



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: scottnewhope@gmail.com
administrator@newhopepgh.com

MAILING DATE: March 23, 2020

Ms. Dawn Dobbs
Administrator
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
Certificate #: 432100

Dear Ms. Dobbs:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 16, 2019 and December 18, 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 black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

MAR 05 2020

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing

License Number: 43210

Facility Information

Name: NEW HOPE GRACIOUS PERSONAL CARE
Address: 300 UNION AVENUE,, AVALON, PA 15202
County: ALLEGHENY Region: WESTERN

Administrator

Name: ~~Scott Farabaugh~~ Dawn Dobbs Phone: 4127614673

Email: TOPNICK.NEWHOPE@GMAIL.COM

Legal Entity

Name: NEW HOPE GRACIOUS SENIOR COMMUNITY
Address: 300 UNION AVENUE, AVALON, PA, 15202

Correction:
administrator@newhopepgh.com

Certificate(s) of Occupancy

Type: I-2 Date: 03/07/2008 Issued By: Avalon Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection

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

Inspection Dates and Department Representative

12/16/2019 - On-Site: Courtney Barry
12/18/2019 - On-Site: Courtney Barry, Karen Georgioulos

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 Residents Served: 66

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: -

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 12/18/2019, at the following times and locations, hot water temperatures exceeded 120 Degrees Fahrenheit:

- At approximately 1:12p.m., the hot water temperature at the sink in room 304 measured 130.8 degrees Fahrenheit.
- At approximately 1:20p.m., the hot water temperature at the sink in room 213 measured 134.6 degrees Fahrenheit.
- At approximately 12:59p.m., the hot water temperature at the sink in room 108 measured 139 degrees Fahrenheit.

Plan of Correction (POC)

Why did this happen?

The main hot water system utilizes a "return" system that maintains set minimum water temperature in the pipes in the building. This process saves water, and is energy efficient as it reduces wait time for the resident to receive hot water in their room irrespective of how far their room is from the water tank. In order to ensure that all floors receive adequate supplies of hot water during peak times, the system may occasionally and automatically increase water temperatures.

What was our immediate response to the violation?

This deficiency was corrected by the Maintenance Director on 12/18/19 by reducing the main hot water tank temperature. The temperature is set at 115 degrees.

System for ensuring ongoing compliance.

The Maintenance Director is systematically adding mixing valves (see attachment 1) to each sink so that the temperature at each individual sink can be regulated directly in the resident room. The showers already have built-in scald-proof control rings. On a weekly basis the maintenance staff will measure and record sink and shower temperatures. If any are found to be outside of the required range, he will immediately take action to correct the temperature via the mixing valve in the sink or the scald-control ring in the shower. Once all temperatures have been consistently within the required range for four months, water temperatures will then be tested on a monthly basis. The maintenance staff is required to record water temperatures on a form (see attachment 2) and submit it to the Administrator for his or her review. The mixing valve project completion date is scheduled for 3/15/2020.

Legal Entity Representative


Signature

Dawn Dobbs Administrator 3-10-20
Printed Name and Title Date

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The above plan of correction is approved as of 3/11/2020 Plan of correction implementation status as of 3/11/2020
(Date) (Date)

The above plan of correction was approved by


(Initials)

- Implemented
- Not Implemented

93a - Handrails

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

There are no handrails for the following steps:

- The 6" step outside the exterior emergency exit door , near bedroom Q
- The 6" step outside the emergency exit door near bedroom G

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.)

Why did this happen?
The steps in question are located at the bottom of a flight of steps that do have hand rails the entire length. During previous inspections, neither the DHS inspectors nor the fire department inspectors have indicated a need for additional hand rails in these areas.

What was our immediate response to the violation?
The violation was completely corrected by the Maintenance Director on 12/18/19 by adding hand rails. (See photo Attachment 3).

System for ensuring ongoing compliance.
The Maintenance Director will periodically ensure that all handrails are secure and properly maintained.

Legal Entity Representative

Dawn Dobbs
Signature

Dawn Dobbs - Administrator
Printed Name and Title

3-3-20
Date

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The above plan of correction is approved as of 03/09/2020
(Date)

Plan of correction implementation status as of 3/11/2020
(Date)

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

- Implemented
- Not Implemented

RECEIVED

MAR 05 2020

132g - Fire Drills Days/Times

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

A sleeping hours fire drill was held on 11/25/2019 at 6:02a.m. The fire drill log indicates 12 staff participated in the drill; however, only 4 staff were scheduled to work during the drill.

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.)

Why did this happen?

It appears that there was a misunderstanding between the Administrator and the DHS inspectors regarding change of shift times. There is an overlap of staff at the change of shift that occurs at 6:00 a.m. By 6:00 a.m., the four nightshift staff persons would have been joined by no less than 4 caregivers, the Resident Services Director, 2 Medication Technicians and a Team Leader. All oncoming direct care staff assisted with the drill.

What was our immediate response to the violation?

We revised the fire drill policy to reflect that all fire drills are to be conducted only by the number of staff scheduled to work during the shift and no additional staff. (See attachment 4)

System for ensuring ongoing compliance.

The individuals who are in charge of conducting fire drills will be trained to ensure the policy is implemented.

Legal Entity Representative

Dawn Dobbs
Signature

Dawn Dobbs - Administrator
Printed Name and Title

3-3-20
Date

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The above plan of correction is approved as of
(Date)

03/09/2020
(Date)

Plan of correction implementation status as of

03/11/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

(Signature)
(Initials)