



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2018

Ms. Christina Cherry
Executive Director
Graystone Manor Bellmeade
1916 Hileman Road
Tyrone, Pennsylvania 16686

RE: Graystone Manor at Bellmeade
1929 East Pleasant Valley Boulevard
Altoona, Pennsylvania, 16602
License #: 332220

Dear Ms. Cherry:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 12, 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,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: GRAYSTONE MANOR AT BELLMEADE		License Number: 33222
Address: 1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA 16602		County: Blair
Administrator: Christina Cherry		Region: CENTRAL
Legal Entity Name: GRAYSTONE MANOR BELLMEADE LLC		
Legal Entity Address: 1916 HILEMAN ROAD, TYRONE, PA 16686		
Certificate(s) of Occupancy		
I-2 01/16/2014 Artis Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/12/2018: Springs, Israel; Rosenblatt, 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: 85 Number of Residents Served: 67 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: 6 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 67 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 18 Have a Physical Disability: 0	

Cherry 7/10/18

Violation Report: 33222 - 06/12/2018 - Springs, Israel
 PCH Name: GRAYSTONE MANOR AT BELLMEADE

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

Resident #1 is prescribed insulin to be administered based upon sliding scale dosage as a result of the resident's measured blood glucose level. The Medication Administration Record for this resident does not document the amount of insulin administered.

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.

Please see attachments 1 and 2
 Pages 2A and 2B

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
Christina Cheney, Executive Director		7/10/18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	7/12/18 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	BAS (Initials)	7/12/18 (Date)
<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		

Christina Cheney 7/10/18

License Number: 332220

Graystone Manor at Bellmeade

Plan of Correction

Regulation Cited: § 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 the 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.

Violation Description:

Resident #1 is prescribed insulin to be administered based upon sliding scale dosage as a result of the resident's measured blood glucose level. The Medication Administration Record for this resident does not document the amount of insulin administered.

Corrective Action:

The Wellness Coordinator contacted the pharmacy who manages the electronic MAR to have a section added to the MAR for staff to document the amount of insulin given when using a sliding scale.

All staff will document the blood glucose reading and the corresponding amount of insulin for each administration.

All new residents will be reviewed upon admission to the facility regarding insulin usage. The Wellness Coordinator or Charge Nurse who approves medications in the MAR will ensure that the electronic MAR includes all required areas of documentation for each medication. If any medication field is missing, the pharmacy will be notified to correct it and a paper MAR will be used until the electronic correction is made.

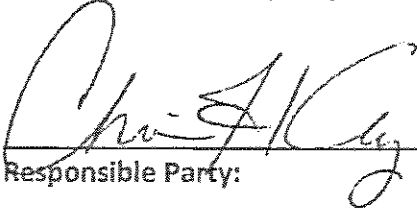
All staff administering medications are educated on this upon hire and at regular nursing meetings.

Time Frame for Completion of the Corrective Action:

The plan has been immediately implemented. The correction was made to the MAR on June 12, 2018.

Person or Persons Responsible for the Corrective Action:

Wellness coordinator, Executive Director, and charge nurse are responsible for ensuring compliance with the policy and regulation.



Responsible Party:

7/10/18

Date: