



pennsylvania

DEPARTMENT OF HUMAN SERVICES

OCT 11 2017

Ms. Debbie Young,
Administrator
Assured Care, Inc.
129 Houck Road
Fleetwood, Pennsylvania 19522

RE: Grand View Manor
License #: 215010

Dear Ms. Young:

As a result of the Department of Human Services' annual licensing inspection on July 27, 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: 21501 - 07/27/2017 - Dumas, Gerald
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's initial medical evaluation dated [redacted] 16, a faxed document, had the following pen and ink changes made to the document after the physician signed it: Date Resident Evaluated: [redacted] 16, Date Form Completed: [redacted] 16, Section (1) Height: [redacted] Weight: [redacted] Pulse Rate: 68, Blood Pressure: 114/74, Temperature: Afebrile. Section (2) Medical Diagnoses: IDDM, Depression, HTN. Section (6) X Unknown, Influenza Date: Refused, Other Immunizations: Refused. Section (9) Health Status: X Good, Cognitive Functioning: X Fair. Homes are not permitted to change the content of a DME without the consent of the person who performed the evaluation.

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.

I, Debbie Young RN, will be responsible to make sure that there is nothing added to Medical EVALUATION after physician signs it.
 I understand the reason for the ~~appointment~~ ^{regulation}
 I will send medical eval back to physician if there are items missing.
 Adm. will make sure all current med evals are complete. Cf. 8-30-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN** Date **8/21/2017**

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

The above plan of correction is approved as of <u>8/30/17</u> (Date) The above plan of correction was approved by <u><i>Op</i></u> (Initials)	Plan of correction implementation status as of <u>8/30/17</u> (Date) <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: 21501 - 07/27/2017 - Dumas, Gerald

PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 2's annual medical evaluation dated 6/13/17, a faxed document, had the following pen and ink changes made to the document after the physician signed it: Section (1) Height: [redacted] Weight: [redacted] Pulse Rate: 68, Blood Pressure: 126/74, and Temperature: Afebrile. Section (6) Td/Tdap Date: N/A, Influenza Date: Fall 2016. Homes are not permitted to change the content of a DME without the consent of the person who performed the evaluation.

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.

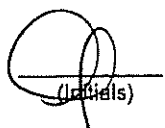
I, Debbie Young RN, will be responsible to make sure that there is nothing added to medical evaluation after physician signs it. I understand the reason for the regulations. I will send medical eval back to Dr.'s office if there are items missing.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DEBBIE Young RN** Date **8/21/2017**

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The above plan of correction was approved by  (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: 21501 - 07/27/2017 - Dumas, Gerald
 PCH Name: GRAND VIEW MANOR

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
 The glucometer reading for resident # 3 indicated a reading of 166 on 7/22/17 at 7:00 a.m. however, the documented reading on the resident's " Blood Sugers Record Sheet" was recorded as havng a reading of 181. The glucometer indicated a reading of 168 on 7/23/17 at 5:00 p.m., however the document recorded indicated a reading of 162. The glucometer indicated a reading of 210 on 7/24/17 at 7:00 a.m. however, the documented reading indicated a reading of 133. The glucometer indicated a reading of 202 on 7/24/17 at 5:00 p.m. however, the documnted reading indicated a reading of 210.
 The glucomter for resident # 1 indicated a reading of 131 on 7/24/17 at 7:00 a.m. however, the documented reading indicated a reading of 123.

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.

I, Debbie Young RN, had a meeting with employees and instructed them to write down on sheet immediately after test to avoid forgetting EXACT number.

I, Debbie Young, RN, will be responsible to periodically check glucometer against record to ensure compliance.

This was a room with 2 persons in to record - Rooms with single persons the numbers were all perfect.

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


Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Young RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN** Date **8/21/2017**

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Plan of correction implementation status as of 8/30/17 (Date)

The above plan of correction was approved by  (Initials)

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