



**Sent via e-mail: rbingaman@livecardinal.com**  
**MAILING DATE: June 23, 2020**

Ms. Kimra Holcomb  
Chief Operating Office of Managing Agent  
Wilkinson Vintage Hillside Senior Housing, LLC  
212 North Naches Avenue  
Yakima, Washington 98901

RE: Vintage Knolls  
41 Woodbine Lane  
Danville, Pennsylvania 17821  
License: 228310

Dear Ms. Holcomb:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 27, 2020 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 that reads "Anne Graziano". The signature is written in a cursive style with a large, sweeping initial "A".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *Vintage Knoll*

License Number: *22831*

Address: *9 Justin Drive, Danville, PA 17821*

County: *MONTOUR*

Region: *NORTHEAST*

### Administrator

Name: *Rachel Bingaman*

Phone: *5702751824*

Email: *rbingaman@livecardinal.com*

### Legal Entity

Name: *CSM Danville LLC*

Address: *61 Sheldon Avenue SE, Grand Rapids , MI, 49503*

### Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *54*

Waking Staff: *41*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*02/27/2020 - On-Site: Ryan Yankow*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *66*

Residents Served: *51*

#### 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: *51*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *3*

Have Physical Disability: *0*

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

Resident #1's DME dated 1/16/20 does not indicated anything for health status, see doctor list is noted for diagnosis and medications - but no lists are attached.

Resident #1's DME dated 11/26/19 does not indicate anything for immunization history, medications, ability to self-administer and body positioning.

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.)

Residents DME from 1-16-20 has been updated and a list of diagnoses and medications was attached.  
 DME from 11-26-19 was also updated to reflect the correct information.  
 DOW and RCC were educated on acknowledging all boxes on a DME.  
 Administrator and DOW will audit DME's monthly. See file "A"

Legal Entity Representative

*R. Binghamon*  
 Signature

Rachel Binghamon RCHH 4-24-20  
 Printed Name and Title Date

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

The above plan of correction is approved as of 4-27-2020 (Date) Plan of correction implementation status as of 6-10-2020 (Date)

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

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:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's Novolog does not have a diagnosis or purpose listed on the 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.)

Med Tech in charge of readmission omitted the diagnosis. Correct diagnosis was filled in by Director of Wellness at this time.

A Process has been put in place for the Director of Wellness and Resident Care Coordinator to assure all diagnosis are filled in on each Medication Administration Record.

Please see File "B"

Legal Entity Representative

*R. Bingenman*  
Signature

Rachael Bingenman PEHA  
Printed Name and Title

4-24-20  
Date

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

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

4-27-2020  
(Date)

Plan of correction implementation status as of  
(Date)

6-10-2020  
(Date)

The above plan of correction was approved by

*ag*  
(Initials)

- Implemented
- 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 was admitted to the home on 1/8/19, the pre-admission screening was completed on 1/9/19.

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.)

Administrator educated Director of Wellness and Resident Care Coordinator on proper protocol for preadmission screening form.

Administrator will not allow a new admission without a prescreen. Prescreen needs to be completed one to thirty days in advance.

Legal Entity Representative

*R. Bigeman*  
Signature

*Rachel Bigeman PCHA 4-24-20*  
Printed Name and Title Date

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

The above plan of correction is approved as of

4-27-2020

(Date)

*ag*

(Initials)

Plan of correction implementation status as of

6-10-2020

(Date)

Implemented

Not Implemented

The above plan of correction was approved by

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 suffered a mini-stroke in October 2019. The resident was sent to rehabilitation until 11/26/19. Upon returning to the home the resident required assistance with transferring, toileting and bathing. The residents RASP dated 1/14/19 was not updated regarding the residents current care needs.

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.)

Upon readmission med tech did not update residents support plan. Director of Wellness and Resident Care Coordinator were educated that when a resident comes back from rehab, hospital etc., a resident support plan must be updated.

Administrator will audit 5 charts a month to ensure that resident support plan is being appropriately updated.

Legal Entity Representative

*R. Bengeman*  
Signature

*Rachel Bengeman PCHH* 4-24-20  
Printed Name and Title Date

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

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

4-27-2020  
(Date)

Plan of correction implementation status as of  
(Date)

6-10-2020  
(Date)

The above plan of correction was approved by  
(Initials)

*ag*  
(Initials)

Implemented  
 Not Implemented