

Department of Human Services  
Bureau of Human Service Licensing

April 30, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2021, 02/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

April 14, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/03/2021, 02/04/2021 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,  
Janine Wenzig

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:** [REDACTED]    **Phone:** 7243264909    **Email:** [REDACTED]

**Legal Entity**

**Name:** GRAND AT FAYETTE LLC  
**Address:** 820 CORAL AVENUE, LAKEWOOD, NJ, 08701  
**Phone:** 7243264909    **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP    **Date:** 03/12/1993    **Issued By:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0    **Total Daily Staff:** 57    **Waking Staff:** 43

**Inspection**

**Type:** Full    **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Renewal    **Exit Conference Date:** 03/04/2021

**Inspection Dates and Department Representative**

02/03/2021 - On-Site: [REDACTED]  
02/04/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 75    **Residents Served:** 41

**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:** 40  
**Diagnosed with Mental Illness:** 8    **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 16    **Have Physical Disability:** 0

## Inspections / Reviews

02/03/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/10/2021*

4/14/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/19/2021*

4/30/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

**82a - Poisonous Materials**

**1. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

*On 2/3/2021, the following poisons were not stored in their original, labeled containers:*

- *A 32-ounce spray bottle filled with a green liquid on the front desk counter, which, according to staff person A, housekeeping, was Mr. Clean Disinfectant. Original product labeling at the home indicated "Ingestion: Drink 1-2 glasses of water and call a physician or poison control center – do not induce vomiting unless they tell you to do so."*
- *A small plastic brown bottle with an orange lid containing an unknown brown liquid with a strong chemical odor on a shelf in the maintenance room*
- *A 32-ounce spray bottle filled with a clear liquid with a strong chemical odor and a preprinted, generic label indicating "Clean Check Commercial Sprayer. Keep out of reach of children. Do not drink or inhale. Avoid contact with eyes. Before using, refer to original container for directions and cautions. Always read SDS before using."*

**Plan of Correction**

**Accept**

*On site of inspection, supervisor threw out all three unlabeled containers in front of inspector.*

*All staff educated 4/6/2021.*

*All staff members were trained to keep a look out for any unlabeled materials and dispose of.*

*Housekeeping staff will do a walk through of the building twice a week specifically for unlabeled containers. On these days they will fill out a check list and it will be filed under POC 2600.82.A.*

**Completion Date:** 04/13/2021

**Document Submission**

**Implemented**

*done*

**85d - Trash Receptacles**

**1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 2/3/2021, there were multiple uncovered garbage and trash cans throughout the home, including:*

- *At 10:04 a.m., a ¾ full, garbage can in the common bathroom across from bedroom 25.*
- *At 10:16 a.m., a ¾ full, garbage can in the staff bathroom. The lid was on the floor next to the garbage can.*
- *At 10:17 a.m., a completely full, trash can in common bathroom #15 in the C Hall. Only half of the push down lid was present.*
- *At 10:19 a.m., a 95% full, trash can in common bathroom #7. Only half of the lid was present.*
- *At 10:52 a.m., a ½ full, trash can in the common bathroom across from bedroom [redacted]. Only half of the lid was present.*
- *At 10:54 a.m., a ¾ full, trash can in the common bathroom across from bedroom [redacted]. Only half of the lid was present.*

85d - Trash Receptacles (continued)

Plan of Correction

Accept

Trash cans replaced.

All staff educated on 4/6/2021.

All staff education to fill out a work order if they notice a lid is broke / missing immediately.

Moving forward once a week, a housekeeper will do a thorough checklist and it will be kept on file labeled "POC 2600.85.D"

Completion Date: 04/13/2021

Document Submission

Implemented

done

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/3/2021 at 11:20 a.m., the thermometer on the outside of the walk-in freezer measured 8 degrees Fahrenheit, and the thermometer on the floor inside walk-in freezer measured 2 degrees Fahrenheit.

Plan of Correction

Accept

Education completed for kitchen staff 4/6/2021.

Kitchen staff will continue daily temperature checks and then on the food order days, the kitchen staff will do temperature checks twice a day on those specific days.

All temperature checks will be kept in a file named 2600.130.F.

Completion Date: 04/06/2021

Document Submission

Implemented

done

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 2/3/2021 at 11:20 a.m., there was an undated bag of unidentified meat patties in the walk-in freezer.

Plan of Correction

Accept

On-site the "Salsbury steak" was disposed of in front of Kitchen staff educated on 4/6/2021.

Kitchen staff will do a weekly check in all areas for any outdated foods. If any food is thrown out, it will be marked on the checklist.

Check list will be kept in a file named "POC 260.130.f.i"

Completion Date 04/13/2021

Document Submission

Implemented

done

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

*The home's written emergency procedures have not been reviewed or updated since 2019 and have not been submitted to the local municipal emergency management agency*

Plan of Correction

Accept

*Emergency procedure updated while inspector was on site.*

*Annually and as needed, owner and administrator will update the emergency procedure.*

*The home will add an addendum to the emergency procedure and initial / date it when it is reviewed or updated.*

Completion Date: 04/13/2021

Document Submission

Implemented

*done*

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

*The home's emergency procedures were kept in the office of staff person B, the administrator, and were not posted in a conspicuous and public place in the home.*

Plan of Correction

Accept

*Staff person B hung the emergency procedure with all other requirements when inspector was in house.*

*The home will be sure moving forward the emergency procedures stays posted in the home even when reviewed / updated.*

Completion Date 04/13/2021

Document Submission

Implemented

*posted*

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

**Description of Violation**

Resident #2 is prescribed Timolol Maleate 0.9% eye drops, instill one drop into each eye twice a day. On 2/4/2021, there was no open date indicated on the bottle. The medication guidelines indicate, discard the eye drops 4 weeks after opening.

**Plan of Correction**

**Accept**

Education done on 4/6/2021.

The "date opened" label was found in the bottom of the resident's medication section of the cart.

Moving forward, med techs will not use pharmacy stickers. They will be required to write the date opened sticker in a sharpie permanent marker along with their initial.

Completion Date: 04/13/2021

**Document Submission**

**Implemented**

done

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 Repeat Violation**

The assessment dated [redacted] for resident #3, indicates the resident requires minimal supervision in the home, has no problem with judgment, agitation and aggression, and a minimal problem with irritability. However, according to progress notes made on 10/13/20 the resident was extremely agitated, and an evaluation by a CRNP on 10/14/20 indicated the resident made threats, had suicidal ideation, yelled at and hit staff and other residents.

Repeat Violation: 6/18/20

**Plan of Correction**

**Accept**

Resident had his annual update beginning of MArch, see attachment. Update included the notes listed from 10/13/2020

Monthly / as needed, administrator and PCP office will go through any sig. changes even if it was just one incident as stated above.

Completion Date: 04/01/2021

**Document Submission**

**Implemented**

sent updated care plan