Department of Human Services
Bureau of Human Service Licensing

September 16, 2020

MENACHEM SIEGAL, OWNER
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 licensing inspections on 07/28/2020 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.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING 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**: *MSCARELLC@GMAIL.COM*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *07/28/2020*

Inspection Dates and Department Representative

07/28/2020 - On-Site: Desmond Grace

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: *10*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *39*
Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *13* **Have Physical Disability**: *1*

Inspections / Reviews

07/28/2020 - Partial

Lead Inspector: *Desmond Grace* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/09/2020*

Inspections / Reviews *(continued)*

9/10/2020 - POC Submission

Lead Reviewer: *Jody Garvey* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/14/2020*

9/16/2020 - POC Submission

Lead Reviewer: *Jody Garvey* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/13/2020*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:00 a.m. there was a locked sliding latch lock on the inside of the front entry emergency exit door approximately 4" from the floor. Multiple residents to include resident #1 and #2 are unable to unlatch the lock to exit in the event of an emergency.

Plan of Correction **Accept**

LOCK REMOVED ON SITE AROUND 940AM AFTER WALK THROUGH OF THE BUILDING WITH INSPECTOR BY ADMINISTRATOR.

LOCK REMAINS OFF OF FRONT DOOR, PHOTO ATTACHED TO CONFIRM LOCK IS REMOVED. ATTACHMENT 1A. EDUCATION BEGAN ON 9/11/2020 TO EDUCATE ALL STAFF THAT LOCKS ARE NOT TO BE ON THE INSIDE OF ANY DOOR FOR EMERGENY PURPOSES. EDUCATION DOCUMENT AND SIGN IN WILL BE ATTACHED ON 9/13/2020 TO DHS AS 1AA. HOUSEKEEPERS WILL CHECK ALL DOOR WAYS WEEKLY TO BE SURE ALL AREAS ARE FREE OF OBSTRUCTION. DOCUMENT WILL BE ATTACHED AS 1AB.

Completion Date: *09/11/2020*

185a - Implement Storage Procedures

1. Requirements

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

The home's procedures for safe storage of medications includes a narcotic count to be completed by staff at the change of every shift. At 3:30 p.m., resident #1's controlled drug record for Morphine Sulfate 100mg/ml indicated that the resident had 10 of 10 syringes remaining containing 0.5ml per syringe. However, 2 syringes contained 0.1ml, 3 syringes contained 0.25ml, 4 syringes contained approximately 0.35 ml and 1 syringe contained approximately 0.45ml.

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

WHILE INSPECTOR WAS ON SITE, HEAD MED PASSER CONTACTED OSPTA RN TO COME OUT TO THE BUILDING TO DESTROY MORPHINE SYRINGES, AT THE SAME TIME NEW MORPHINE SYRINGES WERE ORDERED FOR AN EMERGENCY DELIEVERY. MED PASSERS WILL CONTINUE TO COUNT OFF AT EACH SHIFT CHANGE. FORM ATTACHD MARKED 2A.

NEW PLAN PUT IN PLACE TO BEGIN 9/9/2020 FOR ALL SHIFT CHANGE LOGS, MORPHINE SIGN OUT SHEETS, MORPHINE SYRINGES UPON DELIVERY AND MORPHINE PHARMACY SHEETS. ALL SHIFT CHANGE PAPERS BEGINNING SEPTEMBER 1, 2020 WILL BE PLACED INTO THE BINDER NAMED POC 9/9/2020. MORPHINE SYRINGES WILL BE DOUBLE COUNTED FOR 30 DAYS BEGINNING 9/9/2020, ONCE MORPINE COUNT SHEETS ARE COMPLETED THEY WILL ALSO GO INTO THE BINDER NAMED POC 9/9/2020. UPON RECEIVING MORPHINE SYRINGES, MED PASSER IS TO CHECK ALL SYRINGES AGAINST THE LIGHT AND MARK THE SYRINGES WITH A PERMANENT MARKER WHILE THE PHARMACY DRIVER IS STILL PRESENT. THIS WILL ENSURE ALL MED PASSERS WILL VISUALLY SEE WHERE THE LIQUID SHOULD REMAIN AT EACH MED COUNT / MED PASS. IF THERE ARE ANY ISSUES THE HOME WILL FOLLOW OUR POLICY & PROCEDURE FOR SAFE STORAGE OF MEDICATIONS AS WELL AS REPORT TO DPW IF NEEDED. ALL PHARMACY DELIVERY SHEETS REALTING TO MORPHINE WILL BE CO-SIGNED PERPETUALLY. PLEASE SEE MEMO ATTACHED MARKED 2B. ALL MED PASSERS HAVE BEEN EDUCATED AND GIVEN TWO DOCUMENTS REFERRING TO THE HOMES NEW PLAN. ATTACHED ARE ALL EDUCATIONS MARKED 2C-2P. ALL EDUCATIONS ALREADY COMPLETED.

Completion Date: *09/11/2020*