



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 4, 2017

Mr. Scott A. Farabaugh, Owner
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
#432100

Dear Mr. Farabaugh:

As a result of the Department of Human Services' licensing inspection on September 29, 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 "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: NEW HOPE GRACIOUS PERSONAL CARE		License Number: 43210
Address: 300 UNION AVENUE, AVALON, PA 15202		County: Allegheny
Administrator: Chris Kunst		Region: WEST
Legal Entity Name: NEW HOPE GRACIOUS SENIOR COMMUNITY		
Legal Entity Address: 300 UNION AVENUE, AVALON, PA 15202		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 83	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
09/29/2016: Daerr, Alicia; Hultquist, Cliff; Roser, Ashley; Grace, Desmond		
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: 85 Number of Residents Served: 71 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: 71 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0	

Violation Report: 43210 - 09/29/2016 - Daerr, Alicia
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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 of the first floor common bathroom sink measured 133.0 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.

1. When the inspectors told the Administrator that the water temperatures of the first floor common bathroom sink measured 133.0 degrees Fahrenheit, he directed the concern to the Maintenance Director that same day to correct the problem and the problem was corrected that same day.

2. The Maintenance Director was already aware of the temperatures running high in that area and was actively fixing the problem that day prior to the inspection. The problem was corrected the same day by adjusting the mixing valve.

3. A policy was created for the Maintenance Director to follow for adjusting water temperatures. Routine inspections will be made by the maintenance director at frequent intervals to make sure the water temperature is consistent after adjusting the valves.

The routine inspections by the maintenance director will occur at least 3 times per week.

4. Administrator will audit the temperature logs for the temperature checks. Administrator will also check water temperatures randomly to assure compliance.

The administrator's audits will occur at least weekly. BB 12/7/16

5. The Maintenance Director will read and sign the new policy that is in place for testing the water temperature after valves have been adjusted. A copy of this new policy will be kept in New Hope's Maintenance Binder.

6. The above plan of correction will be implemented by 11/18/16.

See page 2A

BB
12/7/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/23/2016	01/04/2016	et al
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Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 11-11-16

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

The above plan of correction is approved as of 12/7/16
(Date)

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

Plan of correction implementation status as of 12/7/16
(Date)

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

RECEIVED

DEC 06 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Mongiovi and Sons Plumbing Action Steps

- Inspect hot water heating system for proper function
- Check mixing valve function
- Install new circulation pump
- Install filtration system
- Replace expansion tank to allow for smaller fluctuations in temperature
- Fixed Check Valve
- Flushed system
- Installed digital thermometer exiting the tank
- Adjusted mixing valve



12/6/16

Immediately - The administrator will implement procedures to ensure that hot water in areas accessible to the resident does not exceed 120° Fahrenheit.

BB 12/7/16

If, upon the maintenance director's inspections or the administrator's audits of ~~the~~ temperature logs, water temperature exceeds 120° Fahrenheit then the administrator will take immediate remedial action to lower water temperature so that it does not exceed 120° Fahrenheit in areas accessible to the resident.

BB 12/7/16

DEC 06 2016

Violation Report: 43210 - 09/29/2016 - Daerr, Alicia
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(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

Resident #1's and resident #2's bedroom had an uncovered biohazard container approximatley 3/4 full of used diabetic test strips, alcohol pads, lancets, and non-retractable needles.

Resident #3's bedroom had an uncovered biohazard container approximatley 1/2 full of used diabetic test strips, alcohol pads, lancets, and non-retractable needles.

Resident #4's and resident #5's shared bedroom had 2 uncovered biohazard containers of used diabetic test strips, alcohol pads, lancets, and non-retractable needles. One of the containers was overflowing and a needle was sticking out from the top of the container.

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.

1. Biohazard containers will no longer be kept in resident rooms.
2. Biohazard containers will be used until 1/2 - 3/4 full per manufactured recommendations and then replaced with new ones.
3. All staff responsible for medication administration will be educated on new procedures.
4. Retractable needles were ordered from pharmacy for all residents required.
5. All staff who administer injections will be in-serviced on proper use and disposal of retractable needles and biohazard containers.
6. All biohazard containers shall be kept on the Med Cart or in Medication room.
7. The Director or Resident Care Services will monitor the resident rooms, staff performance, and bio-hazard containers for compliance of this plan.
8. The results will be reviewed during the facility's Quality Assurance meeting for further recommendations.
9. The above plan of correction will be implemented by 11/18/16.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher D Kunst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher D Kunst Administrator* Date *11-11-16*

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

The above plan of correction is approved as of 12/7/16 (Date)

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

Plan of correction implementation status as of 12/7/16 (Date)

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

DEC 06 2016

Violation Report: 43210 - 09/29/2016 - Daerr, Alicia
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #6's preadmission screening, dated [redacted] 16, was blank for the following sections:

- II-C: Primary language spoken/means of communication
- II-F: Reason for leaving current residence
- II-J: Personal care and medical needs, including activities of daily living and instrumental activities of daily living and medical, psychological, and behavioral diagnoses

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.

Plan of Correction (POC). Attach pages as necessary.

1. Moving forward, all Preadmission Screens will be completed by a qualified staff person(s).
2. A procedure has been established that allows Administrator and or designated person to review all preadmission screens prior to a resident moving in to ensure compliance.
3. An in-service will be held to review the proper way to fill out a preadmission screening. Designated staff person will be trained and educated on what should be completed. This will be done on the Preadmission Screening Policy.
4. This violation will be discussed at the Quality Assurance Committee meeting for review and recommendation.
5. The above plan of correction will be implemented by 11/18/16.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2016 et al.
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christopher D. Kunst</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Christopher D. Kunst Administrator	Date	11-11-16
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