



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to GAHC3 YORK PA ALF TRS SUB LLC
LEGAL ENTITY

To operate SENIOR COMMONS AT POWDER MILL
NAME OF FACILITY OR AGENCY

Located at 1775 POWDER MILL ROAD, YORK, PA 17403
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 166
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 18, 2019 until January 18, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **332100**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 18 2019

Mr. David Paveletz
Executive Director
GAHC3 York PA ALF TRS SUB, LLC
18191 Von Karman Avenue, Suite 300
Irvine, California 92612

RE: Senior Commons at Powder Mill
1775 Powder Mill Road
York, Pennsylvania 17403
Certificate #: 332100

Dear Mr. Paveletz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 11, 12 and 13, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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.

Mr. David Paveletz

The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,



Handwritten signature of Jacqueline L. Rowe in black ink.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

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

PCH Name: SENIOR COMMONS AT POWDER MILL		License Number: 33210
Address: 1775 POWDER MILL ROAD, YORK, PA 17403		County: York
Administrator: WINONA KISSINGER		Region: CENTRAL
Legal Entity Name: GAHC3 YORK PAALF TRS SUB LLC		
Legal Entity Address: 18191 VON KARMAN AVE SUITE 300, IRVINE, CA 92612		
Certificate(s) of Occupancy		
C-2 LP 07/23/2001 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 109	Waking Staff: 82
Type of Inspection: Full	BHA Docket Number: 034-18-0005	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Provisional, Settlement		
On-Site Inspections Dates and Department Representatives On-Site		
12/11/2018: OPake, Hope; Hoover, Douglas		
12/12/2018: OPake, Hope; Hoover, Douglas		
12/13/2018: OPake, Hope; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
Rec'd 1/11/19 GE		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 166 Number of Residents Served: 88 Secured Dementia Care Unit in Home: Yes Area: Rosewood Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 1

Violation Report: 33210 - 12/11/2018 - OPake, Hope
 PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

2600.54(a)

Direct Care Staff Member A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

- Staff member A is no longer employed at Senior Commons at Powder Mill.
- Executive Director will educate the Business Office Manager or designee on verification of authentic documentation and/or alternate methods to demonstrate good faith efforts to verify qualifications of direct care. This education will be completed by 1/31/19.
- Going forward the Business Office Manager will assure all new hire direct care staff have a valid high school diploma, GED, or active nurse registry by verifying authentic documentation. Executive Director will complete random audits, on a quarterly basis. - GE

The results of the audits will be discussed at the home's periodic Quality Management Plan Meetings for all new direct care team members hired. - GE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Winona Kissinger, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Winona Kissinger, Executive Director

Date 1/10/19

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

The above plan of correction is approved as of - 1/14/19
 (Date)

The above plan of correction was approved by - GCE
 (Initials)

Plan of correction implementation status as of 1/14/19
 (Date)

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

Violation Report: 33210 - 12/11/2018 - OPake, Hope
 PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the 400 Hallway does not include tweezers.

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.

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

- The first aid kit in the 400 Hallway did not include tweezers.
- At the time of inspection, tweezers were placed in the first aid kit in the 400 hallway, correcting this violation immediately.
- The first aid kits for personal care have been consolidated into one first aid kit and relocated to the med room.
- An audit has been completed to assure all required items are properly stocked in each first aid kit.
- A list of required items has been placed on the inside cover of the first aid kit.
- A zip tie with the date the audit was completed is affixed to the outside of the kit to easily determine if the kit has been opened and the date of the last audit.
- All direct care staff will be in-serviced on the location of first-aid kits, required contents, reordering process when contents are used, and purpose of zip tie and audits by 1/31/19.
- At change of shift, the med tech will check the zip tag date to assure it is intact and hasn't been opened thereby assuring all required contents are present.
- The Resident Care Director or designee will complete monthly audits to assure all first aid kits are properly stocked with all required contents.
- Audits will be reviewed at the Quarterly Q.A. Meetings.
- Executive Director will complete random audits.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Winona Kissinger, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Winona Kissinger, Executive Director

Date 1/10/19

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

The above plan of correction is approved as of - 1/14/19
 (Date)

The above plan of correction was approved by - GCE
 (Initials)

Plan of correction implementation status as of 1/14/19
 (Date)

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

Violation Report: 33210 - 12/11/2018 - OPake, Hope
PCH Name: SENIOR COMMONS AT POWDER MILL

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

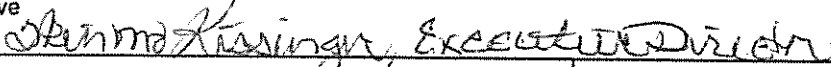
Nystop Powder, prescribed for Resident #1, was not available in the home.

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.

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.

- Nystop Powder PRN prescribed for Resident #1, was not available in the home.
- Resident #1 stated he no longer uses this medication and uses baby powder
- On 12/13/18 on the date of inspection this was immediately corrected by contacting the prescriber to obtain a discontinue order.
- All Med Techs will be in-serviced on how to compare the PRNs on hand with the MAR to assure all resident medications are available at all times by 1/31/19.
- Med Techs are responsible to check the med cart inventory twice weekly (Mon & Thurs) to assure all medications are on hand and available, and reorder medication timely.
- RN or designee is responsible for completing weekly med cart audits to assure all medications are available. Med Cart audits are maintained and available for department review.
- Findings will be reviewed at the quarterly Q.A. Meetings
- Executive Director will complete random audits

Repeat Violation: No	Date(s) of Previous Violation(s):				
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 					
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Winona Kissinger, Executive Director					Date 1/10/19

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

<p>The above plan of correction is approved as of - <u>1/14/19</u> (Date)</p> <p>The above plan of correction was approved by - <u>GCE</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>1/14/2019</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
---	--