



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 6, 2018

Ms. Mable C. Hershey,
President
Our Home of Hope, Inc.
223-225 Cherry Street
Columbia, Pennsylvania 17512

RE: Our Home of Hope, Inc.
Certificate #: 333222

Dear Ms. Hershey:

As a result of the Department of Human Services' licensing inspection on December 21, 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33322 - 12/21/2017 - Gillespie, Denise
 PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The home charges specified amounts for individual personal needs services. The contract for Resident #2, dated [redacted] 17, does not include a fee schedule of actual amounts charged for available services.

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.

On 12/21/17 Fee Amount WAS ADDED, this is something I WAS WORKING ON GOING THRU ALL CHARTS TO MAKE SURE THINGS HAVE BEEN FILLED IN and Signed. In Future on DAY of Admission will see that the charge fee IS FILLED IN. ADMINISTRATOR WILL DO THIS ON DATE OF ADMISSION.

The Administrator will complete the resident record review to ensure all required elements are specified on the contracts, by 3-30-18.

The resident record review results will be discussed at the home's next quality management meeting. -GE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne Simonson ADMINISTRATOR	Date 1-30-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-6-18</u> (Date)	Plan of correction implementation status as of <u>3-6-18</u> (Date)
The above plan of correction was approved by <u>GE</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: 33322 - 12/21/2017 - Gillespie, Denise
PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600

2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #2, dated [REDACTED] 17, does not include the charges for holding a bed during an absence.

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.

On 12/21/17 this was corrected on contract FOR Resident #2.
We are going thru all files/charts checking that things are signed filled in. Doing the Audit. IN FUTURE Administrator will make sure contract is filled out correct.

The Administrator will complete the resident record review to ensure all required elements are specified on the contracts, by 3-30-18.

The results of the resident record review will be discussed at the home's next quality management meeting. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne Simonson

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

Roxanne Simonson Administrator

Date 1-30-18

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The above plan of correction is approved as of 3-6-18
(Date)

Plan of correction implementation status as of 3-6-18
(Date)

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

The above plan of correction was approved by SE
(Initials)

Violation Report: 33322 - 12/21/2017 - Gillespie, Denise
 PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's last medical evaluation was completed on 11/17/16. The resident did not have a medical evaluation in 2017.

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.

medical Evaluation
 Resident # 21 MASI WAS DONE ON 1-15-18, WAS DUE 11-17-17 BUT WE WERE HAVING ALOT OF PROBLEMS WITH [REDACTED], [REDACTED] WAS BEING Violent/ Aggressive, [REDACTED] WAS IN and out of Hospital. WE ASKED pep TO move [REDACTED] TO A NURSING Home [REDACTED] REFUSED. [REDACTED] HAD MASI FOR OVER 1 month AND would not Fill out !! WE TRYED TO call [REDACTED] manytimes. [REDACTED] HAS A 30 DAY Given [REDACTED] 1-18, CYBIL WAS TOLD all of this!

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.

The results of the audit of resident records will be included during the home's next periodic quality management review. - *BE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rexanne Simonson Administrator* Date *1-30-18*

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The above plan of correction is approved as of <u>3-6-18</u> (Date)	Plan of correction implementation status as of <u>3-6-18</u> (Date)
The above plan of correction was approved by <u><i>BE</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