

Department of Human Services
Bureau of Human Service Licensing

September 10, 2020

GRAND AT FAYETTE LLC
820 CORAL AVENUE
LAKEWOOD, NJ, 8701

RE: GRAND AT FAYETTE D/B/A
COUNTRY CARE MANOR
205 COLDREN ROAD
FAYETTE CITY, PA, 15438
LICENSE/COC#: 44959

Dear Mr. Siegal,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR* License #: *44959* License Expiration Date: *05/15/2021*
 Address: *205 COLDREN ROAD, FAYETTE CITY, PA 15438*
 County: *FAYETTE* Region: *WESTERN*

Administrator

Name: *Jenna Rouse* Phone: *7243264909* Email: *jenna@countrycaremanor.net*

Legal Entity

Name: *GRAND AT FAYETTE LLC*
 Address: *820 CORAL AVENUE, LAKEWOOD, NJ, 8701*
 Phone: *7243264909* Email: *shimshieteppe@gmail.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/12/1993* Issued By: *Dept. of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/18/2020*

Inspection Dates and Department Representative

06/18/2020 - On-Site: Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

06/18/2020 - Partial

Lead Inspector: *Jan Cutter* Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2020*

Inspections / Reviews *(continued)*

7/30/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *POC Submission*Follow-Up Date: *08/03/2020*

8/5/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *08/08/2020*

9/10/2020 - Document Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

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 resident-home contract, dated, 5/23/2020, for resident 1 was not signed by the administrator or designee.

Plan of Correction - 08/05/2020

Accept

Signed contract on site; admin missed signature line due to resident signing in incorrect location. Admin did mark contract and review it with both son and resident. Admin will now initial each page as well as sign the signature line.

contract attached.

Completion Date: 06/18/2020

Document Submission - 09/10/2020

Implemented

SEE ATTACHED

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1's assessment, dated 5/29/2020 does not include diagnoses of GERD, hyperlipidemia, chronic constipation, insomnia, B12 anemia, bipolar disorder and anxiety as indicated on the Admission History and Physical note prepared by the home's Certified Registered Nurse Practitioner on 5/27/2020.

Plan of Correction - 08/05/2020

Accept

Resident very new to facility and came from sons home with no paperwork except for a medication list. Admin & CRNP did an initial / rough draft of resident's DME & Care plan while awaiting on documentation from previous treatment. On 6/18/2020 both the DME and Care plan was re-done with all diagnosis. CRNP did a f/u visit due to this incident so all diagnosis would match her health. As of plan of correction deadline, Amy Murphy, floor supervisor will double check and co-sign all care plans for the time frame of 8/8/2020-8/22/2020. Please see attached care plan with co-sign.

Completion Date: 06/18/2020

Document Submission - 09/10/2020

Implemented

SEE ATTACHED