



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: December 18, 2017**

Ms. Beth McMaster,  
VP of Operations  
United Church of Christ Homes, Inc.  
30 North 31<sup>st</sup> Street  
Camp Hill, Pennsylvania 17011

RE: Ephrata Manor  
99 Bethany Road  
Ephrata, Pennsylvania 17522  
Certificate #: 321880

Dear Ms. McMaster:

As a result of the Department of Human Services' licensing inspections on December 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.

Sincerely,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

<b>PCH Name:</b> EPHRATA MANOR		<b>License Number:</b> 32188
<b>Address:</b> 99 BETHANY ROAD, EPHRATA, PA 17522		<b>County:</b> Lancaster
<b>Administrator:</b> Gaea Fabon		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> UNITED CHURCH OF CHRIST HOMES INC		
<b>Legal Entity Address:</b> 30 NORTH 31ST STREET, CAMP HILL, PA 17011		
<b>Certificate(s) of Occupancy</b> C-2 LP 07/17/1991 Labor and Industry		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 46	<b>Working Staff:</b> 36
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 12/06/2017: Showers, Michael; McCabekey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Date</b>		
<b>Licensed Capacity:</b> 48	<b>Number of Residents Served:</b> 44	<b>Number of Residents who:</b>
<b>Secured Dementia Care Unit In Home:</b> No	<b>Area:</b>	<b>Receive Supplemental Security Income:</b> 0
<b>Secured Dementia Unit Capacity, if Applicable:</b>	<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b>	<b>Are 65 Years of Age or Older:</b> 43
<b>Number of Current Hospice Residents:</b> 0	<b>Number of Hospice Residents in past year:</b> 1	<b>Have Mental Illness:</b> 0
		<b>Have an Intellectual Disability:</b> 0
		<b>Have a Mobility Need:</b> 2
		<b>Have a Physical Disability:</b> 0

Violation Report: 32188 - 12/08/2017 - Showers, Michael  
 PCH Name: EPHRATA MANOR

**1. REGULATION 85 Pa.Code §2608**

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**

At 10:00 am, the Electronic Medication Administration Record (EMAR) on a first floor medication cart was opened to a resident's EMAR and the listing of the resident's medications were visible to anyone walking down the hallway. The narcotic count book listing residents' names and their associated medications was also located on the side of the cart. The cart was unattended by staff at that time.

**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.

12/6/17 - Laptop screens will be minimized or in the down position when not in use for confidentiality of the resident information.

12/6-12/15/17 - Staff will be educated on resident records and confidentiality in accordance with RCG 2600.17.

PCHA or designee will complete compliance rounds to ensure staff are compliant with confidentiality of records regulation. Audits will continue until a pattern of compliance is established and approved by the Quality Assurance committee.

*\* Staff members will sign out at the E-MAR program when not performing duties related to medication administration.*

*BAS, 2/18/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Beth A. McMaster*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beth A. McMaster, VP Operations* Date *12/14/17*

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

The above plan of correction is approved as of <u><i>12/18/17</i></u> (Date)	Plan of correction implementation status as of <u><i>12/18/17</i></u> (Date)
The above plan of correction was approved by <u><i>BAS</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: 32188 - 12/06/2017 - Showers, Michael  
 PCH Name: EPHRATA MANOR

1. REGULATION 59 Pa. Code §2960  
 2800.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 12/06/2017, Dimplex brand electric fireplaces were located in a lounge area in front of the personal care office and in the second floor lounge area. These units were not hard wired into the home's electrical system and produced substantial heat when in operation.

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.

Fireplaces on both 1<sup>st</sup> and 2<sup>nd</sup> floors that were identified as portable space heaters were unplugged immediately on 12/6/17. Both heating elements were dismantled on 12/7/17. They were also secured to the wall.

12/6/ - 12/15/17 - All staff will be educated on the prohibited use of space heaters according to the RCG 127(a).

Routine education with all residents and families will be done upon admission on prohibited use of portable space heaters.

Staff will conduct routine safety checks for prohibited space heaters during their monthly room safety checks.

Any concerns from the safety rounds will be reported immediately to the PCHA and Maintenance Director.

The results of the Safety Rounds will be reported to the Quality Assurance Performance Improvement Committee on a quarterly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Brenda McMaster</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brenda McMaster, Operations</i>	<i>12/14/17</i>

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

The above plan of correction is approved as of 12/18/17  
 (Date)

Plan of correction implementation status as of 12/18/17  
 (Date)

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

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

Violation Report: 32188 - 12/06/2017 - Showers, Michael  
 PCH Name: EPHRATA MANOR

1. REGULATION 85 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 12/06/2017 at 9:45 am, the first floor medication cart next to nurse's station near the harvest dining room was unlocked and accessible to residents for approximately five minutes. No staff members were located at the medication cart during this time period.

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.

12/6/17 - Medication carts will be locked at all times when unattended.

12/6-12/15/17 - Staff will be educated on the safety and storage of medications in accordance with RCG 2600.183(b)

PCHA or designee will complete compliance rounds to ensure staff are compliant with med carts being locked. Audits will continue until a pattern of compliance is established and approved by 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) *Beth Ann McMaster*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth Ann McMaster, V.P. Operations</i>	Date <i>12/14/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/16/17  
 (Date)

Plan of correction implementation status as of 12/18/17  
 (Date)

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

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

Violation Report: 32188 - 12/06/2017 - Showers, Michael  
 PCH Name: EPHRATA MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

**2a. DESCRIPTION OF VIOLATION**

On 12/06/2017, at 9:45 am, resident records and charts were located in the personal care office next to the Harvest Dining Room. This office was unlocked and there was no staff person in this room at this time.

**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.*

12/6/17 - Staff instructed PC nursing office door will be closed and locked at all time to secure resident records

No resident information will be left unattended outside of the locked PC nursing office.

12/6 -12/15/17 All staff will be educated on resident record storage according to RCG 2600.254 ( c).

PCHA or designee will complete compliance rounds to ensure staff are following the directives of door being locked. Audits will continue until a pattern of compliance is established and approved by the Quality Assurance committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*B. G. M. Mast*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Beth A McMaster, VP Operations*

Date

*12/14/17*

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The above plan of correction is approved as of

*12/18/17*  
(Date)

Plan of correction implementation status as of

*12/18/17*  
(Date)

The above plan of correction was approved by

*BAS*  
(Initials)

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