



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 21 2017

Mr. Daniel Guill  
Authorized Officer  
Douglassville Aid II OPCO LLC  
330 North Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Amity Place  
139 Old Swede Road  
Douglassville, Pennsylvania 19518  
License #: 226560

Dear Mr. Guill:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 6, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22656 - 10/06/2017 - Novak, Ryan

PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summaries dated 7/11/13 & 5/10/16 included the resident privacy coding document. The privacy coding document exposes confidential information of the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

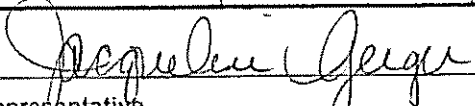
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

2600.17 - The privacy coding documents were removed the date of inspection to ensure resident privacy and regulatory compliance.

- Going forward, when a violation report is received at the facility, the Executive Director (ED) will remove the privacy coding document prior to placing the violation report in the binder at the front desk for visitors and residents to view.

- The ED or Designee will review the binder monthly prior to QI meetings to ensure that resident privacy and regulatory compliance are being maintained.


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) Jacqueline Geiger, Executive Director Date 11/3/17

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

The above plan of correction is approved as of 11-8-17  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 11-8-17  
(Date)

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

Violation Report: 22656 - 10/06/2017 - Novak, Ryan

PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The home currently serves 75 residents and is required to have 2 staff persons on every shift certified in first aid and CPR. From 10/1-10/3/17 from 11pm-7am only one person was working certified in first aid. On 10/3/17 from 3pm-11pm only one staff person was certified in first aid and CPR.

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.

2600.63(a) - On date of inspection, nursing schedules were reviewed and staffing was adjusted to provide appropriate CPR certified staff coverage on all shifts for facility census.

- CPR Certification/First Aid Class was held on October 19, 2017 at which time eighteen (18) more direct care staff members were trained in CPR/First Aid to provide for resident safety and regulatory compliance (see attached).

- Going forward, Care Services Manager (CSM) and Executive Director (ED) will review nursing schedule weekly, Monday after morning Stand-Up meeting, to insure that all shifts have sufficient CPR certified staff coverage to maintain regulatory compliance and resident safety per current census needs. CSM will adjust schedule as necessary to maintain resident safety and regulatory compliance.

*document provided*

*The Administrator will oversee to ensure ongoing compliance. Cf. 11-8-17*

Repeat Violation: No

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(Required on EVERY Page)

*Jacqueline Geiger*

Printed Name and Title of Legal Entity Representative  
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*Jacqueline Geiger, Executive Director*

Date *11/3/17*

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(Date)

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*JG*  
(Initials)

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Violation Report: 22656 - 10/06/2017 - Novak, Ryan  
PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Administrator A completed 13 hours of the required 24 hours of annual training for trainig year 2016.

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.

2600.64(c) - Administrator A completed twenty five (25) hours of the required training, twenty four (24) of which were completed online.

- Administrator A has completed eight (8) in-person training hours to make-up for the missing 2016 training hours (see attached).
- Administrator A has another three (3) in-person training hours scheduled for November 9, 2017 to make-up the additional missing 2016 training hours, for a total of twelve (12) in person hours for 2016 (see attached).
- Going forward, Administrator A will insure that a minimum of twelve (12) hours of training annually are provided in-person. If Administrator A has difficulty locating training providers, Administrator A will contact the local regional office of The Department of Human Services for Assistance. Training hours will be submitted to Regional Director of Operations by Administrator A, annually, for verification/review.

documents provided.  
JP 11-8-17


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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline Geiger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Geiger, Executive Director</i>	Date <i>11/3/17</i>
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Violation Report: 22656 - 10/06/2017 - Novak, Ryan  
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A hired 3/23/17 did not receive training in the emergency medical plan and reporting of reportable incidents and conditions within the staff persons 1st 40 hours worked.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.65(b) - Direct Care and Ancillary Staff at facility are being re-in-serviced on Amity Place Emergency Medical Plan and Reporting of Reportable Incidents by Executive Director (ED) and/or Business Office Manager (BOM/HR).

- In-service started October 12, 2017 with a facility-wide completion date of November 24, 2017. (see attached)

- Going forward, BOM will in-service all new hires on Resident Rights, Emergency Medical Plan, OAPSA, and Reportable Incidents, within first forty (40) hours of employment. ED or designee will review orientation checklists for all new hires to insure that all new hires have received appropriate orientation.

*documents provided.*

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*Jacqueline Geiger*

Printed Name and Title of Legal Entity Representative  
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*Jacqueline Geiger, Executive Director*

Date

*11/3/17*

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Violation Report: 22656 - 10/06/2017 - Novak, Ryan  
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The exit which leads to the activity courtyard which exits to a gate is locked with a chain and a lock, preventing immediate egress in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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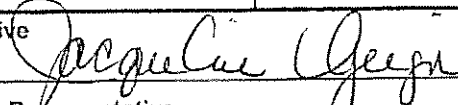
2600.121(a) - Chain and lock were removed from garden gate on date of inspection.  
 - Going forward, the garden gate will remain unlocked and will be an immediate and functioning egress in the event of an emergency.  
 - The Maintenance Director and/or designee will monitor the garden gate monthly as part of his preventative maintenance routine to insure that it is in good working order.

The Administrator will oversee to ensure ongoing compliance. ep 11-8-17

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Violation Report: 22656 - 10/06/2017 - Novak, Ryan

PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.

2600.130(h) - Fire/Smoke/Heat Detectors/Fire Alarm System Policy in place for fire systems as of October 7, 2017 (see attached).

- Policy attached will be used by staff in the event that there is a malfunctioning and/or inoperable facility detector/alarm.

- Policy to be reviewed annually during mandatory fire safety training by Executive Director (ED) or training designee for staff education purposes.

As per the home's plan, battery operated detectors will be used if there is an equipment failure or malfunction.

The home will conduct a fire watch in 30 minute rounds of the facility, policy provided.

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Jacqueline Geiger, Executive Director

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Violation Report: 22656 - 10/06/2017 - Novak, Ryan  
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The fire drills conducted from 1/23/17-9/21/17 indicate exits 100, 200, 300 & 400 were utilized.

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.*

2600.132(f) – Maintenance Director (MD) utilized same four (4) routes for exit. Acting Executive Director (AED) verbally reviewed fire drill logs with MD on date of inspection.

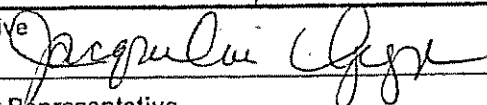
- Going forward, MD and Executive Director (ED) will utilize exit routes as potential fire locations during drills. MD will insure that blocked exit areas are rotated monthly/shifts to provide staff and residents the ability to practice safely exiting the building via different routes.

- MD will document blocked exit routes and document routes used for safety egress. ED will review fire drill log, prior to and during QI meeting to insure regulatory compliance.

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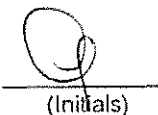
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Violation Report: 22656 - 10/06/2017 - Novak, Ryan  
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600

- 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
  - (2) Emergency transportation to be used.
  - (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home does not have an emergency medical plan.

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.*

2600.143(a) - Emergency Medical Plan in place as of October 7, 2017. (see attached)

- Plan attached will be used by staff in the event of a facility emergency.
- Plan attached will be in-serviced during first forty (40) hour orientation for new employees by Business Office Manager (BOM/HR) and/or designee.
- Plan attached will be in-serviced annually by Executive Director (ED) and/or training designee.

*documents provided*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Geiger, Executive Director* Date *11/3/17*

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The above plan of correction was approved by <u><i>JG</i></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: 22656 - 10/06/2017 - Novak, Ryan  
 PCH Name: AMITY PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 started receiving hospice services on 7/7/17, the residents RASP was not updated to reflect these changes until 9/26/17.

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.

2600.227(d) - RASPs will be utilized as working documents; therefore updates will made via handwritten and/or attached addendum.

- When/if a resident requires a new/changed service per the order of a physician, physician's assistant, and/or a certified registered nurse practitioner, the Care Services Manager (CSM) and/or the Assistant Care Services Manager (ACSM) will update the RASP within seventy-two (72) hours to reflect the change.
- The CSM and/or ACSM will bring the updated RASP to the next Morning Stand-Up Meeting to inform Department Heads as well as Direct Care Staff of the changes.

The Administrator will oversee to insure ongoing compliance. Q. 11-8-17

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