



May 28, 2019

Ms. Amanda Topnick
Administrator
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
Certificate #: 432100

Dear Ms. Topnick:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 16, 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The most recent license inspection summary, dated 11/01/2017, was not posted in a conspicuous and public place in the home.

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.

A copy of the recent license inspection summary dated 11/01/2017 was immediately posted and monthly audits started by the Administrator.

See supporting document 1

The home is maintaining written documentation of monthly audits.

 5/10/19


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

Signature of Legal Entity Representative
 (Required on EVERY Page)  BHS, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Topnick	Date 1/25/19
--	--------------

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

The above plan of correction is approved as of 5/10/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #2 ceased to breathe in the home on resident #2's date of death and this incident was not reported to the Department until 10/16/18.
 Resident #3 ceased to breathe in the home on resident #3's date of death and this incident was not reported to the Department until 10/16/18.

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.

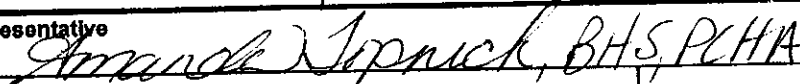
Discussion between Administrator and [REDACTED] Inspector, held on 10/16/18 regarding, "unexpected death of a resident" as both residents were on hospice and expected to cease to breathe. Administrator was re-educated. Death certificates of both residents were faxed immediately as reportable incidents to DHS.

See supporting documents 2, 3, 4, 5

Immediately, then at least weekly, the administrator shall review all reportable incidents and conditions to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

 5/10/19

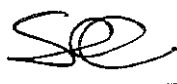
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Amanda Topnick Date 1/25/19

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

The above plan of correction is approved as of 5/10/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

Staff member C's annual training record for the training year 2017 did not indicate the source, content or length of the course completed for the following trainings:

- Fire safety
- Emergency preparedness procedures
- The Older Adult Protective Services Act

Staff member D's annual training record for the training year 2017 did not indicate the source, content or length of the course completed for the following trainings:

- Instruction on meeting the needs of residents as described in the preadmission screening, DME and RASP
- Care for residents with dementia or cognitive impairments
- Fire safety
- Emergency preparedness
- Resident rights
- The Older Adult Protective Services Act

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.

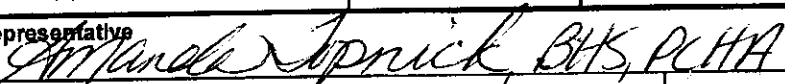
Moving Forward each training will have a fully completed record of training form listing all the needed information and New Hope Personal Care Annual Staff Record of Training.

See supporting document 6 and 7

Immediately, then at least monthly, the administrator shall audit all staff records to ensure they contain documentation of all required staff training in accordance with 2600.65. Training documentation shall include: The staff person trained, date, source, content, length of each course and copies of any certificates.

 5/10/19

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/01/2017 <i>etal</i>	
------------------------------	---	--

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Topnick	Date 1/25/19
--	---------------------

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

The above plan of correction is approved as of 5/10/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 5/10/19
(Date)

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

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.


2a. DESCRIPTION OF VIOLATION
 On 7/26/18 at 2:50 PM, the home's fire drill log indicates that not all residents in the home evacuated during the fire drill, 66 out of 67 residents evacuated.
 On 7/31/18 at 11:30 AM, the home's fire drill log indicates that not all residents in the home evacuated during the fire drill, 58 out of 63 residents evacuated.
 On 7/31/18 at 1:23 PM, the home's fire drill log indicates that not all residents in the home evacuated during the fire drill, 61 out of 63 residents evacuated.

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.


Current Administrator is aware of this regulation. December 2018 fire drill was repeated until all residents evacuated and residents and family were educated on the regulation.

See supporting documents 8 and 9

Immediately, then monthly, the administrator or designated staff person shall conduct fire drills to evacuate all residents to a public thoroughfare or a designated fire-safe area within the time specified in writing by the fire safety expert within the past year.

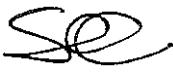
 5/10/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page)  Amanda Topnick, BITS, RHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Topnick	Date 1/25/19
---	---------------------

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

The above plan of correction is approved as of <u>5/10/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5/10/19</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
---	--

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

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's fire drill log indicates that no sleeping hours drill was conducted between 9/29/17 and 5/25/18.

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.


Current Administrator is aware of this regulation. Most recent fire drill held during sleeping hours was held on 11/27/2018 at 6:22 am reflected on the fire drill record.

See supporting document 9

Immediately, then monthly, the administrator or designated staff person shall monitor the home's fire drill record to ensure a sleeping hour fire drill is conducted at least every six months.


 5/10/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Topnick	Date 1/25/19
--	--------------

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

The above plan of correction is approved as of <u>5/10/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5/10/19</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
---	--

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation, dated 9/8/18, does not include the date the resident was evaluated. This section of the form was blank.

Resident #5 was admitted on 8/15/18; however, the resident's medical evaluation was completed 6/14/18, which exceeds 60 days prior to admission.

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.

A new DME was completed for resident #1 to reflect the doctors visit on 09/21/18 and signed by a CRNP on 10/17/18. A new DME was completed at the doctor's appointment for Resident #5 on 10/31/18.

See supporting documents 10,11,12, and 13

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current medical evaluations to ensure that all required information is complete, including the date the resident was evaluated. Incomplete medical evaluations shall immediately be returned to the physician for completion or new medical evaluations shall be scheduled.

 5/10/19


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick, BHS, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick* Date *1/25/19*

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

The above plan of correction is approved as of 5/10/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.


2a. DESCRIPTION OF VIOLATION
 Resident #6's most recent medical evaluation was completed 9/12/17 and it did not include the resident's weight, pulse rate, blood pressure, temperature, the date the resident was evaluated, the medical professional's name and the medical professional's license number. These sections of the form were blank.

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.

Resident #6 doctor was called immediately as the office neglected to return the DME following her office visit on 09/26/18. The office provided a copy to the Administrator. Staff education held to review regulatory compliance for DME forms.

See supporting documents 14,15,16,17,18,19, and 20

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a current medical evaluation is completed and present for all residents.

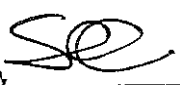
 5/10/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick, BHS, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda TOPNICK</i>	Date <i>1/25/19</i>
---	---------------------

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

The above plan of correction is approved as of <u>5/10/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5/10/19</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
---	--

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

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 #6's glucometer was not calibrated to current date and time.

On 10/9/18 at 12:00 PM, resident #6's October 2018 medication administration record (MAR) indicates a blood glucose reading of 122; however, a blood glucose reading of 103 was indicated on the resident's blood glucose monitor. On 10/12/18 at 8:00 AM, resident #6's October 2018 MAR indicates a blood glucose reading of 84; however, this reading was not on present the resident's blood glucose monitor.

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.

Resident #6 was ordered a new glucometer at New Hopes expense; med techs were trained/reviewed on regulatory clarification (11/2018) for regulation 2600.85. A Bi-weekly glucometer audit is being performed on each glucometer to verify results are accurate. PRN blood glucose testing were ordered for each resident that has accu check orders to avoid confusion with recorded results.

See supporting documents 30, 31, 32, 33, 34, 35, and 36

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Tapnick, RHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Tapnick</i>	Date <i>1/25/19</i>
---	---------------------

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

The above plan of correction is approved as of <u>5/10/19</u> (Date) The above plan of correction was approved by <u><i>SE</i></u> (Initials)	Plan of correction implementation status as of <u>5/10/19</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
--	--

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff member D has not completed an annual practicum as required by the Department- approved medication administration course since 5/8/17. However, he/she administered medications in October of 2018 to include the following medications to the following residents:

Resident #1

on 10/3/18, 10/6/18, 10/10/18 and 10/12/18 at 8:00 PM:

- Acetaminophen 500 mg caplet- take one caplet by mouth three times a day
- Gabapentin 300 mg capsule- take one capsule by mouth twice a day
- Simvastatin 40 mg tablet- take one tablet by mouth at bedtime

Resident #7

on 10/3/18, 10/6/18, 10/10/18 and 10/12/18 at 8:00 PM:

- Tamsulosin 0.4 mg capsule- take one capsule by mouth ad bedtime
- Travatan Z 0.004% eye drop- instill one drop in both eyes at bedtime
- Combigan 0.2%-0.5% oph ml- instill one drop in both eyes twice a day

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.

Employee D was retrained on the department approved medication administration course and passed on 10/17/2019 before returning to medication administration. In the future New Hope will have at least 2 trained and certified practicum observers at all times.

See supporting document 38

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick, BHS, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda TOPNICK* Date *1/25/19*

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

The above plan of correction is approved as of 5/10/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 5/10/19
 (Date)

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

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Resident #5's medical evaluation, dated 6/14/18, had correction fluid on the immunization section covering an error answering immunization questions.

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 education held on 11/08/18 to review regulatory compliance for DME's, the proper way to correct an error, and on use of corrective fluid on medical record.

See documents 16,17,18,19 and 20

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick Btk, PCITA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick* Date *1/25/19*

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

The above plan of correction is approved as of <u>5/10/19</u> (Date) The above plan of correction was approved by <u><i>SE</i></u> (Initials)	Plan of correction implementation status as of <u>5/10/19</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
--	--

Violation Report: 43210 - 10/16/2018 - Garvey, Jody
 PCH Name: NEW HOPE GRACIOUS PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 9/6/18, was completed on an outdated version of the Department's form that did not include the boxes for height or temperature.



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.

A new DME for Resident # 1 completed to reflect doctor's visit on 09/21/18 CRNP signed 10/17/18
 Resident # 6 doctor was called immediately as the office neglected to return the DME from her office visit on 09/26/18. Office emailed a copy to Administrator. Staff education held on 11/08/18 to review Regulator compliance for DME forms. Administrator was in contact with DHS immediately obtain a copy of the waiver to use dated December 11, 2013.

See Document # 10,11,14,15,16,17,18,19,20, and 39

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick BHS, PC HA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Topnick* Date *1/25/19*

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

The above plan of correction is approved as of 5/10/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 5/10/19
 (Date)

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