



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: December 8, 2017
Sent via email to: abcdyoung@juno.com

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' licensing inspection on August 30, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21501 - 08/30/2017 - Dumas, Gerald

PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/1/17, resident # 1 was transported via ambulance to the emergency room for seizure-like activity. The home's administrator "A" was notified of resident # 1's diagnosis of a subdermal hematoma to the head. The home did not submit a reportable incident to this Department for a significant trauma to the resident's head.

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 RW, will be responsible to submit a incident report sooner next time. Incident report was submitted at time of death and not when I talked with dr. @ hospital. Next time I will submit it at the time I know information.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Debbie Young RW

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

DEBBIE Young RW

Date

11/24/2017

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

The above plan of correction is approved as of 12-6-17 (Date)

The above plan of correction was approved by (Initials)

[Handwritten initials]

Plan of correction implementation status as of 12-6-17 (Date)

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

Violation Report: 21501 - 08/30/2017 - Dumas, Gerald
PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident # 1's initial resident assessment and support plan (R.A.S.P.), dated [redacted] 17, did not indicate his/her need for an assistive device, namely, a walker, to assist with ambulation.

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 write on initial Assessment and RASP Assistive devices used by residents.

In this resident he was not using walker when initially Arrived and it was overlooked to go back and add it on RASP.

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

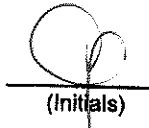
Signature of Legal Entity Representative
(Required on EVERY Page) *Debbie Young*

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

DEBBIE Young RN 11/11/2017

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

The above plan of correction is approved as of 11-15-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11-18-17
(Date)

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