October 18, 2019

Ms. Beth A. McMaster
VP Operations/COO
United Church of Christ Homes, Inc.
30 North 31st Street
Camp Hill, Pennsylvania 17011

RE: Ephrata Manor
99 Bethany Road
Ephrata, Pennsylvania 17522
Certificate #: 321880

Dear Ms. McMaster:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 28, 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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *EPHRATA MANOR* **License Number**: *321880*
Address: *99 BETHANY ROAD, EPHRATA, PA 17522*
County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: *Gaea Pablon* **Phone**: *7177384940* **Email**: *BMCMASTER@UCC-HOMES.ORG*

Legal Entity

Name: *UNITED CHURCH OF CHRIST HOMES INC*
Address: *30 NORTH 31ST STREET, PA, 17011*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/17/1991* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *46* **Waking Staff**: *35*

Inspection

Type: *Full* **BHA Docket #**: **Notice**: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

05/28/2019 - On-Site: Douglas Hoover, Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *46*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *0* **Have Physical Disability**: *1*

Rec'd
7/2/19
GE

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Dates and times on the glucometer for Resident #3 do not match the dates and times recorded in the Medication Administration Record (MAR) as follows:

The MAR documents 5/28/2019 at 8:02 am with a blood sugar reading of 162 while the glucometer recorded the date/time as 5/27/2019 at 11:33 am;
The MAR documents 5/27/2019 at 7:38 pm with a blood sugar reading of 178 while the glucometer recorded the date/time as 5/26/2019 at 11:10 pm;
The MAR documents 5/27/2019 at 7:28 am with a blood sugar reading of 177 while the glucometer recorded the date/time as 5/26/2019 at 10:59 am;
The MAR documents 5/26/2019 at 8:35 am with a blood sugar reading of 170 while the glucometer recorded the date/time as 5/25/2019 at 11:43 am.

Plan of Correction (POC)

2600.185(a) – Implement Storage Procedures

5/28/19 – Glucometers were calibrated with the correct time and date by the LPN.

5/28 and 5/29/19 – Staff trained on the importance of accuracy with glucometer date, time and data input.

LPN will audit daily each device and MAR input for accuracy. Any deviations will be reported to the PCHA.

The PCHA/designee will complete random audits weekly. This will be accomplished for a minimum of six months or until a pattern of compliance has been established and approved by the QAPI committee.

Legal Entity Representative

Beth McMaster (signature) — Beth McMaster, VP Operations — 7/2/19

Signature — Printed Name and Title — Date

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

The above plan of correction is approved as of 9/16/19 (Date)

Plan of correction implementation status as of 9/16/19 (Date)

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

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

225a - Assessment 15 Days

Regulations

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The initial assessment for Resident #1 is dated 6/16/2018 which is more than 15 days after the admission date of 5/28/2018.

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.)

2600.225(a) – Assessment 15 days

6/16/18 - PCHA implemented a 'DME/RASP tickler sheet'. PCHA keeps it current with all new admission, status changes and annual RASP due dates.

6/27/18 -LPN staff educated on importance of being compliant with assessment dates.

4/2019 – re-educated at annual in-service.

The PCHA/designee will complete random audits weekly. This will be accomplished for a minimum of six months or until a pattern of compliance has been established and approved by the QAPI committee.

Legal Entity Representative

Beth McMaster	Beth McMaster, VP Operations	7/2/19
Signature	Printed Name and Title	Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

227c - Support Plan Revision

Regulations

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment

Description of Violation

Resident #2's initial assessment and support plan (RASP), dated 2/10/2019, was not updated on fall history and referrals for physical and occupational services addressing gait dysfunction and generalized weakness.

Plan of Correction (POC)

2600.227(c) – Support Plan Revision

Due to resident #2 being deceased, we did not update her records.

5/28 and 5/29/19 PCHA educated the staff regarding appropriate documentation of revised status and supportive services for all residents.

6/2019 – LPN's updated all resident records to reflect current status.

The PCHA/designee will complete random audits weekly. This will be accomplished for a minimum of six months or until a pattern of compliance has been established and approved by the QAPI committee.

Legal Entity Representative

Beth McMaster	Beth McMaster, VP Operations	7/2/19
Signature	Printed Name and Title	Date

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- Partially Implemented - Inadequate Progress
- Not implemented