



MAILING DATE: November 13, 2019

Mr. Daniel Caffrey
CEO/Owner
Zerbe Sisters Nursing Center, Inc.
2499 Zerbe Road
Narvon, Pennsylvania 17555

RE: Zerbe Sisters Nursing Center
Certificate #: 322370

Dear Mr. Caffrey:

As a result of the Department's Bureau of Human Services Licensing inspection on September 19, 2019 of the above facility, the citation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report was found.

The citation 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,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: ZERBE SISTERS NURSING CENTER
Address: 2499 ZERBE ROAD,, NARVON, PA 17555
County: LANCASTER Region: CENTRAL

License Number: 322370

Administrator

Name: Rene Mathews Phone: 7174458744 Email: DCAFFREY@ZERBESISTERS.COM

Legal Entity

Name: ZERBE SISTERS NURSING CENTER INC
Address: 2499 ZERBE ROAD, NARVON, PA, 17555

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection

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

Inspection Dates and Department Representative

09/19/2019 - On-Site: Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 Residents Served: 22

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: 22
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated 1/8/19, indicated he/she was independent with toileting and bowel and bladder management. Through interviews with staff during an incident inspection, it was determined that Resident #1 had been incontinent for several months, wearing Depends and requiring prompting and at times, physical assistance with toileting. Resident #1 did not have a new assessment to address this change.

Repeat Violation: 2/15/19

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.)

please see attached.

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Legal Entity Representative

Rene Mathews

Signature

RENE MATHEWS RN, Admin 10/21/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

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

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

POC FOR VIOLATION 2600.225C (2)

10/21/19 Resident #1 is no longer in our facility so we are unable to update the RASP to reflect this change.

A new resident assessment form will be completed on each resident by 10/31. They will be completed by Direct care staff and reviewed by Administrator before going to their charts. RASPs will be reviewed to ensure care needs are captured on the RASP.

Resident Assessments have been completed on admission as part of the admission process. Moving forward when staff note changes in care level, they will report to Administrator. A resident Assessment form will be completed and RASP will be updated by the Administrator as needed to reflect these changes in care. In addition, all residents will have a quarterly assessment completed to capture any changes in care. RASPs will be updated as needed. Any short term/temporary care changes will be documented on an "Addendum to RASP" form and attached to the current RASP. (i.e. Additional assist with incontinence due to UTI).

Jessica M. H. H. H.
10/21/19