



Sent via e-mail [cgramm@faithfriendship.org]

MAILING DATE: May 29, 2020

Ms. Gwendolyn F. Didden
Executive Director
Faith Friendship Ministries, Inc.
P.O. Box 567
Mountville, Pennsylvania 17544

RE: Faith Friendship Villa of Mountville
128 West Main Street
Mountville, Pennsylvania 17554
Certificate #: 322020

Dear Ms. Didden:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 25, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: FAITH FRIENDSHIP VILLA OF MOUNTVILLE
Address: 128 WEST MAIN STREET,, MOUNTVILLE, PA 17554
County: LANCASTER Region: CENTRAL

License Number: 32202

Administrator

Name: Charis Gramm Phone: 7172855596 Email: HOME@FAITHFRIENDSHIP.ORG

Legal Entity

Name: FAITH FRIENDSHIP MINISTRIES INC
Address: PO BOX 567, MOUNTVILLE, PA, 17554

Certificate(s) of Occupancy

Type: Other Date: 09/10/2015 Issued By: Mountville Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

10/25/2019 - On-Site: Kellie Cargile, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 Residents Served: 70

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 53 Are 60 Years of Age or Older: 38
Diagnosed with Mental Illness: 52 Diagnosed with Intellectual Disability: 14
Have Mobility Need: 0 Have Physical Disability: 2

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The license inspection summaries, dated 8/29/19 and 1/15/19 et al, were not posted in a conspicuous and public place 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.)

See attached Page 2A of 26

Legal Entity Representative

Charis Gramm
Signature

Charis Gramm - Administrator 11/11/19
Printed Name and Title

Date

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

The above plan of correction is approved as of 12/13/19
(Date)

Plan of correction implementation status as of 12/13/19
(Date)

Implemented

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

Not Implemented

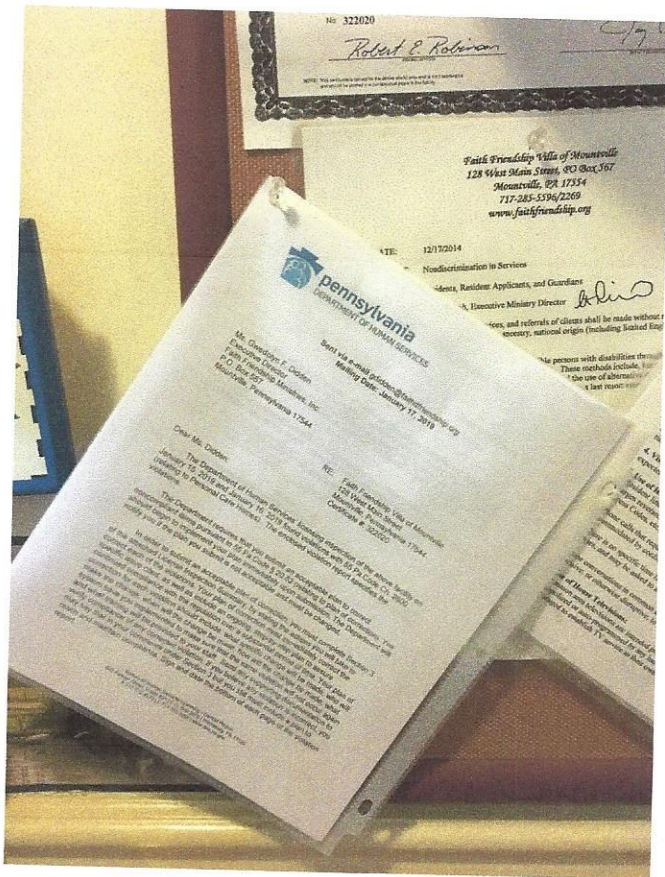
2600.3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

The two most recent summaries were not posted.

POC

The PCHA posted the inspection summaries on 10/29/19. Since there are several people who have their administrator license, in the future, this will be done by the one who is acting as the Administrator of the home.

Ongoing, the PCHA or designee will check that the required postings are in place during monthly walk-throughs of the building.



Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/20/19 update

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

The carbon monoxide detector in the boiler room of the home was located between 2 to 3 feet away from the boiler presenting the possibility of frequent false alarms. According to the Carbon Monoxide Standards Act, effective 9/23/2016, carbon monoxide detectors should be installed in close proximity, but no less than 15 feet from the fossil fuel-burning device.

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(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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(Initials)

Not Implemented

2600.18. Applicable Health and Safety Laws – A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

A carbon monoxide detector was too close to the boiler.

POC

This detector was moved on the spot, during the inspection, in the presence of the inspectors by our Property Director. In the future, when this item needs to be replaced, the Property Director will make sure to replace it at the same location so it is the proper distance from the boiler.

Charis Gramm – Administrator 11/11/19

Charis Gramm

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/24/19 at approximately 1:20 pm, Staff Member A was observed emptying Resident #6's Norco 5-325 into her bare palm and handing it to the resident.

The turtle tank located in the basement recreation room had murky water due to a pump failure and was emitting a strong odor that could be smelled throughout the room and office.

A strong odor of urine from the second floor bathroom, that has a "do not use" sign on the shower, could be detected in the hallway used by residents.

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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2600.85.a. Sanitary conditions shall be maintained.

- (1) A staff member administered a medication out of her hand.
- (2) The turtle tank was murky and had an awful smell
- (3) The strong smell of urine coming from one of the bathrooms

POC

- (1) The practice does not line up with our procedures for med administration. The staff member has been retrained on the importance of using med cups on 10/25/19 by the PCHA. All staff will be retrained at our all staff meeting to be held prior to 12/31/19.
- (2) We were able to get a new "turtle guy" to come in 10/24/19 after the inspection was over. He greatly improved the situation and was able to have the issue completely resolved and the tank back to its healthy state by 10/28/19. We have switched to this new person to take care of our tank who seems to be easier to get in touch with if we notices changes that could lead to a similar problem.



- (3) Staff will continue to clean this bathroom and every bathroom on every shift. The Property Director has purchased a new cleaning item that helps combat the smell. At our all staff in-service we will discuss cleaning techniques and how best to use the new cleaning item. Time will also be spent discussing the importance of making sure we are not nose blind to different smells that can pop up around the home. This in-service will be held no later than 12/31/19.

Charis Gramm – Administrator 11/11/19

Charis Gramm

87 - Lighting

Regulations

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There was an inoperable light bulb and/or switch in the alcove of the front porch entrance, as well as an inoperable light bulb and/or switch of the light fixture off the back porch to the home.

There was no working light fixture at the landing at the bottom of the fire escape, leading down from the second floor.

There was no working light fixture outside of the exit off of the kitchen/dining room.

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2600.87. Lighting – The home’s hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

There were multiple locations that didn’t have functioning lights.

POC

Upon investigation of this issue, it was discovered that the mentioned inoperable lights, were due to the fact that all our outside lights are on a sensor that turns them on, when dusk hits and the sensor turns them all on. Our Property Director, being new, didn’t know this was how it works until he was in the parking lot that evening when all the outside lights turned on all by themselves.

Charis Gramm – Administrator 11/11/19

A handwritten signature in cursive script that reads "Charis Gramm".

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Exposed fiberglass insulation and electric wires from a missing ceiling tile was found in the alcove of the front entrance of the home.

The pew/bench outside the rear entrance of the home has an exposed nail, rotting wood and peeling paint.

The first and second floor carpeting is heavily soiled with stains and extensive wear in the sitting areas and lounges.

A piece of floor tile is missing in the basement recreation room.

Plan of Correction (POC)

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2600.88.a. Floors, walls, ceilings, windows, doors, and other surfaces must be clean, in good repair and free of hazards.

(1) Exposed insulation and wiring in the alcove.

(2) Old pew outside

(3) soiled and worn carpets throughout

(4) chipped tile in the rec room

POC

- (1) Dry wall will be hung to cover that exposed insulation and the ceiling tiles will be move back into place by the Property Director, no later than 12/31/19. Moving forward, more attention will be placed on making sure projects are finished completely.
- (2) The pew will be removed by 12/31/19 by the Property Director. We will look at replacing it with items that will weather better.
- (3) We have carpet to replace several of the areas of concern and whatever carpet isn't replaced, will be steam cleaned by 12/31/19.
- (4) Tile will be purchased to replace the broken ones in the rec room. The Property Director will make sure this project is completed by 12/31/19.

Charis Gramm – Administrator 11/11/19

Charis Gramm

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Numerous chairs and sofas in the basement, first floor sitting area, and second floor lounge have large upholstery tears and exposed foam in the arm and head rests.

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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2600.95. Furniture and Equipment – Furniture and equipment must be in good repair, clean and free of hazards.

Numerous sofas and chairs have tears in them.

POC

We already have chairs purchased that can replace what isn't suited for the residents. They will be replaced when the new flooring goes in 11/22/19. We will also assess the sofas to see what needs replaced with the plan to purchase what we need by 12/31/19. The Executive Director, Property Director, and Administrator will work at this together.

Charis Gramm – Administrator 11/11/19

Charis Gramm

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The entryway to the metal basement door on the side of the home had a 3 to 4 inch gap, creating a potential tripping hazard for residents and staff.

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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2600.100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

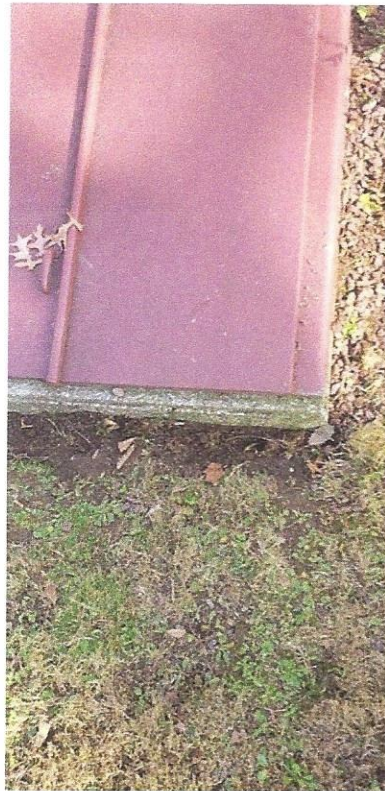
The basement steps out back had a 3 to 4 inch gap, creating a potential trip hazard for residents and staff.

POC

This was filled in by the Property Director on 11/11/19. Attention will be paid during month inspections to make sure that sort of earth settling doesn't happen in the future, and if it is noted, it will be filled immediately. This will start during the December inspection.

Charis Gramm – Administrator 11/11/19

Charis Gramm



100b - Removal Snow/Obstructions

Regulations

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

The home's exterior exits and ramps had numerous dead leaves. The basement exit leading off of the basement recreation room had an accumulation of wet leaves.

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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Page 9A of 26

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(Initials)

Not Implemented

2600.100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Our exits had numerous dead leaves that were also wet.

POC

This will continue to be done on a daily basis by the Property Director or one of his assistants. A raking day is planned so that we reduce or eliminate the leaves on the property which will cut back on the possibility of having the problem. That work day is planned for 11/21/19.

Charis Gramm – Administrator 11/11/19

Charis Gramm

101j1 - Mattress Fire Retardant

Regulations

2600.

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

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

The box spring and mattress belonging to Resident #5, inside bedroom 214, have numerous tears exposing the foam of the mattress and springs of the box spring.

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

Page 10A of 26

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Signature

Charis Gramm - Administrator

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11/11/19

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(Date)

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(Initials)

Not Implemented

2600.101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

The box spring and mattress in room 214 have tears and springs exposed.

POC

This mattress will be replaced on the next sheet day for that hallway, 11/13/19. Staff will be retrained at our inservice, to ensure that any mattress issues discovered during sheet days need to be reported to the Property Director immediately. This inservice will occur prior to 12/31/19.

Charis Gramm – Administrator 11/11/19

Charis Gramm

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The basement freezers contained two large vacuum sealed packages of beef and unopened Gordon's Choice corn, peas, and carrots that were not labeled or dated.

Number 10 cans of vegetables and fruit from Gordon Choice, located in the dry storage area. were not labeled and dated.

Plan of Correction (POC)

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see attached Page 11A of 26

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Not Implemented

2600.103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

There was food in the freezer downstairs that were no longer in their box and therefore didn't have a date on them.

Also there were cans that were not dated.

POC

This has been our policy. Signage, with our policy will be posted in the food storage area 11/18/19 by the kitchen manager. This policy will also be reviewed at our all staff in-service to be held before 12/31/19.

The kitchen manager will conduct weekly checks of the food storage area to ensure that food items are labeled and dated.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/20/19 update

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

A recliner chair was located in close proximity to the second floor fire escape exit, creating an obstruction.

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 Page 12A of 26

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2600.121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

A reclining chair was too close to a fire escape in a second floor sitting room.

POA

The chair was moved during the walk through of the building on 10/24/19, in the presence of the inspectors. This room is going to be renovated before 12/31/19. When the new carpet and TV are installed in that room, the entire room will be rearranged to reduce the possibility of this occurring again.

Administrator or designee will conduct monthly checks of all exit routes and doors, hallways and stairwells for potential obstructions to passageways and egress routes.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 update

123c - Evacuation Diagrams

Regulations

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The evacuation diagram posted on the first floor of the home does not include the exits for the new section of that floor. Also, the diagram is not oriented to accurately reference the exits.

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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2600.123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Our diagram on the first floor wasn't oriented correctly and wasn't complete with the new wing.

POC

The diagrams are being reworked by one of the staff who has the technical expertis. Special care will be taken in making sure they are hung appropriately. We will also be numbering the doors to correspond to the fire drill numbering. This numbers will also be posted both inside and outside each exit for both staff and emergency response personal. This project will be completed by 11/30/19.

Charis Gramm – Administrator 11/11/19

Charis Gramm

132c - Fire Drill Records

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 drills conducted from October 2018 to October 2019 does not include the evacuation routes used. The numbers recorded on the record signify only each exit that was blocked off during the fire simulation.

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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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.

Our records only showed what was blocked instead of listing all exit routes used.

POC

The PCHA fixed the documentation on 11/11/19. All exits, other than the one blocked off, is used for all drills. This can be confirmed by the Property Director when he goes around the home to re-alarm the emergency exits.

Administrator will review fire drill records on a monthly basis to ensure that all the required information is recorded correctly. The review of the logs will be included in the home's periodic quality management reviews.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/20/19 update

132d - Evacuation

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 home has a maximum safe evacuation time of 3 minutes and 30 seconds as determined by a fire safety expert. On the following dates, the fire drills exceeded the evacuation time:

- On 6/25/19, at 10:38 am, the evacuation time was 4 minutes and 10 seconds.
- On 5/24/19, at 6:03 am, the evacuation time was 4 minutes and 25 seconds.

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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 purpose of this subsection, the fire safety expert may not be a staff person of the home.

There were 3 instances where we did not meet the time requirement for vacating the home.

POC

On 5/28/19 and 6/27/19 the fire drills were done a second time and passed.

The home will hold additional training during on December 18, 2019, for all staff on the home's evacuation procedures to ensure that all staff are aware of their role in an evacuation. Documentation of training will be kept by the home. Residents will also be educated during their family circle meeting, in January (Jan.13, 21, 31 for each care group), on the importance of evacuating quickly. The topic has been added to the meeting agenda. Any resident who misses the meeting will be followed up with individually. The monthly fire drills will be discussed at the home's periodic quality management reviews.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 update

132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the following fire drills, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area:

- On 10/23/19, at 6:00 pm, 1 resident refused to evacuate.
- On 6/25/19, at 10:38 am, 1 resident was located in their bedroom that staff did not evacuate.
- On 5/24/19, at 6:03 am, 2 residents did not get out of the building in time.

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 Page 16A of 26

Legal Entity Representative

Charis Gramm
Signature

Charis Gramm - Administrator 11/11/19
Printed Name and Title Date

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Implemented

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

Not Implemented

2600.132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

We have 3 instances where no everyone evacuated.

POC

On 10/30/19, 6/27/19, and 5/28/19 these drills were done a second time and passed. We have and will continue to stress the importance of vacating the building when those bells ring because no one can know if it is a drill or the real thing. Residents refusing to participate in drills will be written up.

The home will hold additional training during on December 18, 2019, for all staff on the home's evacuation procedures to ensure that all staff are aware of their role in an evacuation. Documentation of training will be kept by the home. Residents will also be educated during their family circle meeting, in January (Jan.13, 21, 31 for each care group), on the importance of evacuating quickly. The topic has been added to the meeting agenda. Any resident who misses the meeting will be followed up with individually. The monthly fire drills will be discussed at the home's periodic quality management reviews.

Charis Gramm – Administrator 11/11/19

Charis Gramm 12/26/19 - update

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

Resident #1's medical evaluation, dated 10/15/19, did not include the resident's ability to self-administer medications, health status, and cognitive functioning.

Resident #2's medical evaluation, dated 6/10/19, did not include the resident's temperature or the medical professional's printed name.

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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(Date) (Date)

Implemented

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Not Implemented

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.

Two of our DMEs were missing information.

POC

Staff were retrained on 11/11/19 by the PCHA on how to help the doctors by filling in some of these areas that seem to consistently get missed. Any paperwork that is to go into the state file, will be reviewed by the PCHA prior to filing in the state file.

Charis Gramm – Administrator 11/11/19

Charis Gramm

141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on 12/21/18. The previous medical evaluation was completed on 12/5/17.

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.)

See attached Page 18A of 26

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Not Implemented

2600.141.b.1 A resident shall have a medical evaluation: At least annually.

One of the DMEs was late this year.

POC

When the PCHA investigated this issue, it was discovered that this resident was in a short stay nursing over the time that the evaluation was due. The nursing facility did the evaluation as part of the discharge process.

The administrator will audit all resident records by 12/31/19 to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.

Charis Gramm – Administrator 11/11/19

Charis Gramm 12/20/19 - update

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

The home's designated smoking areas, the gazebo and front porch, contain fireproof receptacles for disposing cigarette butts. On 10/24/19, numerous cigarette butts were found on the flooring of the porch and ramp leading off of the front porch. Butts were also observed on top of dead leaves on the ground, creating a fire hazard.

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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(Date)

Implemented

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(Initials)

Not Implemented

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 the home to prevent fire hazards involved in smoking, including providing fire proof 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.

There were cigarette butts and leaves both on the porch and in the gazebo which creates a fire hazard.

POC

- (1) On 10/28/19, resident education regarding fire safety and responsible cigarette usage was discussed by the PCHA.
- (2) On 11/1/19, the cans were all emptied and additional cans were provided.
- (3) By 11/18/19 there will be signage posted in our smoking areas reminding residents of safe smoking practices.



- (4) Third shift (11pm-7am) will do daily checks of the smoking areas (front porch and gazebo) going forward when they lock the doors for the overnight. The results of that staff monitoring will be included in the home's next quality management review.
- (5) Additional education will be provided to the residents during the resident meeting in January by the Care Ministry Directors.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 - update

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/24/19, it was discovered that Resident #2's cassette of medication packets contained two daily doses of Quetiapine 25mg that were no longer prescribed. Staff Member A removed approximately 14 doses of Quetiapine 25mg from Resident #4's medication packets. The packets were then taped with scotch tape in the top left corner to prevent additional prescribed medications from falling out. This method poses a sanitation risk.

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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Not Implemented

2600.183.e. Prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Staff members had removed a packaging error med from the packets and taped the packets shut, thus posing sanitation risk to the remaining meds.

POC

Staff will no longer comply with pharmacy requests to open pill packets and remove medications. Any medication changes that require removal of pills from packets, must be returned to the pharmacy for repackaging. All staff will be retrained during the in-service held before 12/31/19.

Charis Gramm – Administrator 11/11/19

Charis Gramm

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 10/24/19, Staff Member A discarded approximately 14 doses of Quetiapine 25mg in the trash can inside the medication room. The trash can was then emptied in the home's dumpster outside. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

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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2600.183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medication shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

A staff member discarded meds by throwing them in the trash.

POC

This staff member was retrained on 10/25/19. All staff will be retrained at our in-service prior to 12/31/19. Medications will be returned promptly to the pharmacy for disposal.

The following was discussed at our 12/18 meeting. Any unused medications will be placed in our "unused medication box" which is located in the left closet in the sugar shack. That box will be emptied on a monthly basis by our designated med tech and returned to the pharmacy. All the medications will be written on the return form and go back to the pharmacy. The copy of the return form will be kept in a binder for the year and then archived.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 update

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 10/24/19, Staff Member A discarded approximately 14 doses of Quetiapine 25mg from Resident #1's medication packets. Staff Member A did not log the disposal of 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.)

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Not Implemented

2600.185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons.

A staff member didn't log the disposal of a medication.

POC

The staff member was retrained 10/25/19. All staff will be retrained on the proper way to dispose of meds at our all staff in-service to be held prior to 12/31/19.

The following was discussed at our 12/18 meeting. Any unused medications will be placed in our "unused medication box" which is located in the left closet in the sugar shack. That box will be emptied on a monthly basis by our designated med tech and returned to the pharmacy. All the medications will be written on the return form and go back to the pharmacy. The copy of the return form will be kept in a binder for the year and then archived.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/20/19 update

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:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The following medications did not include a diagnosis or purpose:

Resident #2: Carvedilol 6.25mg, Aspirin 81mg, and Furosemide 40mg.

Resident #4: Trazodone 50mg, Premarin Cream, and Quetiapine 50mg.

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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2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Several meds were missing diagnosis or purpose.

POC

The staff member who signs off on our MARs each month was retrained on 10/24/19 and given the tools necessary to update the MARs properly. All staff will be trained at our all staff in-service to be held prior to 12/31/19.

The home will conduct an audit of all MARs monthly. The home will amend residents' MARs to ensure that all of the required information, including each purpose or related diagnosis, is captured. The results of the medication audits will be discussed at the home's periodic quality management reviews.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 update

2600.224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

This box was not marked on one of the preadmission forms.

POC

Staff were retrained during our meeting on 11/11/19. A system was created and implemented, requiring PCHA reviews prior to filing any state forms.

Moving forward for all new admissions, the administrator will ensure that the preadmission screening is accurate and completed in its entirety. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/20/19 update

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 #2's assessment, dated 6/17/19, does not include personal care service needs such as using the telephone, making and keeping appointments, caring for personal possessions, writing correspondence, and engaging in social and leisure activities. The assessment also does not include the resident's medical diagnoses or behavioral and cognitive needs such as communication of needs, understanding instructions, short term memory, long term memory, and the ability to use poisons.

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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Signature

Charis Gramm-Administrator

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11/11/19

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Plan of correction implementation status as of

12/13/19
(Date)

Implemented

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GE
(Initials)

Not Implemented

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.

Several of the required areas were missed and not filled out properly on one of the forms.

POC

This staff member was retrained and fixed the missing information on the form on 11/6/19. All staff were retrained during a meeting on 11/11/19. All state paperwork will be review by the PCHA prior to filing in the state file.

Ongoing, the administrator will develop a system to ensure that newly admitted residents have detailed assessments completed within the required time frames that identify each resident's personal care needs. The forms will be filled out in their entirety, including signatures and dates.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 update

225c - Additional Assessment

Regulations

2600.

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

- 1. Annually.

Description of Violation

Resident #3's most recent assessment was completed on 12/31/18. The previous assessment was completed on 12/13/17.

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.)

See attached Page 26A of 26

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Not Implemented

2600.225.c. The resident shall have additional assessments as follows:

A residents RASP was filed later than the allotted grace period.

POC

Upon investigation of this problem, it was discovered that the resident was in a short stay nursing situation when her evaluation was due. As soon as the resident returned to the home, her assessment was completed with any changes that occurred noted.

The administrator will conduct an audit of the residents' RASPs to ensure that all assessments are completed within the required time frames.

Charis Gramm – Administrator 11/11/19

Charis Gramm - 12/26/19 - update