



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

Ms. Debra Enders,
Administrator
The Vineyard Personal Care Home, Inc.
3030 Colombia Avenue
Lancaster, Pennsylvania 17603

RE: The Vineyard Personal Care Home
License #:325030

Dear Ms. Enders:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on October 10, 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: 32503 - 10/10/2018 - Bomberger, Cybil
 PCH Name: THE VINEYARD PERSONAL CARE HOME

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

In the dining room located toward the rear wing of the home, there is a badly stained ceiling tile located directly over one of the dining room tables.

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.

This regulation is important for the health and safety of the residents. Good repair, replacement or cleaning of soiled and stained building surfaces must be maintained.

Above the dining room is a bathroom. The shower was beginning to leak. The plumber decided to replace the entire showerhead and faucet. In doing so there was a large amount of water runoff.

During the runoff two ceiling tiles were stained. One was replaced right away. The other, around the smoke detector, was not replaced. The violation occurred because this tile also should have been replaced right away.

The second tile was replaced two days after the inspection, on 10/12/2018.

In the future as problems are presented, such as damage done during other repairs, they will be corrected immediately. In addition problems will not be only partially corrected, as was this case, leaving the other half to be corrected at a later date

The responsibility to ensure work is done and completed falls on the Site Administrator, [REDACTED]

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/19/2017	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Debra Enders*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Debra Enders Administrator* Date *10/18/18*

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

The above plan of correction is approved as of 10/19/18
 (Date)

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

Plan of correction implementation status as of 10/19/18
 (Date)

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

Violation Report: 32503 - 10/10/2018 - Bomberger, Cybill
PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar by the toilet located across from room #18.
There is no grab bar, hand rail or assist bar by the toilet located in the second floor bathroom by exit #10.

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.

See Attachment

This regulation is important because residents need to be safe and secure in transferring and moving, in this case to and from the toilet.

This violation occurred because the grab bars had been removed.

The grab bars were removed because the ones in place had become bent and rusted. It was overlooked that these had a safety purpose.

A wall mount grab bar was placed next to the toilet by exit #10. This was done on Friday, 10/12/2018.

The toilet across from room #18 does not have a suitable wall to mount a grab bar. On Monday 10/15/2018 a vendor was located which could supply a toilet mounted grab bar. A unit was ordered the next day, Tuesday 10/16/2018, with delivery expected in 3-4 days. The seat will be installed as soon as received.

All bathrooms have been checked for grab bars in showers and by toilets. In future if any device is removed or replaced consideration will be given for original purpose of device.

The responsibility for maintenance and replacement of devices falls on the Site Administrator, [REDACTED]

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra Ender Administrator* Date *10/18/18*

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

The above plan of correction is approved as of 10/19/18
(Date)

Plan of correction Implementation status as of 10/19/18
(Date)

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

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

Violation Report: 32503 - 10/10/2018 - Bomberger, Cybil
 PCH Name: THE VINEYARD PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident 1, dated 6/11/2018, documents the medical diagnoses of depression, anemia, high blood pressure, and nerve damage. These diagnoses were not listed on the home's annual reassessment of Resident 1, completed 6/12/2018:

The home has documentation in the record of Resident 2 that this resident has a diagnosis of dementia. The home's latest assessment of Resident 2, dated 8/14/2018, does not include this dementia diagnosis.

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.

This regulation is important so resident's diagnoses are current and comprehensive for staff and care givers. The RASP is an important tool for sharing this information.

This violation occurred when not all diagnoses were carried over from the DME to the current RASP. The diagnoses that were missed were listed on a MAR which was attached to the DME.

The violation was caused by the attached MAR diagnoses not being on the RASP.

This violation was fixed immediately by correcting RASP.

An audit of all resident's RASPs in regards to matching RASPs to DME was conducted on Thursday and Friday, 10/11-12/2018. Going forward special attention will be given to any attachments to DMEs.

The responsibility to ensure that RASPs reflect DME diagnoses falls on the Office Administrator, Deb Enders.

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

Signature of Legal Entity Representative (Required on EVERY Page) Deb Enders

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Enders Administrator Date 10/18/18

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

The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>10/19/18</u> (Date)
The above plan of correction was approved by <u>BAS</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