



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 11 2017

Ms. Vanessa Perez,  
Director of Operations  
Spirit of Gheel  
P.O. Box 610  
Kimberton, Pennsylvania 19442

RE: Gheel House  
10 Hollow Road  
Kimberton, Pennsylvania 19442  
License #: 144320

Dear Ms. Perez:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on September 19, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: GHEEL HOUSE		License Number: 14432
Address: P O BOX 610 10 HOLLOW ROAD, KIMBERTON, PA 19442		County: Chester
Administrator: Vanessa Perez		Region: SOUTHEAST
Legal Entity Name: SPIRIT OF GHEEL		
Legal Entity Address: P.O. BOX 610, KIMBERTON, PA 19442		
Certificate(s) of Occupancy C-3 SP 04/11/1985 PA Department of L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 6	Working Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2017: Kazlmer, Lauren		
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: 8 Number of Residents Served: 6 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served In Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 2 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14432 - 09/19/2017 - Kazimor, Lauren  
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa. Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 17. The contract was not signed by the administrator, the resident, and the payor until [redacted] 17.

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.

EFFECTIVE IMMEDIATELY, RESIDENT, PAYOR + ADMINISTRATOR SIGNATURES ON RESIDENT CONTRACTS WILL BE EXECUTED ON THE DAY OF ADMISSION OR, IN THE CASE OF ANY CONTRACT REVISIONS, ON THE EFFECTIVE DATE OF SUCH REVISIONS. ADMINISTRATOR TO ENSURE SIGNATURES ARE EXECUTED ON THESE DATES.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christopher Graia, PsyD*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *CHRISTOPHER GRAIA, PsyD* Date *10/9/17*

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

The above plan of correction is approved as of *10/3/17*  
 (Date)

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

Plan of correction implementation status as of *10/3/17*  
 (Date)

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

Violation Report: 14432 - 09/19/2017 - Kazlmer, Lauren  
 PCH Name: GHEEL HOUSE

1. REGULATION 65 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  
 Direct care staff person A, hired on 7/26/17, did not have a criminal background check requested until 8/9/17.

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.

EFFECTIVE IMMEDIATELY, DATE OF HIRE FOR ALL EMPLOYEES  
 WILL NOT TAKE PLACE UNTIL RECEIPT OF COMPLETED CRIMINAL  
 BACKGROUND CHECKS. DIRECTOR OF OPERATIONS WILL ENSURE  
 THAT THIS PRACTICE IS IMPLEMENTED + FOLLOWED FOR  
 ALL NEW HIRES.

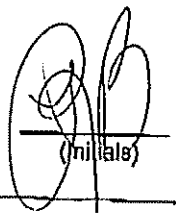
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christopher Grala, Psy.D.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER GRALA, Psy.D.	Date 10/9/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/31/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 10/31/17  
 (Date)

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