



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 14, 2019

Ms. Mable C. Hershey,
President
Our Home of Hope, Inc.
223-225 Cherry Street
Columbia, Pennsylvania 17512

RE: Our Home of Hope
License #: 333220

Dear Ms. Hershey:

As a result of the Department's Bureau of Human Services Licensing inspection on December 28, 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 violations cited 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PGH Name: OUR HOME OF HOPE		License Number: 33322
Address: 223 225 CHERRY STREET, COLUMBIA, PA 17512		County: Lancaster
Administrator: Roxanne Simonson		Region: CENTRAL
Legal Entity Name: OUR HOME OF HOPE INC		
Legal Entity Address: 223-225 CHERRY STREET, COLUMBIA, PA 17512		
Certificate(s) of Occupancy		
I-1 11/12/2018 Commonwealth Code Service	C-2 LP 04/14/1994 Labor & Industry	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
12/28/2018: McCloskey, Jason		
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: 30 Number of Residents Served: 28 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 9 Have Mental Illness: 20 Have an Intellectual Disability: 8 Have a Mobility Need: 0 Have a Physical Disability: 4	

Violation Report: 33322 - 12/28/2018 - McCloskey, Jason
 PCH Name: OUR HOME OF HOPE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident 1, admitted 3/12/18, was completed on 1/22/18. The screening form did not include a determination that the home can meet the service needs of the resident.

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 #1 was interviewed and to come to the home in Feb. There were some problems with getting paper work done. 1-22-18 was the day we did preadmission screening because he was to come Feb. 1 or 2. Paperwork was not ready till and could not come till March 12. I should have done a new preadmission screening in Feb. Re did a new screening on 12-28-18. Sending copy. In future we will not do prescreening early it will be within 30 days to admission, this will be the Administrator.

*The administrator will review each preadmission screen once it has been completed to ensure all areas have been assessed and the document has been completed in full. The administrator will review the preadmission screen on the date the resident is actually admitted to the home to ensure that a preadmission screening has been completed within the 30 days prior to admission.

BAS 1/14/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Roxanne N. Simonson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne N. Simonson Administrator* Date *1-11-19*

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

The above plan of correction is approved as of <u>1/14/19</u> (Date)	Plan of correction implementation status as of <u>1/14/19</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

Violation Report: 33322 - 12/28/2018 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE

1. REGULATION 66 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 most recent assessment for Resident 1 was completed on 3/19/18. In December 2018, the resident experienced significant cognitive changes, however, a new assessment was not completed to reflect these changes.

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.

ON RESIDENT #1 A NEW ASSESSMENT WAS NOT DONE, I HAD TALKED TO STAFF IN OFFICE BACK IN NOV. 2019, THAT WE NEED TO DO A SIGNIFICANT CHANGE ASSESSMENT IT WAS NOT DONE, WE PUT THIS STAFF PERSON IN OFFICE TO HELP WITH PAPER LOAD BUT IT'S NOT WORKING. SHE FEELS SHE CAN'T DO THE WORK, IT'S TOO MUCH. SO WE HAVE REMOVED HER FROM OFFICE, HAD HER DO ASSESSMENT 12-28-18 WITH CHANGES.

IN FUTURE I (ROXANNE) WILL BE DOING RASPs. IN FUTURE WE HOPE TO HIRE SOMEONE WHO KNOWS THE OFFICE WORK BETTER.

*The administrator will complete an audit of all current resident assessments and support plans (RASPs) to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new RASPs shall be completed within 15 days from the receipt of this plan.

Within 15 days from the receipt of this plan, all staff shall receive re-education to notify the administrator of any change of condition presented by a resident to ensure a timely reassessment can be completed. BAS 1/14/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Roxanne N. Simonson

Printed Name and Title of Legal Entity Representative Administrator
 (Required on EVERY Page) Roxanne N. Simonson

Date 1-11-19

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The above plan of correction was approved by <u>BAS</u> (Initials)	

Violation Report: 33322 - 12/28/2018 - McCloskey, Jason
 PCH Name: OUR HOME OF HOPE

1. REGULATION 65 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The support plan for Resident 1, completed 3/19/18, does not address how the home will assist the resident in meeting dental and dietary needs.

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 Support plan Done on 3/19/18 on Resident 1, WAS Done By office help, I DID explain to her that we have to put something in for dental + dietary. Found she was not doing this and asked her to correct.

On the new plan Done 12-28-18 you will see items were Added. In Future the Administrator (Rosanne) will Be Doing Plans.

*The administrator will complete an audit all support plans to ensure that an accurate assessment of the current dental and dietary needs of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and cupdate to any support plans will be completed within 15 days from the date the plan is received.

The administer will review each support plan once it has been completed to ensure all areas have been assessed and all needs have been addressed.

BAS 1/14/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/16/2018		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosanne Simonson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR Rosanne Simonson* Date *1-11-19*

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