



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2016

Ms. Vanessa Perez, Director of Operations
Spirit of Gheel
P.O. Box 610
Kimberton, Pennsylvania 19442

RE: Gheel House
10 Hollow Road
Kimberton, Pennsylvania 19442
License #: 144320

Dear Ms. Perez:

As a result of the Department of Human Services' annual licensing inspection on September 20, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: GHEEL HOUSE		License Number: 14432
Address: P O BOX 610 10 HOLLOW ROAD, KIMBERTON, PA 19442		County: Chester
Administrator: Vanessa Perez		Region: CENTRAL
Legal Entity Name: SPIRIT OF GHEEL		
Legal Entity Address: P.O. BOX 610, KIMBERTON, PA 19442		
Certificate(s) of Occupancy		
C-3 04/11/1985 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/20/2016: Showers, Michael; Bomberger, Cybil		
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: 8 Number of Residents Served: 6 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: 2 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14432 - 09/20/2016 - Showers, Michael
 PCH Name: GHEEL HOUSE

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

2a. DESCRIPTION OF VIOLATION

The bedroom occupied by Resident #1 contained a strong smell of urine. The urine odor from this room permeated into the hallway outside the bedroom that is commonly used by visitors, staff, and other residents 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.

Resident #1 room is now being cleaned daily - Bed is stripped, even if dry and is cleaned with disinfectants to remove the urine odor more effectively. Laundry is done daily or more often if necessary. This is completed by direct care staff, overseen by hse. mgr

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

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

Date *10/3/16* *[Signature]*

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

The above plan of correction is approved as of 10/6/16
 (Date)

Plan of correction implementation status as of 10/6/16
 (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: 14432 - 09/20/2016 - Showers, Michael
 PCH Name: GHEEL HOUSE

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 September 20, 2016 at approximately 3 pm in the afternoon, there was a large acculation of lint on the lint screen and trap of the dryer in the downstairs laundry room. The dryer was not in use at the time this was observed.

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 from the lint trap and drum of clothes dryer after each use. Direct care Staff complete this and document accordingly

Staff have been reeducated on the need to clean lint from the dryers.

BAS 10/6/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Vanessa Lopez, Sp. Int. of Gheel, Inc

Date 10/3/16

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The above plan of correction is approved as of 10/6/16
 (Date)

Plan of correction implementation status as of 10/6/16
 (Date)

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

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

Violation Report: 14432 - 09/20/2016 - Showers, Michael
PCH Name: GHEEL HOUSE

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

A sleeping hours fire drill was conducted on 05/31/2016 at 11:50 pm. The previous sleeping hours fire drill was conducted on 09/23/2015 at 11:25 pm.

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 fire drill schedule has been established to assure that the drills during sleeping hours are held every six months - this is performed by direct care staff and is overseen by nse mgr.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Vanessa Perez, Spirit of gheel, inc Date 10/3/16

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

The above plan of correction is approved as of 10/6/16
(Date)

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

Plan of correction implementation status as of 10/6/16
(Date)

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

Violation Report: 14432 - 09/20/2016 - Showers, Michael
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.227(l) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION

The residents' support plans are stored in another building on the premises that is not attached to the actual personal care home. Staff do not have immediate access to the support plans.

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 support plans have been moved to the medication office so that they are accessible by direct care staff at all times. The clinical Director completed this.

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)

Vanessa Perez, Spicard Gheel, Inc

Date 10/3/16

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

The above plan of correction is approved as of 10/6/16
 (Date)

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

Plan of correction implementation status as of 10/6/16
 (Date)

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