



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 2, 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's Bureau of Human Services Licensing inspection on June 28, 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 35132 - 06/28/2018 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 5/23/17 at approximately 5:30pm, Resident 1 was left unsupervised in the dining area of the SDCU while the resident was cleaning counters. The resident got behind a half-door which separates the kitchen area from the dining area and placed his/her fingers in the hot water of the unattended steam table. Resident 1's current assessment and support plan (RASP) documents that the resident requires "extensive" supervision, including regular supervision in the home, and as being unaware of unsafe areas. The home failed to provide the required level of supervision to Resident 1.

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 will be re-educated on the level of supervision required by each resident by 9-1-18. This resident as well as others requiring extensive supervision are receiving 15 minute checks that are documented. An audit will be completed to ensure that the current list of resident requiring extensive supervision reflects in their RASP and vice versa. The half door has had an alarm added to it since the survey that will alarm if the door is opened to prevent this event from occurring again.

On a weekly basis, the administrator will review the documentation logs for those residents who are identified to need increased checks for supervision. The administrator shall observe the supervision being provided to the residents in the secured Dementia Care Unit during daily walk-throughs of the facility. BAS/8/2/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Emily G. Shaw*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Emily G. Shaw, PCHA</i>	Date <i>8/2/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/2/18</u> (Date)	Plan of correction implementation status as of <u>8/2/18</u> (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
The above plan of correction was approved by <u>BAS</u> (Initials)	

Violation Report: 35132 - 06/28/2018 - McCloskey, Jason
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism are not posted near the door from the SDCU to the parking lot.

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.

The home had a sign near the door referred to. It was broken and removed to prevent a possible skin tear or other injury due to the sharp edge present. A new sign was ordered at that time, but did not arrive at the time of the survey. The home was unable to provide a specific date that the sign had been broken which led to this citation. The broken sign was repaired to a point that it no longer posed a safety risk and was posted the next day. The new sign has arrived and has been installed. Two additional signs were ordered and posted outside the unit as suggested by the licensing supervisor.

In the future should a sign be broken, we will replace it temporarily with a paper sign in order to alert those entering the unit of the locking mechanism.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Emily G. Shaw*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Emily G. Shaw, PCHA</i>	Date <i>8/2/18</i>
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