



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

Ms. Darlene Weaver, Administrator
Richland Christian Home, Inc.
719 East Lincoln Avenue
Myerstown, Pennsylvania 17067

RE: Richland Christian Home
License #: 328910

Dear Ms. Weaver:

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 blue ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: RICHLAND CHRISTIAN HOME		License Number: 3289
Address: 211 SOUTH RACE ST PO BOX 735, RICHLAND, PA 17087		County: Lebanon
Administrator: Darlene Weaver		Region: CENTRAL
Legal Entity Name: RICHLAND CHRISTIAN HOME INC		
Legal Entity Address: 719 EAST LINCOLN AVENUE, MYERSTOWN, PA 17067		
Certificate(s) of Occupancy		
I-2 07/11/2014 Lebanon County	I-2 06/24/2011 Richland Boro	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/10/2016: Heemer, Laura; McCloskey, Jason		
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: 23 Number of Residents Served: 17 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: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 6 Have a Physical Disability: 1	

Violation Report: 3289 - 08/10/2016 - Heemer, Laura
PCH Name: RICHLAND CHRISTIAN HOME

1. REGULATION 55 Pa.Code §2500

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

There is an electric heating unit installed over the door inside the bathroom located next to the living room. The heating unit has a metal surface that is approximately 2 feet wide by 6 inches high. The paint on the surface of the heating unit is loose and flaking.

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.

The paint on the surface that is loose and flaking is being removed 8/26/16. Then fresh paint is to be applied.

For future, regular monthly checks will be done by maintenance to ensure there is no loose or flaking paint.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Darlene Weaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Darlene Weaver PCHA* Date *8/26/16*

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

The above plan of correction is approved as of 9/15/16 (Date)

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

Plan of correction implementation status as of 9/15/16 (Date)

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

Violation Report: 3289 - 08/10/2016 - Heemer, Laura
PCH Name: RICHLAND CHRISTIAN HOME

1. REGULATION 85 Pa.Code §2000
2800.93(b) - Each porch must have a well-secured railing.

2a. DESCRIPTION OF VIOLATION

There is a concrete ramp located outside the home at the dining room exit. There is a railing from the building following the decline of the ramp to where the ramp meets a landing. The landing does not contain a railing and there is a drop of approximately 4 to 5 inches from the landing area to the ground. This drop-off creates a fall risk for people utilizing the ramp and landing area.

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.

On 8/26/16, an RCH board member called DHS rep. ([redacted]) to discuss the ramp in front of the facility. They decided that a railing should be put around the corner of the ramp, to the ~~right~~ ^{left} side. [redacted] (builder) was contacted today to do this job. He came out to evaluate it today, and got in his schedule.

Later a board member spoke with [redacted], and agreed that we could put the railing on the left side instead, if we build up the bottom of the ramp with dirt. The dirt has been filled in already, and the railing has been ordered already. It will also be put in place, when we receive the railing.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Darlene Weaver

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Darlene Weaver RCH Date 8/26/16

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

The above plan of correction is approved as of 9/15/16 (Date)

Plan of correction implementation status as of 9/15/16 (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: 3268 - 08/10/2016 - Hoerner, Laura
PCH Name: RICHLAND CHRISTIAN HOME

Page 4 of 7

1. REGULATION 55 Pa. Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 8/10/16 there was an accumulation of lint in the lint trap of the dryer located on the right side of the laundry room.

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.

The lint shall be removed daily, from the dryer lint trap, after each use.

For Future, maintenance will schedule a random, yet routine, monthly check to ensure that staff is removing lint on a daily basis. Staff have been educated on this.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Darlene Weaver*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Darlene Weaver PCHA* Date *8/26/16*

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

The above plan of correction is approved as of 9/15/16
(Date)

Plan of correction implementation status as of 9/15/16
(Date)

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

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

Violation Report: 3289 - 08/10/2016 - Heemer, Laura
PCH Name: RICHLAND CHRISTIAN HOME

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

During the fire drills from 8/26/15 through 7/29/16 the home did not simulate a fire in a specific location in the home. Thus all exits were used as egress routes each time a drill was held and residents were not drilled on the use of alternate routes of egress.

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.

The administrator will simulate a fire, by blocking at least one exit each time, making residents use alternate exits for fire drills, to prevent them, routinely using the same exits. Exits will be documented, and administrator will review quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) Darlene Weaver

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Darlene Weaver PCHA Date 8/26/16

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

The above plan of correction is approved as of 9/15/16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 9/15/16 (Date)

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

Violation Report: 3289 - 08/10/2016 - Heemer, Laura
PCH Name: RICHLAND CHRISTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 8/10/16, a 16 ounce bottle of Now brand Chlorophyll belonging to Resident 1 was located in the medication room refrigerator and was not labeled with the resident's name.

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.

All residents' medication shall be labeled with the residents' name.

To ensure this is practiced, there will be a weekly check to ensure all resident medication is properly labeled, and has resident name on it. Staff have been educated on this.

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

Signature of Legal Entity Representative (Required on EVERY Page) Darlene Weaver

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Darlene Weaver PCHA Date 8/26/16

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

The above plan of correction is approved as of 9/15/16 (Date)

Plan of correction implementation status as of 9/15/16 (Date)

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

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

Violation Report: 3289 - 09/10/2016 - Heemer, Laura
PCH Name: RICHLAND CHRISTIAN HOME

Page 7 of 7

1. REGULATION 55 Pa. Code §2000

2600.186(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home uses stock tubes of Beza Protect Cream and Preparation H Cream for multiple residents who have doctors orders for these medications. The home does not provide individual tubes of these medications for each resident. The home's procedure for the administration of these medications presents a risk of cross contamination between residents.

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.

Each resident that needs any stock medicated creams or ointments from stock, shall be given their own individual cream or ointment, labeled with their name only, on the container.

This practice is currently in place now, and be checked routinely, to ensure each resident has their own treatment container or tube.

Staff have been educated on this.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Darlene Weaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Darlene Weaver PCHA* Date *8/26/16*

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

The above plan of correction is approved as of 9/15/16 (Date)

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

Plan of correction implementation status as of 9/15/16 (Date)

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