



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 16, 2020

Ms. Lauren Dieter,
Executive Director
Albright Care Services
1700 Normandie Drive
York, Pennsylvania 17408

RE: Normandie Ridge
Certificate #: 351320

Dear Ms. Dieter:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 2, 2020 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.

If you need assistance, please contact me at 717-418-9656 or email at bswanger@pa.gov.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *NORMANDIE RIDGE*

Address: *1700 NORMANDIE DRIVE,, YORK, PA 17408*

County: *YORK*

Region: *CENTRAL*

License Number: *35132*

Administrator

Name: *Nancy Posey*

Phone: *7177646262*

Email:

Legal Entity

Name: *ALBRIGHT CARE SERVICES*

Address: *1700 NORMANDIE DRIVE, YORK, PA, 17408*

Certificate(s) of Occupancy

Type: *I-2*

Date: *04/05/2010*

Issued By: *West Manchester Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *51*

Waking Staff: *38*

Inspection

Type: *Full*

Reason: *Renewal*

BHA Docket #:

Notice: *Unannounced*

Inspection Dates and Department Representative

01/02/2020 - On-Site: Jason McCloskey, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66*

Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: *18*

Residents Served: *18*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Diagnosed with Mental Illness: *0*

Have Mobility Need: *22*

Are 60 Years of Age or Older: *29*

Diagnosed with Intellectual Disability: *0*

Have Physical Disability: *0*

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for Resident 1 is not signed by the resident.

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.)

1. The Personal Care Administrator reviewed the contract with the Resident and had her sign it 1/6/2020. All contracts were audited to ensure that the Resident contracts have the appropriate signatures. If the Resident was unable to sign a notation was made as to why they were unable and the Responsible Person signed the contract.
2. The Personal Care Administrator will review all Resident Contracts with 48 hours of the contract signing date to ensure that the resident has signed the contract. This violation did not cause harm to any Resident.
3. The Personal Care Administrator will be responsible to ensure that all the Resident's contracts are signed by the Resident and Responsible Person if the Resident agrees or is unable to sign. Reviews and audits will be brought to the Quality Management team quarterly for review and additional recommendations.

Legal Entity Representative

Nancy Posey
Signature

Nancy Posey UAH, RHA 1-16-2020
Printed Name and Title Date

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The above plan of correction is approved as of 1/16/2020 Plan of correction implementation status as of _____
(Date) (Date)

The above plan of correction was approved by BAS
(Initials) Implemented Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:
6. Safe management techniques.

Description of Violation

Direct Care Staff Person C did not receive training in safe management techniques during the 2019 calendar training year.

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.)

1. The Personal Care Administrator reviewed 2600.65(f)(6) Safe Managment Techniques with Staff person C 1/7/2020.
2. Ther Personal Care Administrator audited the Personal Care Training Plan to ensure that Safe Management Techniques were covered quarterly. Additional education will be offered to staff persons unable to attend the scheduled trainings. This violation did not harm any Residents
3. The Personal Care Administrator will be responsible for ensuring that all training requirements are met with in the required time frame. Reviews and audits will be brought to the Quality Management team quarterly for reivew and additional recommendations.

Legal Entity Representative

Nancy Posey
Signature

Nancy Posey LAD, PCHA 1-16-2020
Printed Name and Title Date

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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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

- Ancillary Staff Members A and B did not receive training in any of the topics specified in this regulation during the 2019 calendar training year.
- Direct Care Staff Person D did not have training in emergency preparedness procedures during the 2019 calendar training year.
- Direct Care Staff Person E did not have training in emergency preparedness procedures and falls and accident prevention during the 2019 calendar training year.

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 POC Document Page 4A

Legal Entity Representative

Nancy Posey
Signature

Nancy Posey APR, PCHA 1-16-2020
Printed Name and Title Date

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2600.65(g) Annual Training Content

1. All required trainings for Staff Persons A, B, C, and D were completed 1/13/2020. All other staff trainings were reviewed and educations will be provided by 1/24/2020 to have all Staff Trainings compliant with the regulation. This violation did not harm any Resident.
2. Any new Ancillary or Direct Care Staff will receive the required trainings in regulation 2500.65, within the specified time frame. A training plan has been developed specifically for Ancillary Staff Members. This will ensure that this violation does not occur again.
3. The Personal Care Administrator will be responsible for ensuring that all training requirements are met within the required time frame. Reviews and audits will be brought before the Quality Management team quarterly for review and additional recommendations.

Nancy Posey Nancy Posey UPH, AHA 1-16-2020

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The dumpster outside of the kitchen was uncovered as evidenced by the top lid being flipped up and the sliding side door being in an open position.

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.)

1. The Dining Supervisor closed dumpster outside the kitchen. The top lid and sliding side door were closed immediately. This violation did not cause harm to any Resident.
2. The Dining Supervisor will educate Dining Services staff that the dumpster's top lid and sliding side door is to be closed at all times per regulation 2600.85(e). The Dining Supervisor will monitor the dumpster to ensure that staff is adhering to the regulation.
3. The Dining Services Manager will be responsible for ensuring that the dumpster top lid and sliding side door is closed, to prevent further violations. Reviews and audits will be brought to the Quality Management team quarterly for review and additional recommendations.

Legal Entity Representative

Nancy Posey
Signature

Nancy Posey LPN/PCHA 1-16-2020
Printed Name and Title Date

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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 fire drill held on 10/31/19, only 15 of the 16 residents present in the home evacuated.
- During the fire drill held on 12/27/19, only 8 of the 10 residents present in the home evacuated.

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 POC document Page 6A

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Legal Entity Representative

Nancy Posey
Signature

Nancy Posey LPH, RCHA 1-16-2020
Printed Name and Title Date

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2600.132(h) Fire Drills

1. The Personal Care Administrator reviewed Fire Drill regulations with the Director of Environmental Services, Maintenance and Personal Care Staff to ensure that all staff that conduct or participate in a fire drill know and understand if the fire drill conducted, was in compliance with regulation 2600.132.

2. The Environmental Services Director/designee and the Personal Care Administrator will review the fire drill paperwork within 24 hours of the fire drill to ensure that the drill met the compliance regulations. If it does not meet the compliance regulations the fire drill will be considered a failed fire drill and it will be repeated within 48 hours. Fire Drills will be held within the first 2 weeks of the month to allow time to be able to repeat the drill if needed.

3. The Personal Care Administrator will be responsible for ensuring all Fire Drills are in regulatory compliance. All Fire Drills will be documented correctly on the Fire Drill Log and kept in the Personal Care Administrators office. Copies of January and February Fire Drill Log will be sent to DHS, anticipated date of completion 3/1/2020. Reviews and audits will be brought to the Quarterly Management team quarterly for review and additional recommendations.

Nancy Posey Nancy Posey UH, PCHA 1-16-2020

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

- The medical evaluation for Resident 2, dated 6/5/19, does not document information pertaining to the resident's medical diagnoses, information pertinent to the diagnoses or treatments, and body positioning/movement.
- The medical evaluation for Resident 1, dated 10/11/19, does not document information about body positioning/movement .

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 POC document Page 7A

Legal Entity Representative

Nancy Posey
Signature

Nancy Posey UAH, RCHA 1-16-2020
Printed Name and Title Date

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2600.141(a) Medical Evaluation Information

1. The Personal Care Administrator and LPN Nurse Manager reviewed all DME's to ensure they were all in compliance. All DME's were reviewed, corrected and approved by the Resident's PCP. This violation did not cause harm to any Resident.
2. The LPN Nurse Manager and Personal Care Administrator will complete the DME and highlight the portions of the DME that the Physician needs to complete. This will prevent further violations.
3. The Personal Care Administrator and LPN Nurse Manager will be responsible to audit the DME's monthly to ensure all boxes are filled in appropriately. Reviews and audits will be brought to the Quality Management team quarterly for review and additional recommendations.

Nancy Posey Nancy Posey LPN, RCHA 1-16-2020

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The most recently completed resident assessment and support plan (RASP) for Resident 2 is not signed by the resident nor is there any notation of his refusal or inability to sign the plan.

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.)

1. The Personal Care Administrator reviewed the RASP with Resident #2 and had him sign it 1/6/2020. All RASP's were audited to ensure they were signed by the Resident and Support Person if the Resident agrees or if the Resident is unable to sign, a notation will be made as to why the Resident was unable to sign the RASP. This violation did not harm any Resident.
2. The Personal Care Administrator and LPN Nurse Manager will review after completion of the RASP that all boxes are marked appropriately and all signatures have been obtained.
3. The Personal Care Administrator will review all final support plans to ensure that RASP is completed correctly and the signatures needed are obtained after completion. Reviews and audits will be brought to the Quality Mangement team quarterly for review and additional recommendations.

Legal Entity Representative

Nancy Posuy
Signature

Nancy Posuy APRN, RCHA 1-16-2020
Printed Name and Title Date

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The records for Residents 1, 2, 3, and 4 do not document each resident's eye color, hair color, and information regarding identifying marks.

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.)

1. A review of the Electronic Health Record was completed to find an appropriate data field to enter the required Resident Record Content. An appropriate field was found, the data was entered for Residents 1, 2, 3 and 4. This violation did not cause harm to any Resident.
2. The Personal Care Administrator and LPN Nurse Manager audited all the Personal Care Resident Records, to ensure the necessary identifying information is contained in the file. This information will be entered into all existing Personal Care Resident's records, anticipated date of completion is 3/1/2020.
3. The Personal Care Administrator and/or LPN Nurse Manager will enter hair color, eye color and indentifying marks in the Resident Record during the admission process. Reviews and audits will be brought to the Quality Management team quarterly for review and additional recommendations.

Legal Entity Representative

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Signature

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