



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 3, 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's Bureau of Human Services Licensing inspection on April 10, 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.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JUN 20 2018

Violation Report: 43210 - 04/10/2018 - McConnell, Deb
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10226.701 - 10226.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/30/18, at approximately 4:00 p.m., staff person A was overheard by staff and resident screaming at resident #1 in a loud, angry and disrespectful voice, stating "I am in your room, what are you ringing for" when the resident rang his/her call bell for assistance. Resident #1 indicated he/she became upset and cried over the response from staff person A. On 3/30/18, at approximately 4:00 p.m., staff person B was notified of the allegation of verbal abuse of resident #1 by staff person A. The home did not report the allegation to the local Area on Aging until 4/10/18.

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 called AA in front of the DHS official and reported the incident over the phone verbally on 4/10.
2. Administrator as well as DRCS was educated on the importance of calling AA and also made aware of when a call needs to be made.
3. All reports of suspected abuse will be discussed with management company before reporting to DHS and Area Agency on Aging. Administrator and Director of Resident Care Services coordinator will read and sign SUSPECTED RESIDENT ABUSE REPORTING and INVESTIGATION REQUIREMENTS and ABUSE AND ABUSE REPORTIG as it is outlined in the RCG Guide.
4. Staff will be made aware that any form of suspected abuse needs to be reported to the state as well as AA.

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

The above plan of correction is approved as of 6/27/18
(Date)

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

Plan of correction implementation status as of 6/27/18
(Date)

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

JUN 20 2018

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PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 3/30/18, at approximately 4:00 p.m., staff person A was overheard by staff and resident screaming at resident #1 in a loud, angry and disrespectful voice, stating "I am in your room, what are you ringing for" when the resident rang his/her call bell for assistance. Resident #1 indicated he/she became upset and cried over the response from staff person A.

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 person A was immediately sent home on allegations of verbal abuse towards the resident. An internal investigation was conducted by management.
2. All staff will be re-educated on abuse, neglect and reporting requirements, by 7/31/18. Documentation will be kept.

[Handwritten signature]
6/27/18

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WEST REGIONAL FIELD OFFICE
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1. REGULATION 55 Pa. Code §2600

2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

On 4/10/18, at approximately 3:30 p.m., multiple resident mail was unsecured and accessible sitting on a hutch next to the kitchen door in the main dining 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. Resident mail was removed from the serving table and brought into the DRCS office
2. Office administrator was instructed to keep all mail on the shelf in the office once sorted.
3. How mail is being handled and distributed will be discussed at the Quality Assurance Committee meeting to educate and bring awareness to staff, and all residents will be notified in writing.

J. Galis

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 4/10/18, at 3:38 p.m., multiple areas of unknown spilled substances was on the floor throughout the kitchen and unknown food particles were laying in the bottom of the kitchen sinks.

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 instructed the kitchen chef to have staff sweep and mop the floors immediately.
2. A sign was made to remind kitchen staff to mop and clean the kitchen floor after each meal.
3. Kitchen Chef/Cook will inspect the floor to ensure compliance each day.
4. Kitchen violation will be discussed at the Quality Assurance Committee to educate all staff.

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WEST REGION FIELD OFFICE
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1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The American Dietetic Association indicates a mechanical soft diet consists of soft foods that are easy to chew and swallow. Bread must be served with butter. Meats are ground or chopped, based on resident tolerance.

Resident #1's medical evaluation, dated 6/5/17, indicates the resident is prescribed a mechanical soft diet. However, on 4/10/18, at approximately 11:30 a.m., resident #1 was served 1" chunks of potatoes and a whole slice of ham on a whole english muffin.

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 called the residents doctor the same day and gained a doctors order for ~~meat~~ diet.
2. A full internal audit was done on all resident DME's and RASP's.
3. Team Lead will monitor all new admissions for dietary compliance.
4. New resident dietary restrictions will be discussed at the Quality Assurance Committee meeting.

Immediately - All staff will be educated on the types of special diets and which residents are on special diets. Documentation will be kept.

Immediately - The administrator will develop a system to ensure all residents prescribed special diets receive the special diet.

JM
6/27/18

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1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 6/21/17, indicates the resident is on a regular diet. However, the resident's medical evaluation, dated 6/5/17, indicates a mechanical soft diet.

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 called the residents doctor the same day and gained a doctors order for her diet.
2. A full internal audit was done on all resident DME's and RASP's.
3. Team Lead will monitor all new admissions for dietary compliance.
4. New resident dietary restrictions will be discussed at the Quality Assurance Committee meeting.

Immediately - The administrator will develop a system to ensure any dietary changes prescribed to residents are immediately implemented and that the assessment is updated with changes.

[Handwritten Signature]
6/27/18

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