



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

Mr. Scott A. Farabaugh
Owner
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
Certificate #: 432100

Dear Mr. Farabaugh:

As a result of the Department of Human Services' annual licensing inspection on November 1, 2017 and November 2, 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

FEB 28 2018

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person A, the home's administrator, only completed 15 hours of annual training relating to job duties during the 2016 training year.

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.

Staff person A completed an additional 10 hours of annual training in November 2017. *[Signature]*
3/2/18

- 1. Administrator immediately began online training courses
- 2. Administrator was educated on 2600.64(c) as it relates to annual training credits.
- 3. Administrator has followed up on regulation 2600.64(c) by reading and acknowledging how many credits need to be achieved during the year.
- 4. Administrator will report all CEU's earned to Affinity

Immediately: The administrator's training shall be reviewed on a quarterly basis to ensure at least 24 hours of annual training is conducted during each established training year. Documentation of training certificates shall be kept. *[Signature]*
3/2/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charlynn D. Kneet Administrator* Date *2/26/18*

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

The above plan of correction is approved as of 3/2/18 (Date)

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

Plan of correction implementation status as of 3/2/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 28 2018

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 11/26/12, provides unsupervised ADL services; however, he/she did not complete the Department-approved direct care training course and passing of the competency test until 10/13/16.

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.

- 1. New Hope Facility will confirm completion of department approved direct care training course and passing of the competency test prior to employee providing unsupervised ADL services.
- 2. Facility will confirm completion of department approved direct care training course and passing of the competency test prior to employee providing unsupervised ADL services.
- 3. DRCS will monitor newly hired employees (within the first week of employment and/or prior to the employee providing unsupervised ADL services) for compliance of regulation 2600.65d
- 4. A copy of the certificate of completion of the department approved program will be maintained in the employee's file

The home created a new hire checklist. R 3/2/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher D. Kunst Administrator* Date *2/26/18*

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

The above plan of correction is approved as of 3/2/18 (Date)

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

Plan of correction implementation status as of 3/2/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 28 2018

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 11/26/12, only received 9 hours of annual training related to job duties during the 2016 training year.
Direct care staff person C, hired 2/4/13, only received 2 hours of annual training related to job duties during the 2016 training year.

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.

Staff persons B and C received additional trainings during the 2017 training year. 2/3/18

1. Facility will provide education to staff person B and staff person C. A full house audit will be completed for all current employees and education will be provided to ensure all current employees have the required training hours
2. Facility will provide direct care staff with all materials necessary to complete the annual training. Training will be provided in the following formats: lecture, self-study modules or power point presentation.
3. DRCS will monitor direct care staff records monthly for compliance. A record of training will be maintained for all direct care staff employee.
4. Audits will be discussed at the Quality Assurance Committee

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher D. Kunst Administrator* Date *2/26/18*

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

The above plan of correction is approved as of 3/2/18
(Date)

The above plan of correction was approved by *L*
(Initials)

Plan of correction implementation status as of 3/2/18
(Date)

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

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The records of training documents for several staff persons, to include staff persons B and C, did not include all required components. This includes, but is not limited to, the following:
* "Infection Control" training document does not include the content of the course, the date the training was held or the length of the course
* "Documentation Training" training document does not include the source of the training content or the length of the course.
* "Resident Rights" training document does not indicate the training source for the information provided and only indicates "January" as the date of the training

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.

1. Facility will provide education to staff person B and staff person C. Education will be provided for required training components. The DRCS will review training content and ensure all required components are present.

2. All future records of training will include the following information:

Title of Course	Location
Content of Course	Date
Training Source	Length (# of hours completed)

Copies of any certificates issued for training will be kept on file.

3. DRCS, or designated person, will document the required information on the record of training

4. Completed record of training will be placed on file in the annual training manual. DRCS will maintain the manual.

5. Audits will be discussed at the Quality Assurance Committee to ensure a record of training, containing all items specified in 2600.65(i), is present. *3/2/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christopher D Kunst Administrator</i>	Date <i>2/26/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/2/18
(Date)

The above plan of correction was approved by *L*
(Initials)

Plan of correction implementation status as of 3/2/18
(Date)

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

RECEIVED

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

FEB 28 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 11/1/17 and 11/2/17, there were approximately 24 cigarette butts on the sidewalk in front of the main entrance of the home.

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.

1. Administrator immediately cleaned up all the cigarette butts out front of New Hope
2. Administrator was well as morning dietary staff will monitor the front of New Hope for excessive cigarette butts.
3. Weekly morning audits will be done for 12 weeks. Audits will be done by Administrator and morning dietary staff. A written letter to all family members will be mailed out stating where they need to go if they smoke on the premises.
4. Audits will be discussed at the Quality Assurance Committee.

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

Christopher D. Kunst

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

Christopher D. Kunst
Administrator

Date 2/26/18

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

The above plan of correction is approved as of 3/2/18
(Date)

Plan of correction implementation status as of 3/2/18
(Date)

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

The above plan of correction was approved by *f*
(Initials)

FEB 28 2018

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 11/1/17, at approximately 10:30 AM, there was an uncovered trash can, approximatel 1/3 full, located in the unisex bathroom on the first floor.

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.

1. Administrator immediately put a covered trash can in the unisex bathroom
2. Facility did an audit on all unisex bathrooms the next day to ensure every unisex bathroom had a covered trash can .
3. Administrator will do weekly audits for 3 weeks and monthly audits for 3 months after.
4. Audits will be discussed at the Quality Assurance Committee

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

Printed Name and Title of Legal Entity Representative *Christopher D. Kunst*
(Required on EVERY Page) Administrator Date *2/26/18*

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

The above plan of correction is approved as of 3/2/18
(Date)

The above plan of correction was approved by *PK*
(Initials)

Plan of correction implementation status as of 3/2/18
(Date)

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

FEB 28 2018

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 11/1/17, there were cobwebs on both sides of the wall sconce in Hall I, to the right of bedroom I. The cobwebs, which extended from the fixture to the ceiling, contained approximately 23 dead insects.

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.

1. Administrator spoke with a housekeeper the same day and had housekeeper clean the cobwebs immediately.
2. Head housekeeper was educated on hallway fixtures and explained how to keep them clean. Cleaning the fixtures is a part of their everyday routine.
3. Head housekeeper will do weekly audits for 3 weeks and monthly audits for 3 months after to ensure hallways are clean and free of cobwebs.
4. Audits will be discussed at the Quality Assurance Committee.

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

Printed Name and Title of Legal Entity Representative *Christopher D. Hurst*
(Required on EVERY Page) *Administrator* Date *2/26/18*

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

The above plan of correction is approved as of 3/2/18
(Date)

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

Plan of correction implementation status as of 3/2/18
(Date)

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

FEB 28 2018

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 11/1/17, at approximately 11:00 AM, there was a used, unlabeled bar of soap in the shower stall in the A-hall common shower room.

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.

1. Administrator immediately removed the bar of soap from the bathroom
2. Administrator will do weekly audits for 3 weeks and monthly audits for 3 months after that.
3. Administrator was educated on 2600.102(i).
4. Audits will be discussed at the Quality Assurance Committee

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

Printed Name and Title of Legal Entity Representative *Christopher D. Kunst*
(Required on EVERY Page) *Administrator* Date *2/26/18*

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The above plan of correction is approved as of 3/2/18
(Date)

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

Plan of correction implementation status as of 3/2/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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 11/1/17, the following over-the-counter (OTC) medications were unlocked and accessible on the bedside table of Room E in A Hall; however resident #2 has not been assessed to be able to self-administer medications.

- *96 Chewable Antacid tablets
- *24 tablets of Alka Seltzer

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.

1. Administrator removed Over The Counter medicine from the residents room.
2. Administrator, Director of Resident Services Coordinator and designated caregiver will monitor resident's rooms for OTC medicine when cleaning rooms and doing rounds. Random Audits will be for 3 weeks and 3 months after
3. A written letter to all family members will be mailed out stating what they need to do when bringing in Over The Counter medicine.
4. Audits will be discussed at the Quality Assurance Committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christopher D. Kunst

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

Christopher D. Kunst
Administrator

Date 2/26/18

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

The above plan of correction is approved as of 3/2/18
(Date)

Plan of correction implementation status as of 3/2/18
(Date)

The above plan of correction was approved by *P*
(Initials)

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

Violation Report: 43210 - 11/01/2017 - Knee, Donald
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

FEB 28 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment was completed on 7/13/16; however another assessment was not completed until 8/4/17.

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.

- 1. The facility requested and received direction and clarification of completion date vs date assessed. *Initial then 3/2/18*
- 2. DRCS will conduct monthly audits to ensure compliance of completion of assessments. *to ensure each resident has an assessment, completed in its entirety, at least annually. 3/2/18*
- 3. Audits will be documented and a copy of the completed audits will be kept on file. DRCS will be responsible for maintaining the records of the audits.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christopher D. Kunst</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christopher D. Kunst Administrator</i>	<i>2/26/18</i>

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

The above plan of correction is approved as of 3/2/18
(Date)

Plan of correction implementation status as of 3/2/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented