



Sent via e-mail vperez@spiritofgheel.org
April 9, 2020

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

RE: Buttonwood Farm
14 Buttonwood Road
Kimberton, Pennsylvania 19442
License #: 107900

Dear Ms. Perez:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 25, 2019 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On December 19, 2019, we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations. Therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BUTTONWOOD FARM*

License Number: *10790*

Address: *14 BUTTONWOOD LANE, P.O. BOX 610,, 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: *Other*

Date: *01/01/1900*

Issued By: *COPA*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *7*

Waking Staff: *5*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

11/25/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7*

Residents Served: *7*

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: *2*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/25/19 at 9:15 am there was a full, uncovered, unattended trash can in the 3rd floor common bathroom.

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.)

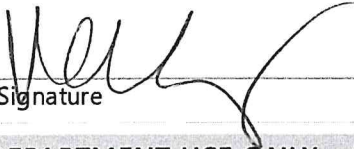
the bathroom trash cans will be checked (by staff) daily for trash and to see that the lid is securely on the top -

DPOC:

The administrator or designee will check all bathroom trash cans to ensure the lids are secure and the trash is emptied daily, starting immediately.

SLW 4.9.2020

Legal Entity Representative


Signature

Vanessa Perez, Dir of Operations
Printed Name and Title
12/18/19

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

The above plan of correction is approved as of 4/9/2020 Plan of correction implementation status as of 4/9/2020
(Date) (Date)

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

Fully Implemented
 Not Implemented

132a - Monthly Fire Drill

Regulations

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Staff of the home were given advance notice for all fire drills held in 2019. As stated by staff, the home has a schedule of all upcoming fire drills posted in the staff area of the home on the 2nd floor.

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 house mgrs of each home will keep the fire drill schedule out of the view of staff - Staff will be informed just before the drill should be performed by house mgr.

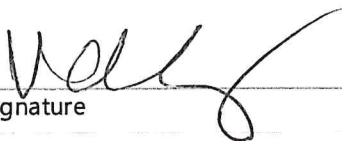
DPOC:

The administrator will conduct periodic observations, at least bi-monthly, of the fire drills to ensure the drills are unannounced, starting immediately.

Starting immediately, only the administrator will be aware of when the fire drills will be held to ensure the drills are actually unannounced to ensure the safety of the residents. The administrator will be the only staff of the home to know when the drills will be held and will contact the house manager at the time the drill will be held, each month, not before to avoid advanced notice.

SLW 4.9.2020

Legal Entity Representative


Signature

Vanessa Perez, Dir of Operations 12/18/19
Printed Name and Title Date

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

The above plan of correction is approved as of 4/9/2020 (Date) Plan of correction implementation status as of 4/9/2020 (Date)

- Fully Implemented
- Not Implemented

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