



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 10 2019

Mr. Chad E. Mondorff  
Executive Director  
Albright Care Services  
1700 Normandie Drive  
York, Pennsylvania 17408

RE: Normandie Ridge  
Certificate #: 351320

Dear Mr. Mondorff:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 14, 2019 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](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  
Violation Report



Violation Report: 35132 - 01/14/2019 - OPake, Hope  
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home has not conducted a quality management review since 2016.

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.*

1. A Quality management tracking tool was designed and implemented immediately. this tool covers (1)Reportable incidents and conditions reporting procedure. (2)Complaint procedures.(3) Staff person training (4) Licensing violations and plans of correction, if applicable (5) Resident or family councils, or both if applicable. This violation did not cause harm to any Resident.

2. A Quality Management review will be held quaterly and requird areas will be reported on as well as address other areas that are identified through the Quality Management tracking tool, periodic reviews and evaluations.

3. The Personal Care Administrator will be responsible for ensuring that all Quality Management areas will be reviewed monthly. Using the Quality management tool the PCHA will make a written report monthly and present it quarterly at the Facilities RSQA Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Posey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Posey PCHA</i>	Date <i>2-7-2019</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/7/19  
 (Date)

Plan of correction implementation status as of 3/7/19  
 (Date)

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

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

Violation Report: 35132 - 01/14/2019 - OPake, Hope  
 PCH Name: NORMANDIE RIDGE

**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 medication room does not include scissors and 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.*

1. Tweezers were obtained and placed into the first aid kit immediately. This violation did not cause harm to any Resident.
2. Both Memory Care and Personal Care First Aid kits have been secured with breakable seals. These First Aid kits will be checked daily to ensure that the breakable seal is still intact. A montly audit will be done by the LPN Nurse Manager on the contents of the First Aid Kit.
3. The Personal Care Administrator and the LPN Nurse Manager will ensure that the daily checks are being completed as well as the monthly audits jof the content of both First Aid Kits. Review/ audits will be brought to the Quality Management for review and additional recommendations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nancy Posey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nancy Posey RCHA* Date *2-7-2019*

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Violation Report: 35132 - 01/14/2019 - OPake, Hope  
 PCH Name: NORMANDIE RIDGE

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 #1's last medical evaluation was completed on August 15, 2018. The previous medical evaluation was on May 26, 2017.

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.*

1. The Personal Care Administrator and LPN Nurse Manager reviewed all DME's immediately to ensure that all were in date compliance. This violation did not cause harm to any Resident.
2. The LPN Nurse Manager will ensure a scheduled is set up 60 days in advance of the DME date and appointments will be scheudled within 30 days of the DME's due date.
3. The Personal Care Administrator will audit the DME's monthly to ensue that all are completed within the regulated time frame. Reviews/audits will be brought to Quality Management for review and additional recommendations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	Nancy Posey
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Nancy Posey PCH#4	2-7-2019

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Violation Report: 35132 - 01/14/2019 - OPake, Hope  
 PCH Name: NORMANDIE RIDGE

**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**

There is no pre-admission screening for Resident #2.

**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.*

1. For Resident #2 due to the preadmission screening completion time frame, Nothing could have been done to correct this. This violation did not cause harm to the Resident.
2. The Personal Care Administrator and LPN Nurse Manger audited all Residents charts in Memory Care and Personal Care to ensure all Resident's had preadmission screening completed in the regulated time frame. All charts were found to have preadmission screening done within the 30 day time frame.
3. The Personal Care Administrator and LPN Nurse Manager will audit the admission paperwork during the admission process to ensure that all documents are completed within the regulated time frame. Reviews/audits will be brought to Quality Management for review and additional recommendations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Posey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*nancy posey PCHA*

Date *2-7-2019*

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Violation Report: 35132 - 01/14/2019 - OPake, Hope  
 PCH Name: NORMANDIE RIDGE

**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**

Resident #1 had an assessment completed on June 3, 2016. The next assessment was completed on June 20, 2017.

**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.*

1. The LPN Nurse Manager audited all Resident's RASPs to ensure they were completed within the regulated time frame. All RASPs were completed within the regulated time frame. This violation did not cause harm to the Resident
2. The LPN Nurse Manager set up a written schedule to ensure that the RASPs are completed within the regulated time frame.
3. The LPN Nurse Manager and will maintain the annual RASP schedule. The Personal Care Administrator will audit the RASPs to ensure the RASPs are completed annually within the regulated time frame. Reviews/audits will be brought to Quality Management fro review and additional recommendations.

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 (Required on EVERY Page) *Nancy Posey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Posey LPN</i>	Date <i>2-7-2019</i>
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