



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: mscarellc@gmail.com

MAILING DATE: December 30, 2019

Mr. Menachem Siegal
Owner
Grand at Fayette, LLC
820 Coral Avenue
Lakewood, NJ 08701

RE: Grand at Fayette D/B/A
Country Care Manor
205 Coldren Road
Fayette City, Pennsylvania 15438
Certificate #: 449590

Dear Mr. Siegal:

As a result of the Department's Bureau of Human Services Licensing inspection on August 13, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

OCT 17 2019

Violation Report

Facility Information

WEST REGION FIELD OFFICE
Human Services Licensing
License Number: 44959Name: GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR
Address: 205 COLDREN ROAD,, FAYETTE CITY, PA 15438
County: FAYETTE Region: WESTERN

Administrator

Name: Melissa Solomon Phone: 7243264909 Email: melissa@countrycaremanor.net

Legal Entity

Name: GRAND AT FAYETTE LLC
Address: 820 CORAL AVENUE, LAKEWOOD, NJ, 8701

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 87 Waking Staff: 67

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

08/13/2019 - On-Site: Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 43

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 70

Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 43
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 38 Have Physical Disability: 0

08/13/2019

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OCT 17 2019

57c - 2 Hours/Day

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 8/5/19, there were 48 residents in the home, including 43 residents with mobility needs, requiring a total minimum of 91 hours of direct care service. On this date, only 70.23 hours of direct care staffing was provided.

On 8/7/19, there were 45 residents in the home, including 41 residents with mobility needs, requiring a total minimum of 86 hours of direct care service. On this date, only 62.43 hours of direct care staffing was provided.

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.)

Please Page 2A of 8

see Attached
census + schedules

See Page 2A of 8

Legal Entity Representative

Jennifer Kremin
Signature

Jennifer Kremin/Admin 10/17/19
Printed Name and Title Date

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The above plan of correction is approved as of 12/24/19
(Date)

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

Plan of correction implementation status as of 12/24/19
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.57.c

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Staffing Hours to meet the needs of Residents with mobility needs.

Immediate Action:

Staffing Schedules reviewed with Resident census and mobility needs.

Continued Compliance:

Administrator, Designee and/or Floor Supervisor will review schedules prior to posting to ensure adequate direct care hours to meet the needs of resident in the home with mobility needs.

Administrator, Designee and/or Floor Supervisor will keep record of Facility Census, Residents mobility and schedules.

Immediately: A designated staff person shall review the home's schedule daily to ensure an adequate amount of staff is present in accordance with 2600.57b, 2600.57.c, 2600.57d and 2600.60a. If staffing levels are found to be inadequate, substitute personnel shall immediately be scheduled in accordance with 2600.60a, which would include the use of agency staff members. 12/24/19

LM

Jennifer Kemmi
10/17/19

OCT 17 2019

60a - Staff/Support Plan

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 8/5/19, there were 48 residents in the home, including 43 resident with mobility needs and 2 residents who require the assistance of 2 staff persons to transfer in/out of bed/chair. On 8/7/19, there were 45 residents in the home, including 41 resident with mobility needs and 2 residents who require the assistance of 2 staff persons to transfer in/out of bed/chair. The home's current maximum safe evacuation time is 2 minutes, 30 seconds. However, on 8/5/19, only 3 staff persons were present in the home from 11:00 p.m.-7:00 a.m., and on 8/7/19, only 2 staff persons were present in the home from 11:00 p.m.-3:00 a.m., which is not adequate to be able to safely evacuate all residents in the event of an emergency.

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.)

Please page 3A of 8
See Attached schedules + Genews &

See Page 3A of 8

Legal Entity Representative

Jennifer Krenin
Signature

Jennifer Krenin / Admin
Printed Name and Title

10/17/19
Date

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(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

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Regulation 2600.60a

Staffing to meet the needs of Residents with mobility needs.

Immediate action:

Fire Safety Expert scheduled for training, and to obtain safe evacuation time on 8/20/2019.

Staffing hours reviewed verses Residents mobility needs.

Continued Compliance:

Administrator, Designee and/or Floor Supervisor will review schedules prior to posting, to ensure adequate Staffing hours to meet the needs of all Residents.

Administrator, Designee and or Floor Supervisor will maintain all current and up to date Resident Census with mobility needs and safe evacuation time in the fire safety/drill record.

Immediately: A designated staff person shall review the home's schedule daily to ensure an adequate amount of staff is present in accordance with 2600.57b, 2600.57.c, 2600.57d and 2600.60a. If staffing levels are found to be inadequate, substitute personnel shall immediately be scheduled in accordance with 2600.60a, which would include the use of agency staff members. ^{JAN} 12/24/19

Jennifer Kremen 10/17/19

132a - Monthly Fire Drill

OCT 17 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill during the months of May 2019 and July 2019.

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.)

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Legal Entity Representative

[Handwritten Signature]
Signature

[Handwritten Name and Title]
Printed Name and Title

[Handwritten Date]
Date

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Regulation 2600.132a

Unannounced Fired Drill

Immediate Action:

New Administration and Owners scheduled Fire Safety Expert for training.

Conducted an unannounced fire drill

Please attached documentation pg 1-5 Fire Safety

Continued Compliance:

Administrator and Designee will maintain a monthly schedule for unannounced fire drills.

Administrator and Designee will keep calendar of upcoming fire drills private and out of view from Staff, Residents and Visitors.

Jenni Jukremin 10/17/19

OCT 17 2019

132b - Safety Inspection/Fire Drill

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was conducted on 5/3/18.

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.)

Please see Page 5A of 8

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Legal Entity Representative

Ennifer Kremin
Signature

Ennifer Kremin / Admin
Printed Name and Title

10/17/19
Date

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132.b

Immediate action:

Fire Safety Expert called on 08/15/2019 and Training was scheduled for 08/20/2019

See page 1-5

A fire safety inspection and supervised fire drill conducted by a fire safety expert was held on 8/20/19. *LM 12/24/19*

Continued Compliance:

Administrator and/or Designee have posted one month prior to expiration on 07/2020 on desk calendars to call for annual fire safety inspection.

Posted in fire drill record to re-schedule fire safety expert one month prior to expiration on 07/2020.

Sumpter 10/17/18

OCT 17 2019

132c - Fire Drill Records

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 6/28/19 does not include the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

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.)

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Legal Entity Representative

Jennifer Kremin
Signature

Jennifer Kremin / Admin
Printed Name and Title

10/17/19
Date

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Regulation 2600.132c

Incomplete fire drill record.

Immediate Action:

Fire safety expert scheduled for training on 08/20/2019

Fire drill conducted; Staff recorded all necessary information required.

Please see attached documentation Pg 1-5


Continued Compliance:

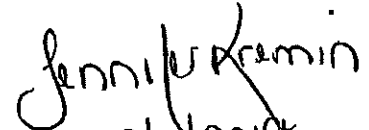
Administrator and Designee will maintain accurate documentation of as explained in 132c.

The number of Residents in the Home, the number of Residents that evacuated, the number of Staff participating in the drill, any problems encountered, whether the fire alarm and smoke detectors were operable, the exit route, the meeting area and the date, time, and how long it took to safely evacuate.

Record will be kept in fire safety/log book and kept up to date by Administrator and Designee.

Immediately: A designated staff person shall review the fire drill records monthly to ensure all information required in 26000.132c is present on the fire drill records.

 12/24/19


10/17/2019

132d - Evacuation

WEST REGION FIELD OFFICE
Human Services Licensing

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 evacuation time for the fire drill held on 6/28/19 at 12:52 p.m. was conducted in 3 minutes, 18 seconds. However, the home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert that exceeded 2 minutes, 30 seconds.

Plan of Correction (POC)

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Please see Pg 7A of 8

See Page 7A of 8

Legal Entity Representative

Jennifer Kremin
Signature

Jennifer Kremin / Admin
Printed Name and Title

10/17/19
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(Date)

JMK

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Regulation 2600.132d

Evacuation Time, Fire Safety Expert

Immediate Action:

New Administration and Owners of the Home called to schedule Fire Safety Expert for annual inspection of the Home.

Please see attached report from Fire Safety Expert, Tom Bonura.

Continued Compliance:

Administrator and Designee have posted on desk calendar a reminder to schedule Fire Safety Expert one month prior to expiration in the beginning of July 2020.

Administrator and Designee have placed a reminder in fire safety/drill record to call and schedule annual inspection in July of 2020.

A fire safety inspection and supervised fire drill conducted by a fire safety expert was held on 8/20/19 and indicated, in writing, a maximum safe evacuation time of 5 minutes. *EM* 12/24/19

Immediately: A designated staff person shall review the fire drill records monthly to ensure all residents evacuate to the designated meeting place within the time specified in writing by the fire safety expert within the past year. *EM* 12/24/19

Jenni Lukemine
10/17/19

OCT 17 2019

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

Resident #1's most recent medical evaluation, dated 6/17/19, does not include the resident's medical diagnoses. This section of the form is blank.

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.)

Please see Page 8A of 8

See Page 8A of 8

Legal Entity Representative

Jennifer Kremin
Signature

Jennifer Kremin / Admin
Printed Name and Title

10/17/19
Date

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JMK
(Initials)

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Regulation 2600.141.b1

Residents 1 DME does not include Medical diagnosis.

Immediate Action:

A new DME with all accurate Medical Diagnosis was completed and signed by Physician.

Please see attached documents 1-4

Continued Compliance:

Administrator, Designee and/or Floor Supervisor have reviewed and have been educated on all necessary information required on Medical Evaluation Forms.

Administrator or Designee will review Medical records available on admission for Medical diagnosis to complete forms accurately.

Jennifer Kremen

10/17/19