



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail

February 7, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
February 7, 2019

Mr. Harrison G. Sanders
President and CEO
Harrison Senior Living of Coatesville, LLC
300 Strode Avenue
Coatesville, Pennsylvania 19320

RE: Harrison Senior Living of Coatesville
License #: 105660

Dear Mr. Sanders:

As a result of the Department's Bureau of Human Services Licensing inspection on April 30, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

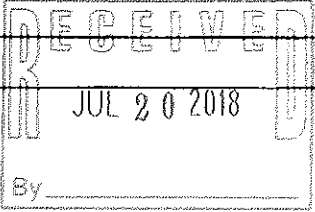
Sincerely,

Patricia Adams

Patricia Adams
Regional Licensing Director

Enclosure
Violation Report

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

PCH Name: HARRISON SENIOR LIVING OF COATESVILLE		License Number: 10566
Address: 300 STRODE AVENUE, COATESVILLE, PA 19320		County: Chester
Administrator: Jean Bryan		Region: SOUTHEAST
Legal Entity Name: HARRISON SENIOR LIVING OF COATESVILLE LLC		
Legal Entity Address: 300 STRODE AVENUE, COATESVILLE, PA 19320		
Certificate(s) of Occupancy C-2 LP 11/03/1986 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/30/2018: Wooters, Sandra; Chung, Youn Hle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 63 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 10566 - 04/30/2018 - Wooters, Sandra
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

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 10225.701 - 10225.707) 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 04/17/2018, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging.

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.

- A. A report was filed with the local area agency on aging on May 1, 2018. See attached copy.
- B. Ongoing, any allegation of suspected abuse will be reported to the local area agency on aging immediately and facility will comply with the requirements regarding restrictions on staff persons.
- C. Regulation 55 PA Code 2600 2600.15(a) was reviewed with the Director of Resident Services by the Executive Director on 5/1/2018.
- D. Yearly in-service for all ancillary staff on OAPSA was conducted on : 6/19,6/26,6/28, 7/13/18
- E. Yearly in-service for all nursing staff on OAPSA is scheduled for October 2018.

. All training and audits to be maintained for Department review. *1/29/19*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan, Executive Director</i>	Date <i>7/18/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>1/29/19</i> (Date)	Plan of correction implementation status as of <i>1/29/19</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 10566 - 04/30/2018 - Wooters, Sandra
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 56 Pa.Code §2600
 2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 04/17/2018, an allegation of abuse was made against staff person B regarding resident #1. The home did not submit a plan of supervision of the staff person to the Department.

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.

- A. Employee "B" was suspended from April 18 to April 21, 2018 while investigation was taken place.
- B. Ongoing the Executive Director will immediately submit to the Department's Personal Care Home regional office a plan of supervision or notice of suspension of the affected staff person(s).
- C. In lieu of supervision the employee(s) will remain suspended until DHS comes out to clear employee to return to work.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jean C. Bryan, Executive Director</u>	Date: <u>7/18/2018</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/29/18
 (Date)

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

Plan of correction implementation status as of 7/29/18
 (Date)

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

Violation Report: 10566 - 04/30/2018 - Woolers, Sandra
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for resident #1 indicates that the resident requires supervision while outside. On 04/17/2018, the resident was left on the home's van unattended for approximately two hours.

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.

- A. A policy and procedure for any resident going on a trip outside of building was reviewed. Additional changes were made on policy on May 2, 2018. See attached**
- B. All staff that are involved in taking residents on outings outside of building were re-in-serviced on the policy.**
- C. Employees involved with taking residents on trips outside of building will review residents RASP with nursing staff before each trip and review residents that need supervision.**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jean C. Bryan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **Jean C. Bryan, Executive Director**

Date **7/18/2018**

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7/29/18
 (Date)

Plan of correction implementation status as of

7/29/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 10566 - 04/30/2018 - Wooters, Sandra
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 04/17/2018, resident #1 was abandoned in a locked van from 02:45 PM until 05:15 PM when she was found alone and unsupervised. The van was driven and parked by staff B. The temperature on this date was between 38 and 46 degrees Fahrenheit. According to the resident's RASP dated 01/25/2018, she requires supervision when outside 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.

- A. Resident was wearing winter coat when attending outing and heat had been provided on vehicle during outing, so vehicle was still warm.**
 - B. Vehicle was not locked and resident could have exited the vehicle. Weather that day had been sunny and still daylight when found.**
 - C. All staff were in-serviced on Resident Rights on 1/8, 1/15 and 1/18/2018.**
 - D. All Activity staff were re-inserviced on the Policy and Procedure on Taking Residents out of Building on Outings.**
 - E. Residents are checked on throughout the day by means of caring for residents according to RASP, meal checks, hydration program, resident trash retrieval 2xs daily, medication administration.**
- 1) Update policies and procedures for taking residents out of the building to include supervision plans based on residents' assessments and support plans (RASP), trip approval by administrator or designated staff, and education all staff assigned to outing on the resident's safety needs prior to each trip.
 - 2) Review and update all residents' RASP to ensure they adequately address supervision needs outside the home.
 - 3) All staff trained by an outside source such as the local AAA on preventing abuse and neglect and resident rights. *PO 2/4/19*

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) *Jean C. Bryan, Executive Director* Date *7/18/2018*

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The above plan of correction is approved as of *2/4/19*
 (Date)

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

Plan of correction implementation status as of *2/4/19*
 (Date)

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

Violation Report: 10566 - 04/30/2018 - Wooters, Sandra
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1 is prescribed Humalog Kwikpen 12 units at 4:00 PM. On 04/17/2018 she did not receive the insulin as she was locked outside in the home's van until 05:15 PM.

- Resident #1 is prescribed Accucheck at 4:00 PM. On 04/17/2018 the Accucheck was completed at 05:50 PM.

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.

- A. Resident was not in locked vehicle.
- B. Resident was assessed by Registered Nurse on duty at 5:15 pm. Vital signs were immediately taken, along with accucheck. Resident was fed and medications given. Accucheck was recorded at 5:50 pm in MAR.
- C. The home will continue to follow the directions of the prescriber within the time frame allowed. Home will do better job of ensuring medications are given timely.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan, Executive Director*

Date *7/18/2018*

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 (Initials)

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- Not Implemented