



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

MAILING DATE: February 26, 2021

[REDACTED]
Personal Care Home Administrator
CMS Danville LLC
61 Sheldon Avenue SE
Grand Rapids, Michigan 49503

RE: Vintage Knolls
9 Justin Drive
Danville, Pennsylvania 17821
License: 228310

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 1, 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".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: VINTAGE KNOLLS

License Number: 22831

Address: 9 JUSTIN DRIVE, DANVILLE, PA 17821

County: MONTOUR

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: 5702751824

Email: [REDACTED]

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

04/01/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66

Residents Served: 51

Secured Dementia Care Unit

In Home: Na

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

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/10/20 the chaplain from an outside hospice agency visited with Resident #1 The chaplain rubbed the residents back then proceeded to place his/her hands down the residents neck and then rubbed the residents breasts.

Plan of Correction (POC)

After the outside agencies sign in at the lobby front desk they must immediately go to the Director of Wellness office, sign in and tell the Director or RCC what resident they are going to see. The Director/RCC will direct them to the correct room making them aware that they are not to go into visit any other resident that is not on there list and after they have completed there services with there patient they will go back to the Nursing office and sign the date and time that they are leaving

Legal Entity Representative

[Redacted Signature]

[Redacted Name and Title]

6-4-2020

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of

7-21-2020
(Date)

Plan of correction implementation status as of

7-21-2020
(Date)

The above plan of correction was approved by

ag
(Initials)

- Implemented
- Not Implemented

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 10/2/19 does not indicate anything for body positioning, health status or cognitive functioning.

Plan of Correction (POC)

All DME's will be audited after each resident brings the form back from the Doctors office to ensure that everything on the DME is filled in.

Legal Entity Representative

Sig [Redacted Signature]

[Redacted Name and Title]
Printed Name and Title

6-4-2020
Date

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

The above plan of correction is approved as of 7-21-2020 (Date)

Plan of correction implementation status as of 7-21-2020 (Date)

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

- Implemented
- Not Implemented