



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

Mr. Christopher D. Kunst,
Administrator
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
License #: 432100

Dear Mr. Kunst:

As a result of the Department of Human Services' annual licensing inspections on October 31, 2016 and November 1, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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Violation Report: 43210 - 10/31/2016 - Georgoulis, Karen
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/31/16 at approximately 10:20 a.m., the resident privacy coding document was posted with the Licensing Inspection Summary's dated 1/4/16, 2/29/16 and 5/23/16.

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. New Hope immediately removed the resident privacy coding dated 1/14/16, 2/29/16 and 5/23/16 from the cork board where the Licensing Inspection Summary was posted.
2. Administrator conducted rounds throughout the facility and no other postings were present.
3. Administrator was educated on 2600.17
4. Resident privacy will be audited on a weekly basis by the administrator for 4 weeks and then monthly for 3 months.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Christy D. Kunst</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Christy D. Kunst Administrator	Date 4/10/17

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The above plan of correction is approved as of <u>4-11-17</u> (Date)	Plan of correction implementation status as of <u>4-11-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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Violation Report: 43210 - 10/31/2016 - Georgoulls, Karen
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 14. The home was unable to provide a resident-home contract for resident #1.

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. Family was immediately contacted and a contract was put in place.
2. A new "Resident Admissions Form" with a checkbox for completing a resident home contract will be used for all new admissions. All current resident folders audited for contracts.
3. Administrator will audit "Resident Admissions Form" to ensure resident admissions contract is done in a timely manner.
4. Business office manager will audit "Resident Admissions Form" for compliance once completed.

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 *Christopher D. Kunst*
(Required on EVERY Page) *Administrator* Date *4/10/17*

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(Date)

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

Plan of correction implementation status as of 4-11-17
(Date)

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Violation Report: 43210 - 10/31/2016 - Georgoulis, Karen
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 10/31/16, the sidewalk leading around the building to the parking lot and by staff smoking area, has 3 steps that do not have a railing. Residents have access to this area.

The exterior emergency exit pathway on the Rose side to the parking lot has a step that measures 6" high. There is no handrail for this step.

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. The handrails were installed immediately.
2. Outside audits were made around the building by the Maintenance Director, no other problems noted.
3. Facility Maintenance Director was educated on 2600.93(a)
4. Facility Maintenance Director will do monthly rounds and present all findings at the safety committee meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christy D. Kunst</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Christy D. Kunst Administrator	Date	4/10/17
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Violation Report: 43210 - 10/31/2016 - Georgoulis, Karen
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

On 10/31/16 at 11:25 a.m., the first aid kit in the nurse's station on the lower level in Roso does not include bandages or a thermometer. This is the only first aid kit accessible without staff obtaining a key.

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. Facility immediately ordered bandages and thermometer for MED KIT. Moved MED KIT to a common place accessible to staff without needing a key.

2. Only one First Aid Kit being utilized.

3. Director of Resident Care Services or Designee will audit the MED KIT weekly for 3 weeks and monthly for 3 months.

4. Audit results will be presented at the Quality Assurance Committee meeting.

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 4/10/17

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PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

DESCRIPTION OF VIOLATION

The side walk at the corner exterior of the building, on the rose side, leading from the emergency exit stairwell to the parking lot is 2" higher to level of the building presenting a trip and fall hazard.

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. The Maintenance Director was notified about the fall hazard. The Maintenance Director immediately corrected the 2" hazard by leveling it off.
2. Outside audits were made around the building by the Maintenance Director. No other problems noted.
3. Facility Maintenance Director was educated on 2600.100(a)
4. Facility Maintenance Director will do monthly rounds and present all findings at the Safety Committee Meetings.

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WEST REGION FIELD OFFICE
Human Services Licensing

I. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

II. DESCRIPTION OF VIOLATION

On 11/1/16 at 12:15 p.m., there was no lamp or other source of light that can be turned on/off from bedside in resident #1's bedroom #305.

On 11/1/16 at 10:39 a.m., there was no lamp or other source of light that can be turned on/off from bedside in resident #2's bedroom A.

III. 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. Resident #1. Facility bought a bedside push lamp and installed it next to resident #1's bed the following day.

Resident #2. A bedside lamp was immediately placed on Resident #2's nightstand.

2. Administrator audited all other rooms for compliance. No other problems noted.

3. Administrator or designated person will do weekly room audits for 3 weeks and monthly for 3 months.

4. Administrator or designated person will present all findings at the safety committee meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Christopher D. Knust*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christopher D Knust
Administrator Date 4/10/17

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WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

DESCRIPTION OF VIOLATION

The home's documentation sent to the local fire department, dated 10/21/16, does not identify the locations of the bedrooms and assistance needed assistance to evacuate residents in an emergency. On 10/31/16 and 11/1/16 there were 10 residents identified with mobility needs.

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. Documentation of residents with mobility needs was corrected immediately. Updated list was sent to the local fire department the same day.
2. Administration assistant will audit resident mobility list.
3. Administrator was educated on 2600.124
4. Audit results will be presented at the Quality Assurance Committee

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.


2a. DESCRIPTION OF VIOLATION

On 10/31/16 at 10:06 a.m., there were two 1½oz. tubes of Bill Gossett oil lubricant on top of the furnace in the dry storage/electronics room in the Rose area. One tube was full and the other tube was half full.

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. Maintenance Director immediately removed tubes of Bill Gossett oil lubricant from the dry storage / electronics room.
2. Maintenance Director will do weekly audits for 3 weeks and monthly for 3 months.
3. Maintenance Director was educated on 2600.125(a)
4. Audits will be discussed at the safety committee Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Christopher D. Kunst Administrator	Date 4/16/17

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The homes last inspection of the furnace was conducted in 2015. The home was unable to provide documentation of the 2016 furnace inspection.

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. Facility immediately called A-Air and asked them to fax over all of 2016 furnace inspections.

2. Audit of the furnace inspection sheet will be done by Maintenance Director or designee weekly for 3 weeks and once a week for 3 months.

3. Administrator was educated on 2600.126(A)

4. Audits will be discussed at the Quality Assurance Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		<i>Christopher D. Kunst</i> Administrator	Date <i>4/10/17</i>

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Violation Report: 43210 - 10/31/2016 - Georgoulis, Karen
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #3 indicates that he/she is unable to hear the smoke detector or fire alarm system when asleep. While there are strobe lights installed in the home, interviews indicate staff must assist this resident in waking up during a drill, as neither the fire alarm system nor the strobe light wake this resident.

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. Facility immediately bought a pillow shaker for resident #3 and installed it.
2. Director of Resident Care Services or designee will audit all residents for hearing loss. At such time it is determined that a resident needs a pillow shaker one will be bought immediately.
3. Facility will obtain written acknowledgement from fire marshal saying pillow shaker is acceptable for use in our personal care home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2016		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christopher D. Kurtz</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Christopher D. Kurtz Administrator	Date	4/16/17
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PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 68 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 6/21/16 at 1:46p.m., the home conducted a fire drill with 73 residents present in the home. However, only 72 residents evacuated during this fire drill.

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. All residents will be re-educated on the importance of participating during fire drills
2. Residents will read and sign a New Hope Fire Drill Participation policy
3. Staff will document all residents who do not participate during fire drills and report them to the administrator.
4. Residents who do not participate during fire drills will be discussed at the Quality Assurance Committee.

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c).

4-11-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/23/2016	01/04/2016
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Christopher D. Kunst</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Christopher D. Kunst Administrator			4/10/17

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