



MAILING DATE: November 21, 2019

Ms. Lisa A. Johnson  
Chief Executive Officer  
Bradford Ecumenical Home, Inc.  
100 St. Francis Drive  
Bradford, Pennsylvania 16701

RE: Chapel Ridge  
200 St. Francis Drive  
Bradford, Pennsylvania 16701  
Certificate #: 426420

Dear Ms. Johnson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 5, 2019 and November 6, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in blue ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

11/19/19

## Violation Report

### Facility Information

Name: *CHAPEL RIDGE*License Number: *42642*Address: *200 ST. FRANCIS DRIVE,, BRADFORD, PA 16701*County: *MCKEAN*Region: *WESTERN*

### Administrator

Name: *Nicole Wells*Phone: *(814)368-8499*Email: *nicolewells@BEHCR.COM*

### Legal Entity

Name: *BRADFORD ECUMENICAL HOME INC*Address: *100 ST. FRANCIS DRIVE, BRADFORD, PA, 16701*

### Certificate(s) of Occupancy

Type: *C-2 LP*Date: *09/18/1996*Issued By: *L&I*

### Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *59*Waking Staff: *44*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

### Inspection Dates and Department Representative

*11/05/2019 - On-Site: Scott Klein, Joe Eveges**11/06/2019 - On-Site: Scott Klein, Joe Eveges*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *112*Residents Served: *59*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *4*Are 60 Years of Age or Older: *59*Diagnosed with Mental Illness: *2*Diagnosed with Intellectual Disability: *1*Have Mobility Need: *0*Have Physical Disability: *0*

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/5/19 at approximately 10:50 a.m. the temperature in the home's activity freezer was 15 degrees Fahrenheit and at 3:20 p.m. it was 5 degrees Fahrenheit. The temperature was re-checked on new thermometers on 11/6/19 at approximately 11:05 a.m. and was 5 degrees Fahrenheit.

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 refrigerator located in the activities room was cleaned/serviced by our maintenance department on 11/7/2019. A new log (see attached) was placed on the refrigerator that clearly states what the correct temperature should be in the refrigerator and freezer. Activity staff were educated on proper temps and steps to follow should the temperature be out of range. The freezer has been reading accurately, below 0 degrees Fahrenheit, following being serviced on 11/7/2019.

Administrator will monitor the freezer temp weekly x 8 weeks and report compliance at next Quarterly Management Meeting in February. Attached form will be used by Administrator during weekly temp check.

Activity staff will monitor ongoing compliance by monitoring the freezer temp daily during scheduled days, and fill out log appropriately and take corrective action, if needed.

Legal Entity Representative

Nicole Wells LPN/PCHA  
Signature

Nicole Wells, LPN/PCHA  
Printed Name and Title

11/15/2019  
Date

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

The above plan of correction is approved as of 11/20/19  
(Date)

Plan of correction implementation status as of 11/20/19  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Fully Implemented

Not Implemented

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 4/7/15, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted 12/15/15, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted 12/7/15, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 Resident Home Contract had been updated a few years ago and includes this right as #26 indicating "A resident has the right to question or refuse a medication if the resident believes there may be a medication error."

On 11/5/19 Administrator audited all in house residents to see who still needed education documented regarding their right to refuse a medication. Administrative assistant provided education to all residents who required the documented education and obtained signatures. Attached is Resident #1, #2, and #3's documented education.

The Resident Home Contract includes the residents right to refuse medication and is reviewed as part of the admission process. A copy of the contract is provided to each resident upon admission. Administrator audits every admission and completes a chart check list (see attached). Administrator will report on compliance regarding medication refusal education at next Quarterly Management on all admissions from now until the meeting on February 6th, 2020 (see attached tracking sheet). Ongoing compliance will be ensured by completion of the check list by Administrator during the admission process.

Legal Entity Representative

Nicole Wells LPN/PCHA  
Signature

Nicole Wells, LPN/PCHA  
Printed Name and Title

11/15/2019  
Date

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