



October 15, 2019

Ms. Amanda L. Palmer
Administrator
Senior Care on Market St. LLC
2618 East Market Street
York, Pennsylvania 17402

RE: Autumn House East
Certificate #: 334260

Dear Ms. Palmer:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on August 26, 2019 and August 27, 2019 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". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: AUTUMN HOUSE EAST

License Number: 33426

Address: 2618 EAST MARKET STREET,, YORK, PA 17402

County: YORK

Region: CENTRAL

Administrator

Name: Amanda Palmer

Phone: 7177555911

Email: *apalmer@livecardinal.com*

Legal Entity

Name: SENIOR CARE ON EAST MARKET LLC

Address: 2618 EAST MARKET STREET, YORK, PA, 17402

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/24/1994

Issued By: L&I

Type: C-2 LP

Date: 04/27/2004

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 148

Waking Staff: 111

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

08/26/2019 - On-Site: Israel Springs, Jason McCloskey

08/27/2019 - On-Site: Israel Springs, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150

Residents Served: 126

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 125

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 22

Have Physical Disability: 1

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/24/19 from 10:45pm until 6:45am, there were 112 personal care residents in the building. During this period, there were only two staff members with current training in First Aid present in the home.

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.)

2600.63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

On 8/24/19 from 10:45pm until 6:45am, there were 112 personal care residents in the building. During this period, there were only two staff members with current training in First Aid present in the home.

During the survey on 8/26 & 8/27/19 it was identified that there was a staff person scheduled on 8/24/19 from 10:45pm until 6:45am that had her CPR training however her First Aid was not current. Following this regulation best prepares staff to respond appropriately when emergent situations arise. An audit was completed on 9/5/19 of all staff records to identify who would need to attend a CPR/First Aid training to ensure we were scheduling the appropriate number of CPR/First Aid certified staff per shift. We also looked to make sure that the source of CPR & First Aid training was acceptable per DHS and not an online provider. A CPR/First Aid class is being held on Wednesday, September 18th, 2019 at 1:00pm at Autumn House East to ensure the appropriate number of staff on all shifts are current with CPR, as well as, First Aid. To further comply with this regulation, nurse management will check for First Aid certification compliance per DHS regulations and our census prior to posting the staffing schedule.

Legal Entity Representative

A L Palmer LN PCMA

Signature

Amanda L. Palmer, Administrator 9/11/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 9/12/19
(Date)

Plan of correction implementation status as of 9/12/19
(Date)

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

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

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

There is no window or working ventilation fan in the common bathroom at end of E-Hall near the rear entrance and in the bathroom in Resident #1's bedroom.

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.)

2600.86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

There is no window or working ventilation fan in the common bathroom at the end of E-Hall near the rear entrance and in the bathroom in Resident #1's bathroom.

The fans in the E-Hall rear entrance bathroom and in Resident #1's bathroom was fixed on August 28th, 2019 and are working properly. An audit of all bathrooms in the facility will be completed by September 30th, 2019 and any fans found to be inoperable will be fixed at that time.

*By 10/1/2019, staff and residents will receive education to immediately inform the administration of any devices in the home that are inoperable or in need of repair so that administration can investigate and implement a remedy as necessary. BAS 9/12/19

Legal Entity Representative

 LNJ PCHA
Signature

Amanda L. Palmer, Administrator 9/11/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/12/19
(Date)

Plan of correction implementation status as of 9/12/19
(Date)

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

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

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

Two windows in the E-wing lounge are in poor repair. One window has a 1/2" gap between the glass and bowed window frame. Another window has an outside glass pane that is cracked and has a hole in it.

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.)

2600.92 Windows and Screens – Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Two windows in the E-wing lounge are in poor repair. One window has a 1/2" gap between the glass and bowed window frame. Another window has an outside glass pane that is cracked and has a hole in it.

It is important for all windows and screens to be in good repair to keep energy in the building and keep insects out. This also helps to ensure someone does not get injured when attempting to open or close a window. A company was contracted to come out and assess the windows that need repaired. An additional window in the library was identified as needing repaired at that time. The company, Susquehanna Valley Door and Window, has ordered the windows and will be out to replace the windows identified during our survey within three weeks when the windows are ready to be installed. (see attachment #1-contract from Susquehanna Valley Door and Window)

Legal Entity Representative

A L P ADMINISTRATOR
Signature

Amanda L. Palmer, Administrator 9/11/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/12/19 Plan of correction implementation status as of 9/12/19
(Date) (Date)

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

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The common bathroom at end of E- Hall, near the rear entrance, does not contain a grab bar or assist bar near the toilet.

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.)

2600.102.d Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

The common bathroom at the end of E-Hall, near the rear entrance, does not contain a grab bar or assist bar near the toilet.

This is an important safety regulation. Grab bars were placed in the bathroom at the end of E-Hall, near the toilet. An audit of all bathrooms in the facility will be completed by September 30th, 2019 and any found not to have grab bars will be identified. A plan will be put into place to have all grab bars installed by October 15, 2019. (see attachment #2-photo of grab bars installed in E-hall bathroom)

Legal Entity Representative

[Handwritten Signature]
Signature

Amanda L. Palmer, Administrator
Printed Name and Title

9/11/19
Date

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

The above plan of correction is approved as of 9/12/19
(Date)

Plan of correction implementation status as of 9/12/19
(Date)

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

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

144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Two metal benches located in the designated smoking area on the front porch have upholstered cushions on them. These cushions are not labeled as fire resistant.

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.)
2600.144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Two metal benches located in the designated smoking area on the front porch have upholstered cushions on them. These cushions were not labeled as fire resistant.

Autumn House East does not have cushions out at the designated smoking areas for fire safety purposes. Two residents had taken their own cushions out to the benches and left them there. During the survey on August 27, 2019 the inspector observed the two cushions on the metal benches at the designated smoking area at the front of the building. Immediately the administrator removed the cushions, showing the inspector that the cushions had resident names on them and were not Autumn House East property. The two residents were educated that same day and voiced understanding that their cushions cannot be used or kept in any designated smoking area because they are not fire resistant. The administrator or designee will monitor the designated smoking areas on a regular basis for two months to ensure no cushions are being used or left in those areas. All residents will be notified of this regulation at our monthly resident council meeting on 9/18/19.

Legal Entity Representative


Signature

Chanda L. Palmer, Administrator
Printed Name and Title

9/11/19
Date

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

The above plan of correction is approved as of 9/12/19
(Date)

Plan of correction implementation status as of 9/12/19
(Date)

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

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