



December 13, 2019

Ms. Mable C. Hershey
Board 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's annual licensing inspection on May 6, 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.

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, appearing to read "Kevin Hancock", is written over a faint, larger version of the signature.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *OUR HOME OF HOPE*

Address: *223 225 CHERRY STREET, COLUMBIA, PA 17512*

County: *LANCASTER*

Region: *CENTRAL*

License Number: *333220*

Administrator

Name: *Roxanne Simonson*

Phone: *7176847060*

Email: *OHHSIMONSON@GMAIL.COM*

Legal Entity

Name: *OUR HOME OF HOPE INC*

Address: *223-225 CHERRY STREET, PA, 17512*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *04/14/1994*

Issued By: *L & I*

Staffing Hours

Resident Support Staff: *28*

Total Daily Staff: *56*

Waking Staff: *42*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

05/06/2019 - On-Site: Michael Showers, Hope O'Pake

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30*

Residents Served: *28*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *26*

Are 60 Years of Age or Older: *10*

Diagnosed with Mental Illness: *24*

Diagnosed with Intellectual Disability: *9*

Have Mobility Need: *0*

Have Physical Disability: *3*

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B, does not have a valid high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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 PERSON B WAS UNAWARE THAT DIPLOMA WAS NOT VALID, WE ALSO WERE NOT. FILLED OUT A WAIVER SENT TO NEIL CADY TO SEE IF POSSIBLE TO GET THIS STAFF PERSON HAS NOT ONLY WORKED FOR US BUT OTHER PCH'S. IF NEEDED STAFF PERSON B WILL GO TAKE GED IF GIVEN TIME TO TAKE CLASSES + TEST. WAITING ON WAIVER RESULTS.
 5-15-19 WAIVER FAXED TO NEIL, JILL KRAMER CALLED, SAID SHE IS SENDING PAPERWORK 5-17-19.

* Within 10 days from the receipt of this plan, the administrator will complete an audit of all current direct care staff members' level of education. All direct care staff, including Direct care staff person B, will not perform direct care activities until the educational requirements of this regulation have been satisfied, or a waiver has been granted by the Department. BAS 5/30/19

Legal Entity Representative

Roxanne Simonsen
 Signature

ROXANNE SIMONSEN ADMINISTRATOR 5/20/19
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/30/2019 (Date) Plan of correction implementation status as of 5/30/2019 (Date)

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

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

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Person A, the home's Administrator completed 22.5 hours of annual training during calendar year 2018.

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 Administrator will make sure in future that 24 hours is done in 2019, I will also do 2 extra hours for missed in 2018. Would have had 28.5 in 2018 but missed a training in Harrisburg due to staff shortage. Talked with Board of Directors that I cannot miss these training and need better staff. I staff Person A will do the best to my abilities.

*The administrator will review her completed trainings and her training plan on a quarterly basis to identify any missed trainings and assure that she has received the requisite number of annual training hours.

BAS 5/30/19

Legal Entity Representative

Signature Roxanne A. Simonson

Roxanne K Simonson Administrator
Printed Name and Title

Date 5-20-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/30/2019 (Date) Plan of correction implementation status as of 5/30/2019 (Date)

The above plan of correction was approved by BAS (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented