



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: 11/4/22

[REDACTED]  
THE VINEYARD PERSONAL CARE HOME INC  
3030 COLUMBIA AVENUE  
LANCASTER, PA, 17603

RE: THE VINEYARD PERSONAL CARE  
HOME 3030 COLUMBIA AVENUE  
LANCASTER, PA, 17603  
LICENSE/COC#: 32503

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 23, 2021, of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

Enclosure  
<Licensing Inspection Summary>

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

**Facility Information**

Name: *THE VINEYARD PERSONAL CARE HOME* License #: *32503* License Expiration: *01/09/2023*  
Address: *3030 COLUMBIA AVENUE, LANCASTER, PA 17603*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *THE VINEYARD PERSONAL CARE HOME INC*  
Address: *3030 COLUMBIA AVENUE, LANCASTER, PA, 17603*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/11/2003* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *11/23/2021*

**Inspection Dates and Department Representative**

*11/23/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *42* Residents Served: *33*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *32* Are 60 Years of Age or Older: *18*  
Diagnosed with Mental Illness: *32* Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**11/23/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2021*

Inspections / Reviews (*continued*)

## 08/11/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/22/2022

## 08/31/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/08/2022

## 11/04/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2022

Reviewer: [REDACTED]

Follow-Up Type: Exception

## 57b - 1 Hour/Day

**1. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**Description of Violation**

*On 11/17/21, the home required a total of 32 personal care hours. On that date, only 21 personal care hours were available.*

*On 11/20/21, the home required 33 hours of personal care hours. On that date, the home only provided 21 personal care hours.*

**POC Submission****Directed**

2600.57.b 1 Hour/Day

*R=To correct this violation, more staff will be hired to reach the hours that are required. Overtime with a bonus will be issued for anyone that will fill in to help fill in those hours until more staff are hired.*

*(Directed)*

*The administrator shall immediately create a list of staff people that are available to work when call-offs occur. The administrator shall identify and include available agencies who can provide emergency staffing when regular employees aren't available. This list shall be available to all staff so that appropriate staffing coverage can be maintained.*

*The administrator shall immediately review work schedules for the upcoming week to ensure that sufficient staffing hours are available to meet the needs of the population. The weekly staffing calculations shall be conducted for at least 90 days after receipt of this plan and maintained for the Department to review. Substitute staff who are called in to work shall be noted on the schedules. AS, 8/12/22*

Directed Completion Date: 08/19/2022

Not Implemented (AS- 11/4/22)

## 57d - Waking Hours

**2. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Description of Violation**

*On 11/13/2021, the home required 24 hours of personal care during waking hours. On that date, the home provided only 17 hours of personal care during waking hours.*

*On 11/20/21, the home required 24.75 hours of direct care during waking hours. On that date, the home provided 17 hours of personal care during waking hours.*

## 57d - Waking Hours (continued)

**POC Submission****Directed**

2600.57.d Waking hours

To correct this violation, more staff will be hired to help fill in these required hours, until more staff are hired overtime with a bonus will be offered for any current staff that may want to fill in.

*(Directed)*

The administrator shall immediately create a list of staff people that are available to work when call-offs occur. The administrator shall identify and include available agencies who can provide emergency staffing when regular employees aren't available. This list shall be available to all staff so that appropriate staffing coverage can be maintained.

The administrator shall immediately review work schedules for the upcoming week to ensure that sufficient staffing hours are available to meet the needs of the population. The weekly staffing calculations shall be conducted for at least 90 days after receipt of this plan and maintained for the Department to review. Substitute staff who are called in to work shall be noted on the schedules. AS, 8/31/22

**Directed Completion Date:** 09/15/2022

## 85a - Sanitary Conditions

**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 11/23/21 at 9:30 am, no means of hand drying was available in either of the second floor resident bathrooms.

**POC Submission****Directed**

2600.85.a Sanitary conditions

To correct this violation, a housekeeper will be hired to maintain these areas, In the meantime until a housekeeper is hired staff will check these areas every shift to assure there are supplies for drying hands.

*(Directed)*

The administrator shall create a checklist that includes checking to ensure that paper towels are available in all common-area resident bathrooms. The checklist shall be completed by direct care staff at least once per shift and reviewed by the administrator at least once per week to ensure paper towels are available. The checklist shall be used for at least 90 days after the receipt of this plan and completed copies of the checklist shall be kept by the administrator for the Department to review. AS, 8/31/22

**Directed Completion Date:** 09/15/2022

Not Implemented (AS- 11/4/22)

## 187d - Follow Prescriber's Orders

**4. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident 1 was prescribed Lovenox, 40 mg prefilled syringes, after a hospital stay. This medication was not

**187d - Follow Prescriber's Orders (continued)**

administered to Resident 1 as prescribed from [REDACTED]/21 through [REDACTED]/2021.

**POC Submission****Directed**

2600.187.d Prescribers orders

To correct this violation, the MAR will be check along with the cart to assure that all meds are given, If the facility has prefilled syringes in the future each syringe will be numbered and started with the highest number to help assure that syringes are given as directed. The administrator will check the syringes daily to make sure they were administered. Education will be given to the staff if syringes are in place in the future.

(Directed)

The administrator shall audit the medication administration records (MARs) for all residents on a weekly basis for at least 90 days from the receipt of this plan to verify that medications for the previous week were administered as prescribed. The administrator shall create a written record of the audits including the names of the residents and the week that is being audited as well as any discrepancies that are noted with the MAR versus the medications contained in the home's medication supply.

In the event that there are residents who receive pre-filled syringes, the administrator shall ensure that appropriate staff are available to dispense the medications at the prescribed times. The weekly MAR checks shall include audits of all medications including pre-filled syringes. AS, 8/31/22

**Directed Completion Date:** 09/15/2022

Not Implemented (AS-11/4/22)