



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

Mr. Chad E. Mondorff,
Executive Director
Albright Care Services
1700 Normandie Drive
York, Pennsylvania 17408

RE: Normandie Ridge
Certificate #: 351320

Dear Mr. Mondorff:


As a result of the Department of Human Services' annual licensing inspection on February 6, 2018 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NORMANDIE RIDGE		License Number: 35132
Address: 1700 NORMANDIE DRIVE, YORK, PA 17408		County: York
Administrator: Emily Shaw		Region: CENTRAL
Legal Entity Name: ALBRIGHT CARE SERVICES		
Legal Entity Address: 1700 NORMANDIE DRIVE, YORK, PA 17408		
Certificate(s) of Occupancy I-2 04/06/2010 W. Manchester Twp.		
Staffing Hours Resident Support: 0 Total Daily Staff: 50 Working Staff: 38		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/08/2018; Cargile, Kellie; Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAR 16 2018</p> <p>Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 68 Number of Residents Served: 29 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 1 Are 99 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0	

Violation Report: 35132 - 02/08/2018 - Cargile, Kellie
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2800

2800.25(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

The contracts for Resident #1, dated [redacted] 17, and Resident #2, dated [redacted] 17, were not signed by 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.

1. After being brought to our attention that two contracts did not reflect the resident's refusal to sign were corrected same day.
2. An audit will be conducted to ensure that all current contracts are in compliance and corrections will be made if needed.
3. The Administrator or designee will complete audits on all new admissions from 2-6-18 forward to ensure they are in compliance. This audit will be conducted until there are 3 months of 100% accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Emily G. Shaw, PCHA

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

EMILY G. SHAW, PCHA

Date *3/15/18*

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The above plan of correction is approved as of *3-16-18*
 (Date)

Plan of correction implementation status as of *3-16-18*
 (Date)

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

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

Violation Report: 35132 - 02/06/2018 - Cargile, Kellie
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 3/26/17 at 12:52 am in the personal care unit does not include the evacuation time.

The fire drill record for the 3/26/17 drill at 1:06 am in the memory care unit does not include the evacuation time, exit route, number of residents in the home, or number of residents evacuated. The record also indicated that the alarm was not activated.

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. Staff responsible for conducting fire drills will be re-educated on the fire drill requirements and the fire drill documentation record. This re-education will include that the home's fire alarm must be activated for all drills and reflected in the fire drill record accordingly.
2. The Administrator or designee will complete monthly audits to ensure that fire drills have been conducted properly and that the documentation is completed properly. This audit will be conducted until there are 6 months of 100% accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Emily G. Shaw, PCHA

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

Emily G. Shaw, PCHA

Date *3-20-18*

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

The above plan of correction is approved as of *3-20-18*
 (Date)

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

Plan of correction implementation status as of *3-20-18*
 (Date)

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