



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 18 2018

Ms. Debbie Young
Administrator
Assured Care, Inc.
129 Houck Road
Fleetwood, Pennsylvania 19522

RE: Grand View Manor
License #: 215010

Dear Ms. Young:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 7, 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: 21501 - 08/07/2018 - OHaire, Anne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person "A" was hired 5/15/18. Her criminal background check was not completed until 6/11/18, however Staff Member A completed unsupervised direct care with residents before her criminal background check was completed. No other valid criminal background checks were found in Staff Person A's employee record.

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.

J.T.
 STAFF Person A - did bring a background check from school but I thought I had to get another one so I should of kept the one she brought in the file.

I, Debbie Young RN, Administrator will be responsible to get a background check prior to employee starting direct care unsupervised.

The administrator shall monitor and be responsible for on-going compliance.

MM

9/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBBIE Young RN / Administrator* Date *9-6-2018*

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

The above plan of correction is approved as of <u>9/12/18</u> (Date)	Plan of correction implementation status as of <u>9/12/18</u> (Date)
The above plan of correction was approved by <u><i>MM</i></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: 21501 - 08/07/2018 - O'Haire, Anne

PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff Person 'B' did not complete the following required annual training topics for training year 2017:

- Resident Rights
- The Older Adult Protective Services Act
- Falls and accident prevention

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 cleaning Ancillary STAFF person WAS trained in FIRE training but was not aware needed ANNUAL training in Resident rights, Old Adult Prot. Service Act, and falls + Accident prevention.

I, Debbie Young RN, will be responsible to train Ancillary STAFF YEARLY in these AREAS.

Staff person B shall be trained in the required areas for training year 2017 and 2018.

Documentation shall be maintained by the home.

MM 9/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DEBBIE Young RN / Administrator** Date **9-6-2018**

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Violation Report: 21501 - 08/07/2018 - OHaire, Anne
 PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident # 1's glucometer had dried blood on the back of the machine.
 Rooms #1b,5b and 8b had what appeared to be dried fecal matter on the toilet seats and in the interior rim of the toilet bowls.

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 glucometer → Inspector said there was a small spot of blood on glucometer. I think it was ink from a pen - but it was removed with a scraping of a knife because didn't come off with water or peroxide.

±, Debbie Young RN will inspect the glucometers on a regular basis for any blood.

#2 fecal matter - Short of staying in room 24/7 can not control residents getting feces on toilet.
 We already do rounds twice a day with toilet checks + there is a toilet bowl brush in Bath room.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DEBBIE Young RN	Date 9-6-2018
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Violation Report: 21501 - 08/07/2018 - O'Haire, Anne

PCH Name: GRAND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident # 1's Blood Sugar Record Sheet contained a reading of 120 on 8/7/18. However, resident's accucheck machine did not contain any blood sugar readings for this date.

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.

Talked with STAFF member ABOUT this incident, I, Debbie Young RN, will be responsible to go behind this STAFF member to Assure proper use + recording of glucose readings in future until no further incidents occur over next few months.

The administrator shall monitor and be responsible for ongoing compliance.

MM 9/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Debbie Young*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **DEBBIE Young RN** Date **9-6-2018**

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