



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

Mr. Ken Grey
Administrator
Greys Colonial Acres, LLC
272 Colonial Road
Kittanning, PA 16201

RE: Greys Colonial Acres
Certificate #: 446400

Dear Mr. Grey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 5, 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.

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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: GREY S COLONIAL ACRES		License Number: 44640
Address: 272 COLONIAL ROAD, KITTANNING, PA 16201		County: Armstrong
Administrator: Paula Grey		Region: WEST
Legal Entity Name: GREY'S COLONIAL ACRES LLC		
Legal Entity Address: 272 COLONIAL ROAD, KITTANNING, PA 16201		
Certificate(s) of Occupancy C-2 LP 01/26/1986 L&I		RECEIVED APR 5 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/05/2018; McConnell, Deb; Barry, Courtney		
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: 38 ✓ Number of Residents Served: 32 ✓ 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: 1 ✓ Number of Hospice Residents in past year: 3 ✓	Number of Residents who: Receive Supplemental Security Income: 4 ✓ Are 60 Years of Age or Older: 31 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 8 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 44640 - 10/05/2018 - McConnell, Deb
 PCH Name: GREY S COLONIAL ACRES

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 11/15/17, provided unsupervised ADL services on 8/12/18, from 6:30a.m. through 3:00 p.m. Staff person has not successfully completed and passed the Department-approved direct care training course and competency test.

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.

Staff person A completed Training course on 10/8/18. Administrator checked all Direct Care Staff files to ensure training was completed.

A checklist has been created for new employees to make sure initial training is completed prior to unsupervised ADL services.


Administrator will follow checklist when future employees are hired. Copy of Training and checklist attached.

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) Kenneth G. Hunter Administrator Date 12-20-18

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

The above plan of correction is approved as of <u>4/5/19</u> (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>4/5/19</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
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Violation Report: 44640 - 10/05/2018 - McConnell, Deb
PCH Name: GREY S COLONIAL ACRES

1. REGULATION 56 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
At 10:29 a.m., there was what appeared to be mold on approximately 4' of the grout where the wall meets the floor in the shower stall in the shower room across from bedroom #208.

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.
Replaced stained caulking in west shower room. Administrator checked all four showers for stained caulking/grout. Caulking was replaced with lifetime stain/mold resistant caulking. Administrator will check showers periodically for stains, posted notice for employees to watch for stains or mold when showers are cleaned and notify Administrator if any issues are found. Copy of notice and photo of shower will attached.


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ken Grey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ken Grey Administrator Date 12-20-18

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Violation Report: 44640 - 10/05/2018 - McConnell, Deb
PCH Name: GREY S COLONIAL ACRES

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

At 10:37 a.m., the emergency exit fire doors in the main hallway near the living room did not fully close. From the living room, the left side door bumps the top of the right side door leaving a gap of approximately 1/8 inch.

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.

Adjusted doors so that they close on 10-10-18, Administrator checked all fire doors to ensure that they close properly. Doors will be ^{checked} when fire drills are done to ensure they continue to close properly. Photo of main hallway doors attached

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Date(s) of Previous Violation(s):

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Ken Grey

Printed Name and Title of Legal Entity Representative
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Ken Grey

Date 12-20-18

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Violation Report: 44640 - 10/05/2018 - McConnell, Deb
PCH Name: GREY S COLONIAL ACRES

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bed in bedroom #207 had a lamp with a broken pull cord and no other source of lighting that could be turned on/off from bedside.

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.

Replaced pull cord on 10-5-18 while inspectors were here. Reminded Employees to Notify Administrator if any pull cords break, because residents are required to have a bedside light source


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Violation Report: 44640 - 10/05/2018 - McConnell, Deb
PCH Name: GREY S COLONIAL ACRES

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
Multiple staff interviews indicate fire drills, including the fire drill on 9/30/18, at 3:22 p.m., are announced to the staff on duty prior to the drill being held.

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.
Administrator will hold unannounced drills monthly. Employees will be told the Exit Route after alarm is Activated.

Fire ri s c n u c e since 10/5/1 ave een unnann unce RW 4/5/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ken Gray*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Gray Administrator Date 12-20-18

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Violation Report: 44640 - 10/05/2018 - McConnell, Deb
PCH Name: GREY S COLONIAL ACRES

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home has not conducted a sleeping fire drill every 6 months. The last fire drill conducted during sleeping hours was on 5/28/18, at 11:20 p.m. However, prior sleeping hours fire drill was conducted 7 months before, on 10/28/17, at 5:32 a.m.

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.

Administrators will conduct a sleeping fire drill every 6 months.
A sleeping fire drill was done on 11-14-18. A sleeping fire drill will be done again in May 2019

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ken Grey Administrator* Date *12-20-18*

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Violation Report: 44640 - 10/05/2018 - McConnell, Deb

PCH Name: GREY S COLONIAL ACRES

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 #2 is prescribed Lorazepam, 1mg, 1 tab before urine specimen. However, the October 2018 medication administration record (MAR) for resident #2 does not include the medication.

Resident #4 is prescribed Doxazosin, 1 mg, 1 tab twice daily, if systolic blood pressure is greater than 150. However, the home did not document the resident's blood pressure readings for the every administration on the October 2018 MAR; therefore, it's unable to be determined if medication is properly 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.

Administrator reviewed MAR to ensure all prescribed medications are available if needed. MAR will be checked monthly when new ones are received to make sure medications are available. Administrator trained Med employees to Mark every BP reading even when medication does not need to be administered. Administrator will review MARs to make sure BP readings are included every day.

Discontinued Medications will be removed and properly disposed of when orders are reviewed.

Imme ia e an a eas mn area er T e a minis ra r r esignee
 i c n u c a u me i c a i n a u i ensure a me i c a i n s are in i c a e
 n e AR RW 4/5/19

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Violation Report: 44640 - 10/05/2018 - McConnell, Deb

PCH Name: GREY S COLONIAL ACRES

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 assessment for resident #1, dated 5/7/18, indicates the resident requires some physical assistance with transferring in/out bed/chair and ambulating, minimal assistance with supervision in the home and physical or oral assistance with mobility to evacuate in an emergency and no problem with judgement and communication of needs. However, on 10/5/18, at approximately 10:30 a.m, resident #1 was found laying on the living room floor unable to get up without total assistance. Staff interviews indicate the resident requires total assistance to get in/out of bed/chair, evacuate in an emergency and unable to communicate needs.

The initial assessment for resident #3, dated 9/26/18, indicates the resident requires minimal physical or oral assistance with mobility to evacuate in an emergency. However, the resident requires assistance with transferring/out of bed/chair and uses fall mats by bedside for safety due to multiple falls.

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.

Administrator reviewed all RASP forms to make sure they reflect residents current assistance needs. Administrator will update RASP forms as needed to reflect residents needs as they change. Copy of Resident #3 RASP form Attached page 5

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Signature of Legal Entity Representative (Required on EVERY Page) *Ken Grey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Grey Date 12-20-18

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