



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to OUR HOME OF HOPE INC
LEGAL ENTITY

To operate OUR HOME OF HOPE
NAME OF FACILITY OR AGENCY

Located at 223-225 CHERRY STREET, COLUMBIA, PA 17512
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 13, 2018 until June 13, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333220**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 13 2018

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

RE: Our Home of Hope
License #: 333220

Dear Ms. Hershey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 16, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

The license indicates the facility's recent change in the name of the legal entity from NHS Pennsylvania to Merakey Pennsylvania and the facility's recent change in the name from NHS Capital Region to Merakey Pennsylvania.

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.

Ms. Mable C. Hershey

The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over a faint, illegible stamp or watermark.

Jacqueline L. Rowe
Director

Enclosure
License
License Inspection Summary

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

PCH Name: Our Home of Hope		License Number: 33322
Address: 223-225 Cherry Street, Columbia, PA 17512		County: Lancaster
Administrator: Roxanne Simonson		Region: CENTRAL
Legal Entity Name: Our Home of Hope, Inc		
Legal Entity Address: 223-225 Cherry Street, Columbia, PA 17512		
Certificate(s) of Occupancy		
C-2 LP 04/14/1994 Labor and Industry	Other 07/28/2016 Borough of Columbia	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/16/2018: Heemer, Laura; Rosenblat, Dale		
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: 30 Number of Residents Served: 29 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 24 Are 80 Years of Age or Older: 13 Have Mental Illness: 21 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 6	

Violation Report: 33322 - 05/16/2018 - Heemer, Laura

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 contracts for Residents 1, 2, 3 and 4 do 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.

FOR THE fee schedule OUR HOME OF HOPE WAS WORKING ON DEVELOPING A fee schedule, TAKEN TO THE BOARD AND THEY GAVE US A LIST OF WHAT THE FEES WILL BE. HAD ALL RESIDENTS SIGN AND IS NOW IN THERE BOOKS WITH THE CONTRACTS. THIS WAS COMPLETED BY JUNE 5, 2018. RESIDENT #2 IS IN HOSPITAL WILL HAVE HIM SIGN ONE HE IS HOME. ALL OTHERS ARE DONE.

All contracts for residents admitted to the home in the future shall include a fee schedule for services.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/21/2017	11/15/2017
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Signature of Legal Entity Representative
(Required on EVERY Page) Roxanne Simonsen

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Roxanne Simonsen ADMINISTRATOR Date June 5, 2018

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

The above plan of correction is approved as of 6/12/18
(Date)

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

Plan of correction implementation status as of 6/12/18
(Date)

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

Violation Report: 33322 - 05/16/2018 - Heemer, Laura
 PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan for 2018 does not include the projected date and time of trainings, the number of clock hours, locations of the trainings, or course instructors.

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.

All staff have a sheet with date of training completed. with clock hours, location, and instructor. The paper with the projected date was not finished I had started it and did not fill in dates or hours. Also some of our instructors changed. Sending you a copy of our completed one in training book. Sample of one of staff's. In future we will make 2019's now that it is ready. This sheet was fixed on 5-17-18.

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) <u>Roxanne Simonson Administrator</u>	Date <u>June 5, 2018</u>
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The above plan of correction is approved as of <u>6/12/18</u> (Date)	Plan of correction implementation status as of <u>6/12/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 05/16/2018 - Heemer, Laura

PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The bathroom located on the first floor of the building near the Administrator's office does not have an operable window or ventilation fan.

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.

FAN FOR VENTILATION IN BATHROOM BY OFFICE HAS BEEN REPAIRED. 6-4-18. SENDING COPY OF BILL. IN FUTURE WE HAVE ASKED OUR HOUSEKEEPER TO GO AROUND DAILY AND MAKE SURE THAT ALL VENTILATION/EXHAUST FANS ARE WORKING AND CLEANED MONTHLY.

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 June 5, 2018

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The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33322 - 05/16/2018 - Heemer, Laura
PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
The Novalog flex pen of Resident 4 was not initialed and dated at the time it was opened. The manufacturer's instructions direct that the pen should be disposed after 28 days from the date opened. The home is unable to determine the date the medication was opened and when it should be discarded.

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 5-17-18. HAD A meeting with MED. Tech's. HAD JUST HAD Diabetic TRAINING on 5-11-18. Explained ABOUT when you open a flex PEN YOU MUST DATE/ put initials on. That one was found with NO DATE OR INITIALS. Explained that that pen had to be THROWN AWAY. IN FUTURE the person who was on shift THAT DAY will be taken of meds. I the ADMINISTRATOR will check all flex pens DAILY to make sure they are DATED AND INITIALS. Flex Pen WAS DISCARDED 5/16/18.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Roxanne Simpsonson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Roxanne Simpsonson Administrator* Date *June 5, 2018*

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(Date)

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

Plan of correction implementation status as of 6/12/18
(Date)

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

Violation Report: 33322 - 05/16/2018 - Heemer, Laura
 PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident 2 does not include the diagnosis or purpose for the resident's prescribed Bensatropine.

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 MAR sheet FOR RESIDENT #2 THE DIAGNOSIS WAS ADDED ON 5-16-18. EXPLAINED ONCE AGAIN TO MED. TECHS THEY CAN CALL PHARMACY OR DOCTOR TO SEE WHY A RESIDENT IS TAKING. I HAVE TALKED TO PHARMACY ABOUT PLEASE PUTTING ON DIAGNOSIS FOR USE IN FUTURE BEFORE MARS GO INTO BOOK & STAFF MUST CHECK FOR DIAGNOSIS.

* The administrator will perform weekly reviews of the MARs for the residents of the home to assure that the documented prescriptions are current and up-to-date and contain a diagnosis or purpose for the medication. Errors found through these reviews shall be corrected immediately and documentation shall be kept for review during the home's quality management meetings.

BAS 6/12/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2017	08/10/2017
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Signature of Legal Entity Representative (Required on EVERY Page) Roxanne Simonsen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne Simonsen ADMINISTRATOR Date June 5, 2018

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Plan of correction implementation status as of 6/12/18 (Date)

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

Violation Report: 33322 - 05/16/2018 - Heemer, Laura
PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

The Benzotropine 1 mg tablet prescribed to Resident 2 was administered in the evenings during the time period of 5/01/2018 through 5/15/2018. However, the staff members who performed these administrations did not initial the Medication Administration Record of Resident 2.

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 RESIDENT #2 WITH THE EVENING DOSES OF Benzotropine 1mg. THERE WAS A ERROR ON PAPER'S FROM DR. ONE SAID FOR IT TO BE ONCE A DAY BUT THE PHARMACY ORDER WAS TWICE A DAY. WHEN THE STAFF GOT THE RIGHT ORDER THEY DID NOT CHANGE MAR, OR PASS IT ON TO NEXT SHIFT. HE WAS GIVEN THE RIGHT DOSE, NOT SIGNED FOR THOUGH. IN FUTURE STAFF MUST REPORT CHANGES AND WRITE THEM IN MAR, NOTE ALSO NEEDS TO GO IN LOG BOOK. HAD STAFF INITIAL MAR FOR Benzotropine 1mg FOR 2000, WHEN GIVEN 5-17-18.

✶ The administrator will perform weekly reviews of the MARs for the residents of the home to assure that the documentation of the medication administration (dates/times/initials) is being performed correctly by the medication administration staff. Errors found through these reviews shall be corrected immediately and documentation shall be kept for review during the home's quality management meetings.

6/12/18
BAS

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2017	08/10/2017
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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 June 5, 2018

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Violation Report: 33322 - 05/16/2018 - Heemer, Laura
PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 5/13/2018 Resident 2 refused the administration of the prescribed Tamsulosin HCL, Pravastatin Sodium, Trazodone, and Clopidogrel.
The home did not report this refusal to the resident's doctor.

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 Resident #2 The Refusal of meds. HAS BEEN CALLED TO DR. WE DON'T GET ANSWERS SO WE ARE NOW SENDING FAXES. DOCTOR STILL DON'T DO MUCH! Finally put him in Hospital 5-22-18. STAFF SENDS FAXES NOW AND WE HAVE A BOOK WITH RECORDS WITH FAXES SENT. THIS IS TO BE DONE TO HELP PREVENT SIMILAR VIOLATIONS. THIS WAS STARTED 5-17-18.

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 *June 5, 2018*

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- Not Implemented

Violation Report: 33322 - 05/16/2018 - Heamer, Laura
PCH Name: Our Home of Hope

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

The initial assessment for Resident 3, completed on [redacted] 2018, does not include documentation and an assessment of Resident 3's Generalized Anxiety Disorder, Hypertension, Vitamin D Deficiency, and Bi-polar Disorder.

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 Resident #3 The assessment was done by new staff in office, she is just learning what all needs to go in them. I fix them. (R. S. SIMONSON). I will need to train her more. I should have looked it over to see it right. In the future I will check her work before she files it. This was fixed 5-25-18.

* The administrator will complete an audit all resident assessments and support plans (RASPs) to ensure that the assessments document the needs related to all of the diagnoses each resident has. The audit and completion of any new RASPs shall be completed within 30 days from the receipt of this plan.

BAS 6/12/18

Repeat Violation: No Date(s) of Previous Violation(s):

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 *June 5, 2018*

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Violation Report: 33322 - 05/16/2018 - Heemer, Laura

PCH Name: Our Home of Hope

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident 1 has diagnoses of tremors, chronic kidney disease, urinary incontinence. The resident's current support plan, dated 5/9/2018, does not address how the home will assist the resident in meeting these needs.

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 Resident 1 have new staff in office she was working on this Resident's file, she did not finish. In future I the administrator will check the work before it goes in files. Resident # 1 file was fixed 5-18-18 by R. SIMONSON.

The administrator will complete an audit all resident assessments and support plans (RASPs) to ensure that the support plan documents the services that the home will provide to address the needs related to all of the diagnoses each resident has. The audit and completion of any new RASPs shall be completed within 30 days from the receipt of this plan.

RAS 6/12/18

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 June 5, 2018

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6/12/18 (Date)

Plan of correction implementation status as of

6/12/18 (Date)

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RAS (Initials)