



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2017

Mr. David Lovitz,
Partner
GAHC3 PALMYRA PA ALF TRS SUB LLC
18191 Von Karman Avenue, Suite 300
Irvine, California 92612

RE: Traditions of Hershey
100 North Larkspur Road
Palmyra, Pennsylvania 17078
License #: 332600

Dear Mr. Lovitz:

As a result of the Department of Human Services' annual licensing inspection on February 2, 2017 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

Violation Report: 33260 - 02/02/2017 - Comstock, Kelly
 PCH Name: TRADITIONS OF HERSEY

1. REGULATION 55 Pa. Code §2800

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 passed away in the home on [redacted] 16. The home did not issue a refund in accordance with the Elder Care Restitution Act for the care portion of the previously paid charges. The refund issued was for the period of 12/15/16 to 12/31/16.

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 2/2/17 the violation was corrected when the Business Office processed a requested to reimburse the resident for the level of care charges after the resident had expired. There were 4 level of care days refunded to the resident's estate for a total amount of \$88.76 on 2/13/17. All residents who expire will automatically be refunded their care leveling charges by the Business Office. The Business Office and Management Team will be trained by the Executive Director by 4/21/17 on the following: Plan of Correction-Business Office (Attachment A) and Weekly Level of Care Audit Tool (Attachment B). The Business Office Director or designee will conduct monthly Quality Assurance (QA) audits of expired residents and reimbursement of their care leveling charges. Any care leveling charges noted past a resident's expiration date will be immediately refunded. The QA audit findings will be communicated at the QA Meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jeremy Keitar*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jeremy Keitar, Administrator* Date *4/10/17*

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

The above plan of correction is approved as of 5-17-17
 (Date)

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

Plan of correction implementation status as of 5-17-17
 (Date)

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

Violation Report: 33260 - 02/02/2017 - Comstock, Kelly
 PCH Name: TRADITIONS OF HERSHEY

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 A Pennsylvania State Police Criminal History background check was not completed for Staff Member A, hired on [redacted] 16.

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 2/2/17 the violation was corrected when the Business Office submitted the background check for the staff member and it was received back on 2/3/17 with no prohibitive offenses on the background check. All team members who are hired that haven't lived in Pennsylvania in the last 2 years will receive a state background check along with the federal check with fingerprints. The Business Office and Management Team will be trained by the Executive Director by 4/21/17 on the following: Plan of Correction-Business Office (Attachment A) and Weekly Background Check Audit Tool (Attachment C). The Business Office Director or designee will conduct monthly Quality Assurance (QA) audits of team members hired whom previously lived outside of PA and have both the state and federal background checks completed. Any team members who require both checks will be done immediately. The QA audit findings will be communicated at the QA Meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <u>Jeremy Keiter, Administrator</u>	Date <u>4/10/17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-17-17</u> (Date)	Plan of correction Implementation status as of <u>5-17-17</u> (Date)
The above plan of correction was approved by <u>JK</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

Violation Report: 33260 - 02/02/2017 - Comstock, Kelly
 PCH Name: TRADITIONS OF HERSHEY

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

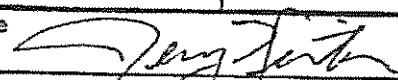
The surface of the metal strip above the gas fireplace screen, reached a temperature of 156.3 degrees Fahrenheit. There was no protective guard in place to prevent residents from coming in contact with the metal strip.

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 2/23/17 the violation was corrected when a protective screen was purchased for the fireplace. On 2/13/17 Anderson's Chimney came to inspect the fireplace and gave recommendations for a protective fireplace screen. Heat sources that exceeds 120 degrees Fahrenheit must have a protective guard. The Business Office and Management Team will be trained by the Executive Director by 4/21/17 on the following: Plan of Correction-Maintenance (Attachment D) and Weekly Fireplace Audit Tool (Attachment E). The Maintenance Director or designee will conduct monthly Quality Assurance (QA) audits of the fireplace to assure the protective screen is properly in place. The screen is to remain in position at all times and if out of position the management team or the auditor will place the guard back into position. The QA audit findings will be communicated at the QA Meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <u>Jeremy Kerter, Administrator</u>	Date <u>4/10/17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-17-17
 (Date)

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

Plan of correction implementation status as of 5-17-17
 (Date)

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