

Department of Human Services  
Bureau of Human Service Licensing

March 24, 2022

[REDACTED]

ASSURED CARE, INC.  
129 HOUCK ROAD  
FLEETWOOD, PA, 19522

RE: GRAND VIEW MANOR  
129 HOUCK ROAD  
FLEETWOOD, PA, 19522  
LICENSE/COC#: 21501

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *GRAND VIEW MANOR* License #: *21501* License Expiration: *10/28/2021*  
Address: *129 HOUCK ROAD, FLEETWOOD, PA 19522*  
County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6109441800* Email: [REDACTED]

**Legal Entity**

Name: *ASSURED CARE, INC.*  
Address: *129 HOUCK ROAD, FLEETWOOD, PA, 19522*  
Phone: *6109441800* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/09/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *02/04/2021*

**Inspection Dates and Department Representative**

*02/04/2021 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *54* Residents Served: *38*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

*02/04/2021 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/18/2021*

Inspections / Reviews (*continued*)

## 10/22/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2021*

## 02/04/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/21/2021*

## 02/07/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/14/2022*

## 03/24/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 6:45pm resident #1 eloped from the home, found on the grounds of the facility and taken to the hospital. The home did not report this incident to the department.

Plan of Correction

Do Not Accept

all this POC was emailed to [redacted] back in February

An acceptable POC (Plan of Correction) must address how this will be prevented in the future, such as training all staff in the 19 events that must be reported, and how the home will ensure that these 19 events will be reported in a timely fashion (24/7) including overnight and on weekends and holidays.

Also, how will the home ensure reporting when the Administrative and Supervisory Staff are not in the home during the day shifts and on weekdays?

Plan of Correction

Accept

All Staff will be trained on initial training concerning reportable incidents by [redacted] RN. Incident reports will be completed by the 24/7 rule by [redacted] RN

In Case of The Management not being in the building, The Staff at Grand View Manor would notify [redacted] RN or [redacted] RN 24/7 by phone as trained.

Completion Date: 12/02/2021

Document Submission

Not Implemented

[redacted] RN, Administrator and [redacted] RN will add behaviors and update behaviors as changes occur with residents on the RASP. [redacted] will monitor with a monthly audit of charts/RASPS to update behaviors.

Update: 02/07/2022

There must be documentation to accompany this Step 2 of the Plan of Correction Process. A copy of a recent Monthly Audit, including the findings and any actions taken would be an acceptable submission of verification of compliance.

A checklist of recent resident records reviewed, with notes on significant issues for the residents, such as serious medical concerns including skilled services or Hospice, changes in mobility, cognition, level of supervision, feeding/eating issues or decline from self administration of medication would all be notable instances.

Actions taken would also need to be noted.

AG, 2-7-22

Document Submission

Implemented

See Attached Document