

Department of Human Services
Bureau of Human Service Licensing

November 5, 2021

[REDACTED]
GRAND AT FAYETTE LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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 AT FAYETTE D/B/A COUNTRY CARE MANOR License #: 44959 License Expiration Date: 05/15/2022
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, 8701
Phone: 7243264909 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 09/20/2021

Inspection Dates and Department Representative

09/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 31

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 31
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

09/20/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/03/2021

Inspections / Reviews (*continued*)

10/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/13/2021*

11/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident #1’s assessment and support plan, dated [redacted], indicates under dental needs that “Dcs will remind and assist resident daily with brushing and rinsing [redacted] mouth.” However, resident #3 indicated [redacted] did not brush [redacted] teeth the morning of 9/20/21 and that none of the home’s staff reminded [redacted] to brush [redacted] teeth.

Plan of Correction

Accept

Upon notification of this concern, support plan was updated correctly to note the assistance needed with details of how DCS is to approach and assist with the need. Completed: 9/21/2021

As follow up, this task will be added to the med tech check list to assure completion with accurate documentation. Completed 10/1/2021

In addition, all support plans/assessments to be reviewed for accuracy and proper implementation. Audit to be completed by Assistant Administrator and Resident Care Coordinator by 10/15/2021 with Administrator review by 10/22/2021 to assure completion on or before 10/31/2021.

Completion Date: 10/31/2021

Document Submission

Implemented

See attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:30 a.m. in resident room #19 there are what appears to be individual finger or toe nail clippings scattered throughout the bedroom carpet.

Plan of Correction

Accept

Room #19 is an unoccupied resident room that was set up for the inspector prior to Administrator being present in the community. After review this room was used the day prior for nail care for residents. The individual who performed these duties failed to clean up immediately after the service was provided.

Room #19 was deep cleaned fully on 9/21/2021 and will not be used for a resident at this time.

As follow up: Assistant Administrator to in-service all staff on this regulation by 10/15/2021 and set up and perform weekly sanitary audits through out the community. This will start 10/1/2021-12/31/2021 to then identify the ongoing need for areas of improvement.

Completion Date: 10/15/2021

Document Submission

Implemented

See attached

88a - Surfaces**1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 12:03 p.m., in the home's basement level the laundry room is missing 8 drop ceiling panels exposing electrical wiring and a leaking pipe that has formed a puddle approximately 8 inches in diameter on the floor.

At approximately 12:03 p.m., in the home's basement level outside of the laundry room the drop ceiling tile that is located 2nd away from the door has what appears to be mold growing in a circular pattern measuring approximately 5 inches in diameter.

At approximately 12:30 p.m. in hallway C bathroom #1, the flooring in front of the second toilet stall has two areas measuring approximately 6 inches by 4 inches and 8 inches by 10 inches where the linoleum has worn away exposing the wooden subfloor underneath.

At approximately 12:56 p.m. in room #15 which is the bathroom of the A/B hallway, the flooring in front of the shower has worn away down to the concrete, and the home has covered the concrete with what appears to be black rubberized tape, however, the tape is also peeling, exposing the concrete below.

88a - Surfaces (continued)

Plan of Correction

Accept

In review of the noted areas that do not meet the requirement the following will be done to address the concern for compliance:

Basement Laundry Room – The condition identified was under repair on the date of the inspection. The community engaged an outside contractor to repair pipes in the laundry room. The contractor was scheduled to come to the community to address a leaking pipe in this room on the day of the inspection. Contractor was able to identify the issue with immediate and long-term resolution. Immediate resolution included clean up of puddle with proper containment of leak. 4 of the 8 ceiling panels replaced and all electrical wiring contained safely. Long term resolution was to have the pipe replaced that reached outside the laundry room to address another potential leak causing ceiling panel discoloration. Contractor ordered needed supplies with schedule fix on 9/27/2021. Leak was completely fixed with complete pipe replacement. Additional ceiling panels needed for replacement ordered 9/27/2021 with scheduled fix and installation on 10/4/2021.

Bathroom Floors (hallway C bathroom #1, Bathroom hallway B (room #15): bathroom floors scheduled for replacement with prior administration. Supplies had been ordered and stored in house. Due to personal conflicts with contractor and previous administrator the work was not completed. On this day of inspection current administration met with new contractor to complete the needed bathroom floor replacement. Upon review of supplies, additional tools and floor adhesive was ordered with a timeline for completion. All the homes public restrooms will have complete floor replacement the bathrooms stated in this violation will be completed first. ETA for completion is 11/1/2021.

In order to maintain ongoing compliance with this regulation daily walk throughs will be completed by a designee of the home who has been educated by Administration and documented using a audit tool created by Administrator. Education to be completed and audit implantation by 10/15/2021.

Completion Date: 11/01/2021

Document Submission

Implemented

See attached

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 9:15 a.m. in resident room #19 there are 3 chairs wrapped with maroon fabric, the armrest of the chair with a stain on the seat completely detaches from the chair exposing an unfinished metal edge and creating a potential skin tear hazard.

At approximately 12:30 p.m. in the Hallway C bathroom #1, on the wall to the left there is an electric baseboard heater that is detached from the wall on it's right hand side and hanging down to the floor.

95 - Furniture and Equipment *(continued)***Plan of Correction****Accept**

Upon notification of chair in #19 was discovered, chair noted to be out of use and removed to an area to assure residents and staff safety. The electric heater was working properly and did not pose a hazard. However, on 9/21/2021 electric heater baseboard was attached properly to the wall.

In assure regulatory requirements immediately, a review of all chairs in the community will be conducted. This in including but not limited to in resident rooms and public areas. Audit started 10/1/2021 to be completed by 10/15/2021.

In order to maintain ongoing compliance with this regulation weekly walk throughs will be completed by a designee of the home with a focus on furniture and equipment. Education to be completed and audit implementation by 10/15/2021.

Completion Date: 10/15/2021

Document Submission**Implemented**

See attached

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At approximately 9:15 a.m. in resident room #19 the bedroom carpet is heavily worn and has black and grey stains that appear to be tar or cigarette ash smeared into the fabric of the carpet.

At approximately 12:10 p.m. in resident room #32 there are 7 drop ceiling tiles missing from the bedroom ceiling.

At approximately 12:46 p.m. in resident room #23, the glue holding the carpet to the floor has degraded and the carpet is folded in several areas creating a tripping hazard for resident #2 who ambulates using a walker.

At approximately 12:53 p.m. in resident room #21 belonging to resident #3, the carpets are heavily worn and stained with unidentifiable red and yellow substances in addition to dirt that appears to be smeared into the fibers of the carpet.

At approximately 12:54 p.m. in resident room #18 the carpet is stained with a black unidentifiable substance in circular patterns in multiple areas throughout the resident room.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept

The community disagrees with the violation. The home had scheduled renovations on areas of the house as identified below. The items identified did not fail to meet the "finished, clean and in good repair" standard. To ensure the standard is met on an ongoing basis, The community incorporates its renovation plans into this plan of correction as follows:

Immediate actions:

- #19 – unoccupied by a resident was deemed out of use until carpet replacement has occurred.
- #32 – unoccupied by a resident – room deemed out of use with scheduled ceiling panel replacement to be completed on or before 10/31/2021
- #23 – Resident room is occupied. All furniture to be removed and carpet stretched to secure carpet to the floor to prevent folds from creating a tripping hazard. Room identified to have full floor replacement on or before 11/15/2021.
- #21 – Resident moved to room #8 with scheduled floor replacement for #21 on or before 11/15/2021.
- #18 – Resident moved to room #2 with scheduled floor replacement for #21 on or before 11/15/2021.

Community starting floor upgrades for all resident rooms. Audit to be completed by 10/15/2021 to identify the order in which carpet replacement will be completed. Reviewing what is best for the residents to maintain standards during transition. Administrator to review with ownership the specific requirements to obtain flooring that will be maintained and in good repair. Contractor scheduled to start project upon supplies delivered and ready in the community. Supplies to be ordered by 10/15/2021.

Completion Date: 11/15/2021

Document Submission

Implemented

See attached

102e - Privacy - Doors/Partitions

1. Requirements

2600.

102.e. Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

Description of Violation

At approximately 12:39 p.m. in the hallway C bathroom #2, the door is missing to the second toilet stall to the left of the entryway and there is no other means to afford privacy while the toilet is in use.

Plan of Correction

Accept

The community disagrees with the violation.

Upon review of hallway C bathroom #2 it was noted not to have a door. Upon staff interviews it was determined this stall was only used when a resident was in the shower with assistance and the outside bathroom door was locked. Verbal education completed with staff to inform the regulatory requirements. It was determined a curtain would be the best solution. Curtin ordered and scheduled to be installed on 10/4/2021.

In order to maintain ongoing compliance with this regulation weekly walk throughs will be completed by a designee of the home with a focus on bathroom privacy. Education to be completed and audit implementation by 10/15/2021. Completion date: 10/15/2021

Completion Date: 10/15/2021

102e - Privacy - Doors/Partitions (*continued*)

Document Submission

Implemented

See attached