



**MAILING DATE: October 17, 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 September 17, 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 that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR  
Address: 205 COLDREN ROAD,, FAYETTE CITY, PA 15438  
County: FAYETTE Region: WESTERN

License Number: 44959

## Administrator

Name: Jennifer Kremin Phone: 7243264909 Email: Jenna@countrycaremanor.net

## Legal Entity

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

**RECEIVED**

10/8/2019

Western Region Field Office  
Bureau of Human Services Licensing

## Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

## Inspection

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

## Inspection Dates and Department Representative

09/17/2019 - On-Site: Amy Duncan

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 75 Residents Served: 39

### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

### Hospice

Current Residents: 7

### Number of Residents Who:

Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 39  
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 23 Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #3 passed away on resident #3's date of death; however, the home did not report this to the Department until 9/18/19.

On 8/30/19, resident #4 fell in the home, was taken by ambulance to the hospital where she was diagnosed with a fractured hip; however, the home did not report this incident to the Department until 9/18/19.

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.)

See page 2A of LP  
See Training 1-5 Attached  
J. Kemin

Legal Entity Representative

*Jennifer Kemin*  
Signature

Jennifer Kemin/Admin 10/6/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/8/19  
(Date)

The above plan of correction was approved by *LJM*  
(Initials)

Plan of correction implementation status as of 10/8/19  
(Date)

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

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Regulation 2600.16 c

Reportable Incidents: Resident # 3 and # 4 Incident Reports were maintained at the Home. Reports were made available to on-site inspector, however never reached licensing division. On-site inspector was able to confirm there was an issue with a fax machine at licensing.

Immediate Action: Resident #3 and #4 Incident reports were sent and confirmed to DHS.

Within 15 days of receipt of the plan of correction: All staff persons shall be educated that all reportable incidents and conditions specified in 2600.16a are to be reported to the Department within 24 hours. Documentation of the education shall be kept. *PM* 10/8/19

Steps to Maintain Compliance:

Administrator or Designee will confirm that incident reports reach DHS in a 24-hour time frame.

Administrator or Designee will attach a confirmation fax page to all reportable incidents, email address has been posted of DHS and Phone Number is posted also.

*Jennifer Kremin*  
Administrator 10/6/19

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

The most recent medical evaluation for resident #1, dated 3/29/19, does not include the resident's ability to self-administer medications. 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.)

See page 3A of 6  
See Attached DME pages 1-3

Legal Entity Representative

*Jennifer Kremin*  
Signature

Jennifer Kremin / Admin  
Printed Name and Title

10/6/19  
Date

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The above plan of correction is approved as of \_\_\_\_\_  
(Date)

10/8/19

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

10/8/19

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

*JM*  
(Initials)

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Regulation 2600.141.a,

Resident #1 Medical Evaluation does not include the ability to self-administer medications.

This section of the form is blank/incomplete.

**Immediate Action,**

Resident #1 Had a new DME updated. Reviewed by Staff and Physician to ensure all accurate information to meet Resident needs.

Please see attached.

A new medical evaluation was completed for resident #1 on 9/12/19. *AM* 10/8/19.

**Maintained Compliance,**

Administrator, Designee and Floor Supervisor have reviewed all Forms.

All Staff responsible for completing forms have been re-educated and trained on completing Medical Evaluations.

Administrator or Designee will review all Medical Evaluations prior to completion to ensure all accurate information is documented on DME to meet the Residents needs.

*Jennifer Kremin  
Admin. Director 10/10/19*

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

Resident #1's most recent assessment, dated 4/4/19, does not include the diagnoses of thrombocytopenia, anemia, depression, hypertension, hypothyroidism, hyperlipidemia and migraine as indicated on the resident's most recent medical evaluation, dated 3/29/19.

Resident #2's most recent assessment, dated 4/22/19, does not include the diagnoses of peripheral vascular disease and unspecified glaucoma as indicated on the resident's most recent medical evaluation, dated 4/12/19.

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.)

See Attached 4a of 6

See Attached care plans of Resident #1 and Resident #2

Legal Entity Representative

*Jennifer Kremin*  
Signature

Jennifer Kremin  
Printed Name and Title

10/6/19  
Date

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The above plan of correction is approved as of

10/8/19

(Date)

Plan of correction implementation status as of

10/8/19

(Date)

The above plan of correction was approved by

*LJN*  
(Initials)

- Fully Implemented
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Regulation 2600.225 a

Resident #1 assessment form does not include all Medical Diagnosis indicated on Residents Medical Evaluation.

Resident #2 assessment form does not include all Medical Diagnosis indicated on Residents Medical Evaluation.

Immediate Action:

Administrator and Designee updated and completed all new forms for Resident #1 And #2.

Maintained Compliance:

All Staff responsible for completion of Resident Assessment and Support Plans ( RASP's ) have been re-educated and trained on accurate completion of forms.

Administrator or Designee will review all Support Plans to ensure all accurate data is in place to meet Resident's needs.

All New Support Plans will be Co-signed with 2 staff signatures for accuracy.

Jenni Jurkiewicz  
Administrator 10/6/19

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's most recent assessment, dated 4/4/19, indicates the resident has multiple medical and psychological diagnoses, including history of falls, hemiplegia, convulsions and depression; however, the resident's most recent support plan, dated 4/4/19, indicates the the plan to meet each medical and psychological need is, "DCS will follow MD orders pertaining to DX."

Resident #2's most recent assessment, dated 4/22/19, indicates the resident has multiple medical and psychological diagnoses, including gastroesophageal reflux disease, type 2 diabetes, hyperlipidemia and major depressive disorder; however, the resident's most recent support plan, dated 4/22/19, indicates the plan to meet each medical and psychological need is "DCS will follow MD orders."

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.)

See Attached 5a of 6

See Attached Training  
New Core plans Completed - Attached

Legal Entity Representative

*Jennifer Kramin*  
Signature

Jennifer Kramin  
Printed Name and Title

10/10/19  
Date

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The above plan of correction is approved as of

10/8/19

(Date)

*LM*

(Initials)

The above plan of correction was approved by

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10/8/19

(Date)

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Regulation 2600.227 d

Resident Support Plans does not include the plan to meet the Residents need.

Resident #1 assessment does not include the plan to meet the need of each medical and physical diagnosis.

Resident # 2 assessment does not include the need to meet the residents need of each medical and psychological diagnosis.

Immediate Action:

for residents #1 and #2 <sup>RM</sup> 10/8/19

New Support Plans were completed with all supporting documentation.

Please see attached.

Maintained Compliance:

All Staff Responsible for completing Resident Support Plans, have been re-educated and trained on accurate completion of all mandated forms to ensure that Residents needs are meet.

Administrator or Designee will review and co-sign all Support Plans to ensure accurate completion of all Assessment forms.

Jennifer Kramel  
Administrator  
10/16/2019

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's most recent assessment and support plan, dated 4/4/19, is not signed by the assessor or the resident, and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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.)

See Attached LA of 6

See Attached Signature page 12 of 11 from previous Care Plan (12-) dated 4/4/19 of Resident

Attached new Care plan of Resident # 1

Legal Entity Representative

*Jennifer Keenan*  
Signature

Jennifer Keenan  
Printed Name and Title

10/6/19

Date

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The above plan of correction is approved as of

10/8/19  
(Date)

Plan of correction implementation status as of

10/8/19  
(Date)

The above plan of correction was approved by

*JK*  
(Initials)

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Regulation 2600.227 g

Individuals who Participate in the development of the Support Plan shall sign the Plan.  
Resident #1 Support Plan was not signed by the assessor or the Resident.

**Immediate Action:**

Attached and on-site confirmed by Staff ( Jenna Rouse ) that Resident #1 and Staff member signature was on Support plan, signature was placed on a two-sided copy. Supporting documentation attached.

**Continued and Maintained Compliance:**

All Support Plans will be on a one-sided form.

All Support Plans will be adhered together in a numerical order to maintain organization.

Within 15 days of receipt of the plan of correction: Administrator or Designee will check all Support Plans for Residents signature.

JRM

Jenna Rouse  
10/6/19