



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Ms. Barbara Martinez, Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, Pennsylvania 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, Pennsylvania 19320
License #: 197800

Dear Ms. Martinez:

As a result of the Department of Human Services' annual licensing inspection on August 10, 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 black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary



Violation Report: 19780 - 08/10/2016 - Palermo, Michael
 PGH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person B worked independently during the 10 PM to 6 AM shift on the following dates: 8/1/16, 8/2/16, 8/5/16, 8/6/16, 8/7/16, 8/8/16 and 8/9/16. Staff Person B's First Aid/CPR certification expired 6/10/16.

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

Staff person B has completed the Required training for CPR/FA on 10/11/16. Staff person B and administrator will make a checklist to be placed in the staff training folder to ensure that all staff members have valid dates on all there trainings. Administrator and staff will double check all CPR/FA cards, to make sure they are valid, and to ensure all staff working in the home are fully trained. Staff person B did not work at the home alone while CPR/FA was expired. A staff person trained with CPR/FA was present at that time.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez, Administrator* Date *10/28/16*

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

The above plan of correction is approved as of 11-2-16 (Date)

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

Plan of correction implementation status as of 11-2-16 (Date)

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



Violation Report: 19780 - 08/10/2016 - Palermo, Michael
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A, the home's administrator, completed only 18 hours of annual training in training year 2015.

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

Staff Person A, the administrator will make sure all required 24 hours of training yearly are complete. Staff Person A will complete many sources of training online, and trainings offered on-site through DHS. Administrator will monitor all trainings logged into the staff training folder quarterly, and will check on a more regular basis. This will ensure that all trainings and required amounts of training are complete. Staff Person A will complete 30 hrs. of training (24+6 from 2015) by 12-31-2016. -SE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Martiny*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martiny, Administrator* Date *10/28/16*

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The above plan of correction was approved by <i>SE</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: 19780 - 08/10/2016 - Palermo, Michael
PCH Name: GLENCREST MANOR

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 8/10/16, at 9:10 AM, the water temperature at the communal bathroom, directly behind the dining room, measured 126.8 degrees Fahrenheit.
On 8/10/16, at 1:00 PM, the water temperature in the bathroom shared by Residents #1, #2 and #3 measured 125.8 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.

Glencrest Manor scheduled Leffler Energy to come and adjust the water heater on 10/28/16. Glencrest will send a copy of repairs made. Leffler energy will check the water heater quarterly to ensure it is working properly, and water temperatures do not exceed 128F in areas accessible to residents.
The home will conduct weekly water temperature checks to monitor safe temperatures. -BE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Martinez, Administrator* Date *10/28/16*

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(Date)

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(initials)

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Violation Report: 19780 - 08/10/2016 - Palermo, Michael
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for Resident #3, dated 1/14/16, does not include a medical diagnosis or medical regimen.
The medical evaluation for Resident #4, dated 12/22/15, does not include medical information pertinent to diagnosis, special health or dietary concerns or a mobility needs assessment.

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.

Medical Evaluation for Resident #4
Since has been completed, since the inspection on 8/10/2016. To ensure that all information is completed on the Evaluations, staff will do a thorough check. Staff will make sure all appropriate boxes are checked and all required information is included. The administrator will double check all forms that are put into the residents charts to make sure information is complete and correct in a timely manner.
Medical Evaluation for Resident #3 had multiple copies due to health care provider not completing form to its entirety. Forms had to be sent back multiple times to be completed. All copies of evaluation are attached. All information was complete

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Martinez, Administrator* Date *10/28/16*

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(Initials)