



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

Ms. Shawn Barndt,
Executive Director
GAHC3 Boyertown PA ALF TRS SUB LLC
18191 Von Karman Avenue, Suite 300
Irvine, California 92612

RE: Chestnut Knoll
120 West Fifth Street
Boyertown, Pennsylvania 19512
License #: 226130

Dear Ms. Barndt:

As a result of the Department of Human Services' annual licensing inspection on April 11, 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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CHESTNUT KNOLL		License Number: 22613
Address: 120 WEST FIFTH STREET, BOYERTOWN, PA 19515		County: Berks
Administrator: Shawn Barnett		Region: NORTHEAST
Legal Entity Name: GAHC 3 BOYERTOWN ALF TRS SUB LLC.		
Legal Entity Address: 18191 VON KARMAN AVE. SUITE 30, IRVINE CA 92612, CA 92612		
Certificate(s) of Occupancy		
C-2 LP	I-2	
08/21/2000	08/16/2006	
PA L&I	Borough of Boyertown	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 147	Waking Staff: 110
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/11/2017: OHaire, Anne; Harvey, Jason		
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: 119 Number of Residents Served: 99 Secured Dementia Care Unit in Home: Yes Area: EVERGREEN UNIT Secured Dementia Unit Capacity, if Applicable: 52 Number of Residents Served in Secured Dementia Care Unit, if applicable: 48 Number of Current Hospice Residents: 11 Number of Hospice Residents in past year: 48		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 99 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 0

Violation Report: 22813 - 04/11/2017 - O'Haire, Anne

PCH Name: CHESTNUT KNOLL

1. REGULATION 55 Pa. Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home's boiler certificate expired on 3/28/2017.

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 Boilers were inspected by the Department of Labor and Industry on 4/10/17. Typically, a new certificate is issued upon completion of that inspection which would have been within the compliant time (15 day grace period from date of expiration). However, upon inspection on 4/10/17, the boilers were found to be in need of a repair to the pressure indicators / gauges. This required a service call being made to Gehring Mechanical Services who made the needed repairs on 4/11/17.

The Boiler gauges were fully repaired on 4/11/17 (see attached invoice from Gehring Mechanical). Photos of the repaired gauges as well as the invoice as proof of correction, and Labor and Industry paperwork was submitted to Labor and Industry on 4/28/17 (see attached) in order to show compliance.

The facility is awaiting the updated / new certificates, which will be mailed to Chestnut Knoll from Labor and Industry.

When the certificates are received, a copy will be sent to the Bureau of Human Service Licensing to be added to this record.

Going forward, in order to ensure the facility maintains compliance, the boiler inspection process will be proactively initiated by the facility, 6 months prior to expiration so that there is an allotted time frame for delay of scheduling of the service by the outside agency (in this case labor and industry) as well as adding cushion time if a repair is found to be needed.

The Director of Environmental Services along with the Executive Director will enter this information into the facility tracking system in order to ensure future compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Shawn Barnett, Exec. Director

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

Shawn Barnett, Executive Director

Date 4/28/17

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The above plan of correction is approved as of

5/3/17 (Date)

Plan of correction implementation status as of 5/3/17 (Date)

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

The above plan of correction was approved by

m (Initials)

Violation Report: 22813 - 04/11/2017 - O'Haire, Anne
PCH Name: CHESTNUT KNOLL

1. REGULATION 55 Pa.Code §2600
2600.101(i) - A resident shall have access to his/her bedroom at all times.

2a. DESCRIPTION OF VIOLATION

On 4/11/2017, at 8:45am the home's secured dementia care unit resident bedrooms were locked, the residents of the memory care unit did not have access to their bedrooms at all times.

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.

Immediate / temporary fix: Unless a resident currently is actively using his / her key to his / her room, the resident doors have been unlocked in order to ensure all residents have access to their rooms. Furthermore, all resident memory boxes located outside of each resident room has been personalized by the memory care director in order to assist residents with finding the correct room.

Plan of correction moving forward:

A policy and procedure has been developed and is being put into place in order to systematically and formally assess which residents are able to demonstrate an understanding of how to use a lock and key. If the resident has been assessed and demonstrated the ability to use a lock and key, that resident will be issued a key and may have the option of locking his / her room when not in the room. If a resident is unable to demonstrate the ability to use a lock and key, that resident room will be unlocked when the resident is not in his / her room. (see attached policy and procedure as well as documentation of assessment which will be conducted upon admission, annually, and significant change).

In order to accomplish the above, there are some supplies needing to be ordered (i.e. extra keys to issue in the event of lost keys, break away labeled lanyards for ease of resident keeping track of his / her key) as well as time for assessments to be completed and rasps to be updated to be reflective of each residents individual needs related to the outcome of the assessments. Staff will be educated on the new policy and procedure. The goal is to have this program in place as quickly as possible and no later than 5/19/17.

The Memory Care Director is responsible to implement the policy and procedure for each resident and will follow up with the repeat assessments and support plans as indicated above / per the policy.

The Executive Director will also monitor through facility QI audits.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shawn Barndt, Executive Director

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

Shawn Barndt, Executive Director

Date 4/28/17

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(Initials)

Chestnut Knoll Memory Care Lock and Key Assessment Procedure

Regulation 55 Pa. Code 2600

A resident Shall have Access to his /her bedroom at all times (2600.101. (i)

A resident has the right to privacy of self and possessions (2600.42. (s)

Upon Admission, each resident who resides on the specialty dementia care neighborhood at Chestnut Knoll will be assessed for their understanding of how to operate a lock and key system.

Residents who demonstrate an understanding of the above will be issued a key to their room and may choose to lock their room.

The assessment will be conducted and documented by the Memory Care Director upon admission, annually, and upon any identified significant change. In the absence of the Memory Care Director, the Executive Director or designee may conduct the assessment.

For residents who cannot pass the lock and key assessment, their rooms will remain unlocked when they are not physically in their room.

Each Individual Resident Rasp will reflect the outcome of the assessment as well as any assistance (i.e. prompting, cueing, physical assistance) that may be needed so that staff are aware of each resident's individual plan and needs.

Violation Report: 22613 - 04/11/2017 - O'Haire, Anne
PCH Name: CHESTNUT KNOLL

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation dated 3/9/2017 did not indicate weight, blood pressure, pulse rate and temperature.
Resident # 2's medical evaluation dated 1/24/2017 did not indicate weight, blood pressure, pulse rate and temperature.

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.

Both residents mentioned above have been re-evaluated by their physicians and new medical evaluations have been filled out to replace the forms that were missing information. (see attached)

The facility does have an audit process in place in order to double check that all residents have timely medical evaluations in compliance with set regulations. However, in this instance, the forms found with missing information was not noticed in the QI process

The nursing department has been reminded to ensure that there are no blanks / missing information on the medical evaluation prior to the physician signing it. Also, the interdisciplinary team who conducts the follow up audits have been educated on not only checking to ensure the form is in place per the regulation, but that it is also fully complete.

The Executive Director will randomly audit charts monthly as a part of the facility QI program to ensure the system is working properly and that the facility is within full compliance with medical evaluations; specifically that they are filled out completely.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawn Barndt, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawn Barndt, Executive Director* | Date *4/28/17*

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Violation Report: 22613 - 04/11/2017 - O'Haire, Anne
 PCH Name: CHESTNUT KNOLL

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 4/11/2017, at 9:40am the 3rd floor medication treatment cart located next to the home's stair tower was found unlocked with no staff supervision at the time of the observation.

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 treatment cart was immediately locked.

The staff have been reminded of the importance of keeping the treatment carts locked at all times when not in immediate use.

In order to ensure that the carts are being locked as expected / required, a check on the carts are being completed hourly around the clock. (see attached sheet of hourly checks).

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawn Barndt, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawn Barndt, Executive Director* Date *4/28/17*

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