



pennsylvania

DEPARTMENT OF HUMAN SERVICES

January 7, 2020

Ms. Vanessa Perez
Director of Operations
Spirit of Gheel
P.O. Box 610
Kimberton, Pennsylvania 19442

RE: Gheel House
10 Hollow Road
License #: 144320

Dear Ms. Perez:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 23, 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.

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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: GHEEL HOUSE

License Number: 14432

Address: P.O. BOX 610, 10 HOLLOW ROAD,, KIMBERTON, PA 19442

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Vanessa Perez

Phone: 6104957871

Email: VPerez@SPIRITOFGHEEL.ORG

Legal Entity

Name: SPIRIT OF GHEEL

Address: P.O. BOX 610, KIMBERTON, PA, 19442

Certificate(s) of Occupancy

Type: C-3 SP

Date: 04/11/1985

Issued By: PA Dept of LI

Staffing Hours

Resident Support Staff: 5

Total Daily Staff: 10

Waking Staff: 8

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/23/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 5

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: 3

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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 influenza posters have been posted in the homes by the Director of operations on 9/24/19

The Administrator or a designee will check the influenza information posted on the board weekly to ensure ongoing compliance with the cited reg. 11/14/19

AAA

Legal Entity Representative


Signature

Vanessa Perez, D. of operations 10/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of 11/14/19
(Date)

Plan of correction implementation status as of 11/14/19
(Date)

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

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

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The homes first aid kit did not include gloves, a thermometer, breathing shield, or eye coverings.

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 homes first aid kit was restocked with a thermometer with new battery, gloves, breathing shield and eye coverings. The first aid box will be checked once a month so that all required items are present (on 9/24/19)

The Administrator or a designee will review the first-aid kit weekly to check for any missing item, then report the same to the Administrator who will promptly address the issue. 11/14/19

AAA

Legal Entity Representative

Vanessa
Signature

Vanessa Perez D. of Op. 11/24/19
Printed Name and Title Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 did not have a bedside lamp in their 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.)

The bedside lamp was replaced. The light source (bulb) will be checked monthly by staff.

Legal Entity Representative

[Handwritten Signature]
Signature

Vanessa Perez, D.O.P. 10/24/19
Printed Name and Title Date

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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was no soap in the resident's bathroom in the basement.

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 Soap was restocked in the bathroom area. The bathrooms will be checked daily for sufficient soap by staff

The Administrator or a designee will create a checklist of things/areas to be reviewed during a daily walkthrough of the facility. Any issue of concern will be brought to the attention of the Administrator who will promptly resolve the same. 11/14/19

AAA

Legal Entity Representative

Vanessa Perez
Signature

Vanessa Perez, Director
Printed Name and Title

11/24/19
Date

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107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home did not have a 3-day supply of emergency food onsite for the 5 residents residing in the home. The pantry was empty,

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 emergency food supply was restocked to include a 3 day supply of emergency food. The emergency food will be checked once a month by staff to ensure all needed items are present.

The Administrator, or a designee will create a checklist of emergency supply materials, and designate someone to verify compliance with the applicable reg during a monthly audit of the stock. 11/14/19

AAA

Legal Entity Representative


Signature

Vanessa Perez, Dir Op 10/24/19
Printed Name and Title Date

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127a - Portable Space Heaters

Regulations

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 9/23/19, at approximately 12:30pm a portable space heater was observed in use in resident #2'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.)

The portable space heater was removed. Rooms will be checked weekly to ensure no portable heaters are used. Staff was reminded of fire safety policies and the use of space heaters being prohibited.

Legal Entity Representative


Signature

Vanessa Perez, Dir Op. 10/24/19
Printed Name and Title Date

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181d -Storing Medication

Regulations

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #3 self-administers medications and stores medications in her bedroom. On 9/23/19, at approximately 12:30pm resident #3 was not in the home. Her bedroom door was unlocked and the medication in her bedroom was also unlocked.

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.)

Met with resident to remind her need to keep medications locked while onsite and offsite. Her med box will be checked weekly to ensure it remains locked (by staff). Staff also educated again on proper self med storage.

Legal Entity Representative


Signature

Vanessa Perez O. of Oper. 10/24/19
Printed Name and Title Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #1's Symbicort does not match the medication administration record/MAR.

Label - take 2 puffs by mouth once daily

MAR - spray 2 puffs by mouth twice daily at 8AM and 8PM

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 label has been updated by the pharmacy to match the MAR. MAR's and labels will be double checked each month to ensure accuracy.

The Administrator, will immediately check all residents MARS and med. labels for accuracy, and thereafter, AAA monthly and when their is a change in residents med. prescription. 11/14/19

Legal Entity Representative


Signature

Vanessa Perez, Dir of Op. 10/24/19
Printed Name and Title Date

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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's Missing Medication policy and procedures is: If a controlled substance is prescribed, increase accountability is necessary. All meds need to be double signed each shift to ensure accountability.

Resident #1 is prescribed Lorazepam. The home failed to keep this controlled substance behind a double-lock and did not count the medication at the end of each shift.

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.)

^{Controlled}
 The medications are now kept in a locked Box, in the locked cabinet in a locked room. Count sheets have been created for dbl signatures, cant on each shift. Staff have been trained on proper procedures by the Director of operations and HSE mgrs.

Legal Entity Representative


 Signature

Vanessa Perez, Dir of 10/24/19
 Printed Name and Title Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.

Description of Violation

On 11/6/18, resident #1 was prescribed Mucinex. On 9/23/19, Mucinex was not on the medication administration record but the medication was still on the med-cart. The home did not/was not able to provide a discontinued order for the medication.

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.)

MAR's will be checked thoroughly ^{to ensure} that all orders are present each month by staff. If a med is discontinued, an order will be requested by staff.

MARS will also be reviewed for accuracy when a resident gets a new medication prescription. 11/14/19

AAA

Legal Entity Representative


Signature

Vanessa Perez, DOB 10/24/19
Printed Name and Title, Date

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A administers medications to residents. However, the home was not able to provide documentation that staff person A successfully completed the Department-approved medications administration course for 2019 or 2018.

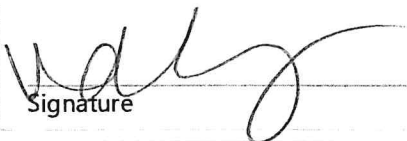
Per documentation, staff person A was last certified 12/7/17.

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 necessary documentation was added to the medication MAR review / Administration book - It was misplaced - The MAR review / administration book will be checked each month for accuracy and to ensure all current documents are present (Director of Operations)

Legal Entity Representative


Signature

Vanessa Perez Dir of Op, 10/21/19
Printed Name and Title Date

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