pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: mscarellc@gmail.com

MAILING DATE: December 26, 2019

Mr. Menachem Siegal
Owner
Grand at Fayette, LLC
820 Coral Avenue
Lakewood, NJ 08701

RE: Grand at Fayette D/B/A
Country Care Manor
205 Coldren Road
Fayette City, Pennsylvania 15438
Certificate #: 449590

Dear Mr. Siegal:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 24, 2019 and November 7, 2019, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR* License Number: *44959*
Address: *205 COLDREN ROAD,, FAYETTE CITY, PA 15438*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: *Jennifer Kremin* Phone: *7243264909* Email: *MSCARELLC@GMAIL.COM*

Legal Entity

Name: *GRAND AT FAYETTE LLC*
Address: *820 CORAL AVENUE, LAKEWOOD, NJ, 8701*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/12/1993* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal,Monitoring*

Inspection Dates and Department Representative

10/24/2019 - On-Site: Ashley Roser, Cindy Mulick, Lauren Spagna

11/07/2019 - On-Site: Ashley Roser, Cindy Mulick, Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *40*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *8*

Number of Residents Who

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *22* Have Physical Disability: *1*

60a - Staff/Support Plan

Regulations

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 10/8/19, 10/12/19 and 10/19/19, there were 37 residents in the home, including 22 residents with mobility needs and 1 resident who requires the assistance of 2 staff persons and utilizes a sit-to-stand for transfers. The home's current safe evacuation time is 5 minutes. However, on 10/8/19 and 10/12/19, there were only 2 staff persons present in the home during the 11 a.m.-7 a.m. shift, and on 10/19/19, there were only 3 staff persons present in the home during the 11 a.m.-7 a.m. shift, which is not adequate to safely evacuate all of the residents in an emergency.

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 home will assure there are four staff People on the 11-7 shift. Hiring process and Change of current staffing began immediately after 10/24/2019. Job postings are on Indeed.com and LinkedIn

Immediately: A designated staff person shall review the home's schedule daily to ensure an adequate amount of staff is present in accordance with 2600.57b, 2600.57.c, 2600.57d and 2600.60a. If staffing levels are found to be inadequate, substistue personnel shall immediately be scheduled in accordance with 2600.60a, which would include the use of agency staff members. LM 12/24/19

* 2 person assist / sit-to-stand resident CTB 12/7/2019. The home no longer has any mechanical lifts - as well as the home will deny any in the near future until staffing is strong on 11.7.

Legal Entity Representative

Immediately: The home shall update their description of services to indicate they no longer will serve residents who require the assistance of 2 staff persons to transfer in/out of bed/chair in accordance with 2600.223a and 2600.223b. Documentation shall be kept. LM 12/24/19 PCH

Jennam Rouse — Signature

Jennam Rouse Admin. — Printed Name and Title

12/19/11 — Date

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

The above plan of correction is approved as of 12/24/19 (Date)

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

Plan of correction implementation status as of (Date)

☐ [redacted] Implemented

[redacted]

☐ Not Implemented

65d - Initial Direct Care Training

Regulations

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 7/18/19, did not complete and pass the Department-approved direct care training course and pass the competency test.

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.)

Staff person A completed DCS training on 10/24/19 with Department in house. Certificate attached.

On 10/25/2019 all current employee files were checked to make sure all DCS training certificates were completed and filed properly. All staff members were up to date.

All future hires will be given our "checklist" upon hire - document attached
as well as DCS new hires may use Country Care's office computer and printer for proper completion.

Legal Entity Representative

Jenna M Rouse — Signature

Jenna M Rouse PCH Admin — Printed Name and Title

12/19/2019 — Date

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Plan of correction implementation status as of _____ (Date)

☐ [redacted] Implemented

[redacted]

☐ Not Implemented

65g - Annual Training Content

Regulations

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

The following direct care staff persons did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2018 training year:

* Staff person B, hired on 5/9/13

* Staff person C, hired on 5/26/16

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.)

All annual fire safety will be done on proper education sheets.

Attached is fire safety for 2019 with both staff Person B and C signed in.

Started immediately - all education will be signed in on PCH Record of training - 55 Pa. Code 2600.65(i).

Immediately: A designated staff person shall review all staff training during the home's quality management reviews to ensure all staff persons receive training on all topics specified in 2600.65g, including fire safety training conducted by a fire safety expert or somebody trained by a fire safety expert. 12/24/19

Legal Entity Representative LM

Jenna M Rouse — Signature

Jenna M Rouse PCH Admin — Printed Name and Title

12/19/2019 — Date

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☐ [redacted] Implemented

☐ Not Implemented

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 11/7/19, there were no emergency telephone numbers to include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or near the resident telephone at the front desk.

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 5A - 5C

See Page 5A of 10

Legal Entity Representative

Jennifer Kramin — Signature

Jennifer Kramin Administrator 12/1/2019 — Printed Name and Title / Date

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☒ [redacted] Implemented

☐ Not Implemented

D/B/A Country Care Manor
205 Coldren Road
Fayette City, PA 15438
License # 44959

Regulation 2600.91
On 11/07/2019 there were no emergency numbers posted next to the phone at the front desk.

Immediate Action:
On 11/07/2019 repaired on site by Administrator

Continued Compliance:
Administrator and Designee educated the Staff on 11/14/2019 at the Home. Education on the importance of having all emergency numbers, poison control, nearest hospital, personal care home complaint line and local fire/emergency management services.
Administrator and Designee will check phones on during weekly walk throughs.
Housekeeping and maintenance department will check the phones during cleaning schedules daily and/or weekly.
See attached checklist

Jennifer Kramin 12/1/2019

101.j. - 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

On 10/24/19, resident #4's source of lighting at bedside was inoperable.

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

6a-6E

See Page 6A of 10

Legal Entity Representative

Signature | Printed Name and Title | Date

Jennifer Kremin Administrator 10/11/2019

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☐ Not Implemented

Grand at Fayette
D/B/A Country Care Manor
205 Coldren Road
Fayette City, PA 15438
License # 44959

Regulation 2600.101.j
On 10/24/2019 resident # 4 bedside lamp was inoperable.

Immediate Action:
On 10/24/2019 repaired on site, light bulb replaced by housekeeping department.

Continued Compliance:
On 11/14/2019 all Staff have received education on the importance of checking for lighting at bedside and within reach of the Resident.
Administrator and Designee will check Residents rooms on weekly and daily walk throughs.
Housekeeping and Maintenance will check rooms on daily and/or weekly walk throughs.
All Staff have been educated by the Administrator and Designee to alert the Housekeeping or Maintenance Department if light bulbs need changed or if lamp is inoperable.
All Staff have been educated by the Administrator and Designee to the location of light bulbs and extra lamps.
See attached documents and forms.

Jennifer Kamin 12/1/2019

161d - Dietary Needs

Regulations

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #3 is prescribed a mechanical soft diet; however, on 11/7/19 at 1:45 p.m., the resident was served whole green grapes and a twice-baked potato with the skin on.

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.)

Immediatly on 10/24/2019 · Baked Potato and whole grapes were taken off the menu Rotation.
All residents diets were reviewed for proper dietary needs.
Proper documents were posted in the Kitchen breaking down diets - puree, mechanical and diabetic.
As well as a "mechanical diet" chart to view what the mechanical soft residents can and can not tolerate.

Kitchen will be aware of any dietary changes by admin (or med techs when admin is not in house) with "dietary communication sheets for immediate changes.
Attached is the dietary form.

Legal Entity Representative

Jenna M Rouse
Signature

Jenna M Rouse PCH Admin 12/19/2019
Printed Name and Title Date

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Plan of correction implementation status as of _____ (Date)

☐ [redacted] Implemented
☐ [redacted]
☐ [redacted]
☐ Not Implemented

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, resident #2's glucometer was not calibrated to the current date and 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 8A-8C

See Page 8A of 10

Legal Entity Representative:

Signature | Printed Name and Title | Date

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Plan of correction implementation status as of _____ (Date)

☐ [redacted] Implemented

☐ Not Implemented

Grand at Fayette
D/B/A Country Care Manor
205 Coldren Road
Fayette City, PA. 15438
License # 44959

Regulation 2600.185a
On 10/24/2019 residents #2 was not calibrated to the correct date and time.

Immediate Action:
On 10/24/2019 Repaired on site by floor Supervisor.
Glucometer was calibrated with the correct time and date.

Continued Compliance:
Administrator/Designee educated all Med-Techs and Nurses on calibrating glucometers with the current date and time. Training complete on 11/01/2019.
Glucometer Calibration log started on 11/01/2019 and Administrator/Designee will check off glucometer log weekly for accuracy.
See attached Documents and Training Forms.

Jennifer Kamin
12/1/2019

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:

Description of Violation

Resident #2 is prescribed Morphine sulfate 100 MG/5ML-Take 0.25 to 0.5 ML by mouth or under tongue every 2 hours as needed for moderate to severe pain or air hunger; however, this medication is not on the resident's October 2019 medication administration record (MAR).

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.)

Medications will be compared to the MAR weekly and as new orders / changes come in. (Audit binder has been made on 10/25/2019) All physicians orders will be printed to compare. Administrator will do all audits weekly - as well as update the MAR immediately prior to awaiting for the pharmacy to update. Med Techs will notify Admin after all new orders are submitted to the home. If Admin is not available floor Supervisor will be contacted.

Med techs and admin will double fax pharmacy for all changes and new orders.

med training for all med techs will be done on January 16th ~~2019~~ 2020 at 2pm. LM

Legal Entity Representative

Signature	Printed Name and Title		Date
JennaM Rouse	JennaM Rouse	PCH Admin	12/19/2019

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

Plan of correction implementation status as of _____ (Date)

☐ [redacted] Implemented

[redacted]

☐ Not Implemented

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #1's preadmission screening form, dated 8/30/19, does not include a determination that the home can meet the resident's needs. This section of the form is blank.

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 pages 10A-10D

See Page 10A of 10

Legal Entity Representative

Jennifer Kremin — Jennifer Kremin/Administrator 12/1/19

Signature — Printed Name and Title — Date

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The above plan of correction is approved as of 12/11/19 (Date)

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

Plan of correction implementation status as of _____ (Date)

☐ [redacted] Implemented

[redacted]

☐ Not Implemented

Grand at Fayette
D/B/A Country Care Manor
205 Coldren Road
Fayette City, PA. 15438
License # 44959

Regulation 2600.224
Preadmission Screen Forms

Resident 1 Preadmission form did not include that the Home could meet the needs of the Resident.

Immediate Action:
On 10/24/2019 repaired on site. The assessor documented with the date and initial that the home could meet the need of the Resident.
See attached Document.

Continued Compliance:
Administrator, Designee will both review Preadmission forms to ensure that all appropriate information is included on the form and checking off all boxes including if the home can meet the need of the Resident.
On 11/11/2019 Administrator, Designee and Staff responsible for completing Preadmission forms reviewed and had education on how to properly complete Preadmission Screen Forms, training records kept at the Home.
See attached documents.

Jennifer Kerwin 10/1/19