



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 21 2016

Ms. Debbie Young, Administrator
Assured Care, Inc.
129 Houck Road
Fleetwood, Pennsylvania 19522

RE: Grand View Manor
License #: 215010

Dear Ms. Young:

As a result of the Department of Human Services' annual licensing inspection on August 19, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21501 - 08/19/2016 - Yellenic, Cindy
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summary dated 8/18/15 is not posted in a public conspicuous area of the home.

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.

I, Debbie Young RN, ^{ADMINISTRATOR} will be responsible to post Violation Report that is current in a conspicuous place in home. I will periodically check to ensure that it is the current one.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Debbie Young

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

DEBBIE Young RN

Date 9-14-2016

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

The above plan of correction is approved as of

9/21/16
 (Date)

Plan of correction implementation status as of

9/21/16
 (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: 21501 - 08/19/2016 - Yellenic, Cindy
 PCH Name: GRAND VIEW 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
 The water temperature measured 123.0 degrees Fahrenheit in Room #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.

Grand View Manor has a regulator on our hot water heaters that is to keep water temp. under 120 - It has been set back to 115 to prevent temperature from going over the 120. [Redacted] Maintenance will be responsible to periodically check water temperature to make sure regulator is working properly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Young RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEBBIE Young RN** Date **9-14-2016**

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

The above plan of correction is approved as of 9/21/16
 (Date)

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

Plan of correction implementation status as of 9/21/16
 (Date)

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

Violation Report: 21501 - 08/19/2016 - Yellenic, Cindy
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person A's initial medication administration training was completed on 10-2-2009. The staff person was observed for the annual practicum on 12-5-2010. This staff person is also the practicum observer for the medication administration trainer, however has not received any annual practicums in medication administration since 2010.

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 violation (STATE cited in this violation) is for a staff member giving meds which she doesn't do (since 2010.) We are SEEKING further clarification from the department. In the interim * Debbie Young RN will be the only Practicum Observer - Debbie Young RN, Administrator, has a current medication trainer certificate

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Young RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DEBBIE Young RN Date 9-14-2016

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| The above plan of correction is approved as of <u>9/21/16</u> (Date) | Plan of correction implementation status as of <u>9/21/16</u> (Date) |
| The above plan of correction was approved by <u><i>m</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 |