliance.

m
 3/14/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nicole Wells, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Wells, Administrator Date *3-8-16*

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