



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **GLENCREST MANOR INC**
LEGAL ENTITY

To operate **GLENCREST MANOR**
NAME OF FACILITY OR AGENCY

Located at **115 GLENCREST ROAD, COATESVILLE, PA 19320**
(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 **13**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 **June 17, 2019** until **June 17, 2020**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **197800**

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

June 17, 2019

Ms. Barbara Martinez
Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, PA 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, PA 19320
License #: 197800

Dear Ms. Martinez:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 25, 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.

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. 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
Violation Report

Violation Report: 19780 - 03/26/2019 - Gillespie, Denise PCH Name: GLENCREST MANOR	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION On 3/25/19, at 10:18 A.M, the exit from the door, located off the kitchen was locked. On 3/25/19, at 10:10 A.M., the exit from the door, located off the men's bedroom was locked.	
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.	
My plan is to replace the doors to the Kitchen and the Men's bedroom. These two new doors will have the Automatic locking door knobs put in, with the other two exit doors having the new door knobs with the automatic lock. The home will educate the residents and staff with how to exit all four doors. I will train the residents on what door to use to enter Glencrest manor (Front door), especially when they have to go in and out to smoke. I will discuss with the residents at their monthly house meeting why we had to change the knobs and the importance of having them replaced (safety issues). The target date of completion is 6/30/19. Please see attached.....	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez, Administrator</i>	Date <i>5-20-19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date) <i>06-13-19</i>	Plan of correction implementation status as of _____ (Date) <i>06-13-19</i>
The above plan of correction was approved by _____ (Initials) <i>SP</i>	<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

2600.121 (a)

Administrator or designee will ensure all stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed. Staff and residents will be educated on regulation within 15 days receipt of this POC. Documentation to be kept for Department review.

SP 6-13-19

Violation Report: 19780 - 03/26/2019 - Gillespie, Denise PCH Name: GLENCREST MANOR		
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 sleeping hour fire drills were conducted on 6/26/18 and 2/23/19.		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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</i>		
<p>The sleeping hour fire drill was not conducted on the every 6 month schedule. This was a complete oversight due to the fire inspector coming in December to do the annual fire safety training and the sleeping hour drill not being done that same month. The administrator will check the drill log monthly to make sure the drills are being conducted at the required times and dates each month. All the staff get trained annually on fire safety and all staff rotate with participating in doing the monthly drills. The homes policy and procedure book will be checked immediately to ensure the guidelines for the fire drills is correct.</p> <p style="text-align: right;">Please see attached.....</p>		
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Barbara Martinez</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		<i>Barbara Martinez, Administrator</i> Date <i>5-20-19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<u>06-03-19</u> (Date)	Plan of correction implementation status as of <u>06-13-19</u> (Date)
The above plan of correction was approved by	<u>SP</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

2600.132 (e)

Administrator or designee will ensure an overnight fire drill is conducted once every 6 months. Fire drill will be conducted during sleeping hours. Fire drill log to be maintained by home for Department review. Home sent in verification of overnight fire drill conducted June 2019. SP 6-13-19

Violation Report: 19780 - 03/25/2019 - Gillespie, Denise PCH Name: GLENCREST MANOR	
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 evaluations were completed on 6/10/16 and 6/20/18. There was no medical evaluation completed for the 2017 year.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Resident #1 did not have her DME Completed for 2017. She had a MA-SI completed. Resident #1 was in the hospital when the evaluations were to be completed and the hospital Doctor did not fill out the correct forms.</p> <p>To ensure this violation does not repeat again in the future, the home has created a checklist for which residents require a DME, MA-SI or both. Administrator will review all paperwork when a resident comes back from the hospital or any medical facility to make sure everything we require is properly filled out and received.</p> <p style="text-align: right;">Please see attached.....</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez, Administrator</i>	Date <i>5-20-19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>06-13-19</u> (Date)	Plan of correction implementation status as of <u>06-13-19</u> (Date)
The above plan of correction was approved by <u>SP</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

2600:141 (b)(1)

Administrator or designee will ensure all residents have a documented medical evaluation (DME) completed annually. Within 15 days receipt of this POC all DME's will be audited to ensure completion and timeliness. SP 06-13-19