



November 13, 2019

Ms. Debbie Young  
Administrator  
Assured Care, Inc.  
129 Houck Road  
Fleetwood, Pennsylvania 19522

RE: Grand View Manor  
License #: 215010

Dear Ms. Young:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 8, 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: GRAND VIEW MANOR

License Number: 21501

Address: 129 HOUCK ROAD,, FLEETWOOD, PA 19522

County: BERKS

Region: NORTHEAST

### Administrator

Name: Debbie Young

Phone: 6109441800

Email: ABCDYOUNG@JUNO.COM

### Legal Entity

Name: ASSURED CARE, INC.

Address: 129 HOUCK ROAD, FLEETWOOD, PA, 19522

### Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/09/1998

Issued By: L&I

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 45

Waking Staff: 34

### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

### Inspection Dates and Department Representative

08/08/2019 - On-Site: Amy Deluca, Ryan Novak

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 54

Residents Served: 45

#### 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: 45

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

26b - Quality Management Plan Content

**Regulations**

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
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.

**Description of Violation**

The quality management meetings conducted on 12/4/2018 and 4/20/2019 did not include a review of license inspection summary violations.

**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.)

Our quality managt. meeting is only between the owners who are well aware of any inspection violations - I, Debbie Young RW will make sure to add that to the list on future quality managt. plans/meeting.

**Legal Entity Representative**



Signature

DEBBIE YOUNG RW

Printed Name and Title

8/25/2019

Date

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

The above plan of correction is approved as of 9-20-19  
(Date)

Plan of correction implementation status as of 9-20-19  
(Date)

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

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

28e - Death of a Resident

Regulations

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away at the home. The home documented that the room was cleared of resident belongings on 6/24/19. The resident's family was refunded for a total of 5 days for the month of June. The home should have refunded the resident for 6 days at a daily rate of \$90.00, plus 1% of care costs for 6/24/19 according to the Elder Care Restitution Act.

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.)

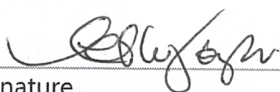
The residents family did not empty room until 25th of June - date was written wrong. (human error)  
The 1% for care costs 90 cents - will be refunded to family.  
I, Debbie Young, will be responsible to double check dates on future discharge papers.

\*\*\*Within 30 days of receipt of this plan of correction:

The home shall audit all refunds made to discharged/deceased residents in the past year, January 1st 2019 to current and

Legal Entity Representative

ensure the proper refunds were issued. Results of the audit shall be maintained by the home and made available to the department upon request. The administrator shall be responsible for ongoing compliance. 9-20-19 MM

  
Signature

DEBBIE Young RN  
Printed Name and Title

8/25/2019  
Date

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65g - Annual Training Content

Regulations

- 2600.
- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
  2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
  3. Resident rights.
  4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
  5. Falls and accident prevention.
  6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not have training in the following required annual training topics for 2018: Resident Rights, Older Adult Protective services, Falls and Accident prevention, and Emergency preparedness.

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.)

This was a violation from previous year - didn't want to go back and change A existing training sheet. So I, Debbie Young RW, will be responsible to use new sheet which includes these items - which was already done for 2019 in March. / which was on violation report from previous year

Legal Entity Representative

*Debbie Young*  
Signature

DEBBIE YOUNG RW  
Printed Name and Title

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Two rectangular rugs were observed in the bathroom of Room #33; the rugs did not have a slip resistant backing, posing a possible fall hazard.

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 residents daughter brought in these rugs - we don't use them - dnt. [redacted] was told to remove them & she did. Residents families are told not to bring rugs in without appropriate backing - I, Debbie Young RN, will monitor for new items brought in by family -

Legal Entity Representative

*Debbie Young RN*  
Signature

DEBBIE Young RN 8/25/19  
Printed Name and Title Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a current fire safety letter, written by a fire safety expert - to allow for additional evacuation times during fire drills. On the following dates the evacuation times for fire drills conducted were as follows: 7/25/19 - 5 minutes and 9 seconds; 6/17/19 - 4 minutes and 30 seconds; 5/29/19 - 5 minutes and 8 seconds; 4/24/19 - 4 minutes and 48 seconds; 3/20/19 - 5 minutes and 33 seconds and 2/22/19 6 minutes and 52 seconds.

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.)

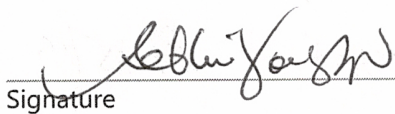
I, Debbie Youngrow, will ensure proper documentation, (The home has maintained the same fire drill evacuation time for its 22 year entirety)

\*\*\* Immediately and Ongoing:

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. 10-15-19

MM

Legal Entity Representative

  
Signature

DEBBIE Youngrow  
Printed Name and Title

8/25/2019  
Date

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- Not Implemented

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's required sleeping hour drills conducted on 2/22/2019 at 05:45am and 8/28/2018 at 05:20am were both conducted when 3 staff persons were present in the home and participated in the evacuation. The home normally has only 2 staff persons scheduled for the 3rd shift. The home conducted these drills at times when additional staff were working.

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.)

Our chef comes in at different times - we were trying to include him but will do drill on day when he is not in building early.  
On Overnite drills I, Debbie Young RN, will do drill w/ only 2 staff members.

Legal Entity Representative

*Debbie Young*  
Signature

DEBBIE Young RN  
Printed Name and Title

8/25/19  
Date

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## 141a 1-10 Medical Evaluation Information

**Regulations****2600.**

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident #2's Documentation of Medical Exam (DME) form dated 7/2/19 is a photocopy from the doctor's office. Writing in ink was noted under the diagnosis, health status, and cognitive functioning sections.

Resident #3's DME dated 1/31/19 is a photocopy from the doctor's office. Writing in ink was noted under height, weight, blood pressure, pulse, temperature, immunization history, health status and cognitive functioning.

Information was added to the medical evaluation forms after the doctor signed the forms.

I, Debbie Younger, will not document on Med Eval's after Dr. has filled them out.

See below....

141a 1-10 Medical Evaluation Information (continued)

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.)

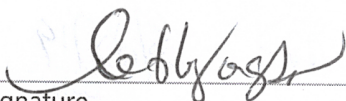
I, Debbie Younger, will not document on Med Evals after Dr. has filled them out.

\*\*\* Immediately and Ongoing--

The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on form Documentation of Medical Exam (DME). Attachments will be added to form as needed to ensure that all actions are documented. 9-20-19

MM

Legal Entity Representative

  
Signature

DEBBIE Younger 8/25/19  
Printed Name and Title Date

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183d - Prescription Current

Regulations

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The Basaglar insulin kwikpen for resident #4 was marked with a open date of 6/8/2019. Basaglar insulin pens are to be disposed 28 days after they are opened for use. The expired pen was found in the medication cart and was currently being used for insulin administration.

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 insulin was filled by pharmacy on 8/5/2019 so, obviously employee wrote 6/8 instead of 8/6 when it was opened. Employee was told to be careful to write open date correctly.

\*\*\*Within 30 days of receipt of the plan of correction:

Staff shall be retrained on the requirements of this regulation. Documentation of the retraining shall be maintained by the home and be made available for review by the Department upon request. 9-20-19

MM

Legal Entity Representative

  
Signature

DEBBIE Young RN  
Printed Name and Title

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251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #5's DME dated 6/25/19 has correction tape over the word "none" in Section 4 of the document.

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.)


I did not notice very small piece of correction tape that Drs. office put over a box on form. I, Debbie Younger, will check med-vals for correction tape in future.

\*\*\*Within 30 days of receipt of the plan of correction:

Staff shall be retrained on the requirements of this regulation. Documentation of the retraining shall be maintained by the home and be made available for review by the Department upon request. 9-20-19

MM

Legal Entity Representative

Signature 

Printed Name and Title DEBBIE Younger Date 8/25/19

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