



July 26, 2019

Mr. George C. Stauffer
Administrator
Maybrook-P Denver Opco, LLC
400 Lancaster Avenue
Stevens, Pennsylvania 17578

RE: The Gardens at Stevens
Certificate #: 332660

Dear Mr. Stauffer:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 2, 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 that reads "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE GARDENS AT STEVENS*

License Number: 332660

Address: *400 LANCASTER AVENUE, STEVENS, PA 17578*

County: *LANCASTER*

Region: *CENTRAL*

Administrator

Name: *Amanda Bullard*

Phone: *7173363878*

Email:

Legal Entity

Name: *MAYBROOK P DENVER OPCO LLC*

Address: *400 LANCASTER AVENUE, PA, 17578*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *10/22/1990*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *12*

Waking Staff: *9*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/02/2019 - On-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26*

Residents Served: *12*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *2*

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There is an emergency exit located at the hallway to the dining room. The exit ramp's hand rail located on the side nearest the building is constructed of a wooden board. Water from a hole in a gutter drips onto this handrail and has caused it to become water soaked, slippery and rough.

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.)

Refer to Page 2A

Legal Entity Representative

	msw PCHA	<u>Amanpa Bullard, msw, PCHA</u>	<u>7/24/2019</u>
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	<u>7/25/19</u> (Date)	Plan of correction implementation status as of	<u>7/25/19</u> (Date)
		<input checked="" type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	<u>BAS</u> (Initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Plan of Correction (POC)

Both exit hand rails were replaced with new wooden boards and a smooth top coat paint on 07/19/2019. The gutter that was previously dripping was repaired, and a new fitting was put in place on 07/19/2019. The Maintenance Department handled all repairs. The system that will be used to make sure that the same violation will not occur again is the Self-Inspection Quality Management Plan. The Self-Inspection QMP will be completed twice a year and the results of the QMP will be reviewed with the Personal Care Home Staff. The Maintenance Department will add exterior exit checks to their routine building checks as well.

Handwritten signature: Andre Smith, now PC/HA 7/24/19

103c - Food Protected

Regulations

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

A rolling shelf located in the walk-in freezer had 2 pans, with approximately 15 cup cakes each, that were uncovered. Air was being blown from the freezer's fan onto these cup cakes.

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.)

Refer to Page 3A

Legal Entity Representative

Amanda Bullard, MSW, PCIAA
Signature

AMANDA BULLARD, MSW, PCIAA
Printed Name and Title Date

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

The above plan of correction is approved as of 7/25/19 (Date) Plan of correction implementation status as of 7/25/19 (Date)

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

Plan of Correction (POC)

All food being stored in the freezer, refrigerators, and store rooms must be covered or stored in some type of sealed container. All food items being transported throughout the facility must be covered or stored in some type of sealed container. These directives were reviewed with the Dining Staff during their team meeting on 07/22/2019. The Dining Department was provided with an In-Service regarding the "Covering of Food." This police will be reviewed during Dining Team Meetings and In-Services.

April D. [unclear] RCHA 7/24/19