

Department of Human Services
Bureau of Human Service Licensing

September 13, 2022

[REDACTED]
ALBRIGHT CARE SERVICES
1700 NORMANDIE DRIVE
YORK, PA, 17408

RE: NORMANDIE RIDGE
1700 NORMANDIE DRIVE
YORK, PA, 17408
LICENSE/COC#: 35132

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2022, 03/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *NORMANDIE RIDGE* License #: *35132* License Expiration: *06/24/2022*
Address: *1700 NORMANDIE DRIVE, YORK, PA 17408*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ALBRIGHT CARE SERVICES*
Address: *1700 NORMANDIE DRIVE, YORK, PA, 17408*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *04/21/2011* Issued By: *West Manchester Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/09/2022*

Inspection Dates and Department Representative

03/08/2022 - On-Site: [REDACTED]
03/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *22*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *18* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *1*

Inspections / Reviews

03/08/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2022*

Inspections / Reviews (*continued*)

08/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/23/2022*

09/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #1 lists a designated person and payor. However, this contract was not signed by the designated person/payor.

Plan of Correction

Accept

Audit of all home contracts of current residents was performed and 2 records were found to be missing the resident signature but had payor signature in our [REDACTED]. Resident signatures were obtained on the two that were missing. Administrator will review all home contracts within 48 hours of admission to ensure that required signatures are there. No residents were harmed as a result of this violation.

Completion Date: 04/25/2022

Document Submission

Implemented

Audit of all home contracts of current residents was performed and 2 records were found to be missing the resident signature but had payor signature in our [REDACTED]. Resident signatures were obtained on the two that were missing. Administrator will review all home contracts within 48 hours of admission to ensure that required signatures are there. No residents were harmed as a result of this violation.

82b - Poisonous Material Storage

1. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

Two (2) seven-ounce aerosol cans of Reliable Cherry Scent air freshener and deodorizer with manufacturer's label indicating, "extremely flammable," "call poison control center," and "keep out of reach of children," were stored in the kitchenette (one was beside the microwave, and one was near the prep area) in the secured dementia care unit (SDCU).

Plan of Correction

Accept

Air Freshener was removed immediately at time of discovery. Staff in-service to be held 4/28/2022 to educate on the dangers of flammable, poisonous items being stored in food prep areas. Administrator will perform random audits of kitchen and food prep areas to ensure compliance.

Completion Date: 04/28/2022

Document Submission

Implemented

Air Freshener was removed immediately at time of discovery. Staff in-service to be held 4/28/2022 to educate on the dangers of flammable, poisonous items being stored in food prep areas. Administrator will perform random audits of kitchen and food prep areas to ensure compliance.

82c - Locking Poisonous Materials

1. Requirements

2600.

82c - Locking Poisonous Materials (continued)

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two (2) seven-ounce aerosol cans of Reliable Cherry Scent air freshener and deodorizer with manufacturer's label indicating, "extremely flammable," "call poison control center," and "keep out of reach of children," were unlocked, unattended, and accessible to residents in the secured dementia care unit (SDCU). Not all the residents of the home, including all residents in the SDCU have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

Air freshener was removed immediately at time of discovery. Staff meeting to be held on 4/28/2022 to educate staff on the dangers of not locking up flammable/poisonous materials as well as providing the staff the location of safe storage places for flammable/poisonous materials. Administrator will perform random audits of the unit to ensure compliance.

Completion Date: 04/28/2022

Document Submission

Implemented

Air freshener was removed immediately at time of discovery. Staff meeting to be held on 4/28/2022 to educate staff on the dangers of not locking up flammable/poisonous materials as well as providing the staff the location of safe storage places for flammable/poisonous materials. Administrator will perform random audits of the unit to ensure compliance.

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

There was an exposed electrical outlet due to a missing socket cover found in the kitchenette / community room of the personal care section of the first floor. This causes a potentially hazardous situation.

Plan of Correction

Accept

A work order was submitted through our electronic system and maintenance came over and installed an outlet cover in the personal care dining room on 3/10/2022. To alleviate this from happening in the future, maintenance will do a walk through inspection of areas that have had work performed by outside contractors to ensure that everything was put back in safe working order. No residents were harmed as a result of this violation.

Completion Date: 03/10/2022

Document Submission

Implemented

A work order was submitted through our electronic system and maintenance came over and installed an outlet cover in the personal care dining room on 3/10/2022. To alleviate this from happening in the future, maintenance will do a walk through inspection of areas that have had work performed by outside contractors to ensure that everything was put back in safe working order. No residents were harmed as a result of this violation.

183f - Discontinued Medications

1. Requirements

2600.

183f - Discontinued Medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

A [redacted] belonging to Resident #2, was found in the medication cart on the personal care side of the facility. This resident was moved to the [redacted] and is no longer a resident in [redacted]. Further, this medication had an expiration date of [redacted].

Plan of Correction

Accept

An audit of med cart and med room in both personal care and memory care were completed and returned no additional expired or discontinued medications. Nurse Manager/Administrator will perform a medication audit within 48 hours of discharge/transfer to ensure that all medications are destroyed per facility protocol. Nurse Manager/Administrator will perform monthly med cart audits to check for expired medications. Nurse Manager will be educated on the new outlined expectations. No residents were harmed as a result of this violation.

Completion Date: 04/25/2022

Document Submission

Implemented

An audit of med cart and med room in both personal care and memory care were completed and returned no additional expired or discontinued medications. Nurse Manager/Administrator will perform a medication audit within 48 hours of discharge/transfer to ensure that all medications are destroyed per facility protocol. Nurse Manager/Administrator will perform monthly med cart audits to check for expired medications. Nurse Manager will be educated on the new outlined expectations. No residents were harmed as a result of this violation.

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

On [redacted] the [redacted] for Resident # 3 showed a date and time of [redacted]. This [redacted] is not accurately calibrated to the correct date and time.

Plan of Correction

Accept

[redacted] are audited Monthly and when that [redacted] and at that time was accurate they are also compared to the residents MAR to ensure that there is no transcription errors. The [redacted] was recalibrated on 3/10/2022 prior to use and has since maintained its calibration. Staff meeting to be held on 4/28/2022 to educate staff to immediately report Nurse Manager when date or time are incorrect so that it can either be fixed or a new [redacted] issued to the resident.

Completion Date: 04/28/2022

Document Submission

Implemented

[redacted] are audited Monthly and when that [redacted] and at that time was accurate they are also compared to the residents MAR to ensure that there is no transcription errors. The [redacted] was recalibrated on 3/10/2022 prior to use and has since maintained its calibration. Staff meeting to be held on 4/28/2022 to educate staff to immediately report Nurse Manager when date or time are incorrect so that it can

185a - Implement Storage Procedures (continued)

either be fixed or a new [REDACTED] issued to the resident.

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Persons A and B have not completed the required medication administration reviews within one year as part of their on-going practicums. Both of these staff persons have continued to distribute medications to residents.

Staff Person A - The most current medication review was performed in [REDACTED] The prior review was in [REDACTED]

Staff Person B - The most current medication review was performed in [REDACTED] The prior review was in [REDACTED]

Plan of Correction

Accept

A spreadsheet was created to accurately track Medication reviews [REDACTED]. A copy was given to the practicum observer as well as placed in the front of both Med Tech record binders. Practicum observer as well as Administrator will review monthly to ensure compliance. No residents were harmed as a result of this violation. Staff Person A and B will both receive medication reviews one additional time by 4/22/2022

Completion Date: 04/22/2022

Document Submission

Implemented

A spreadsheet was created to accurately track Medication reviews on 3/28/2022. A copy was given to the practicum observer as well as placed in the front of both Med Tech record binders. Practicum observer as well as Administrator will review monthly to ensure compliance. No residents were harmed as a result of this violation. Staff Person A and B will both receive medication reviews one additional time by 4/22/2022

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED] The resident's preadmission screening form was also completed on [REDACTED] however, there are no diagnoses listed, no sensory needs assessment completed, and the resident's status regarding poisonous materials was not completed.

Plan of Correction

Accept

An audit of all prescreens was completed by the Administrator and found no others with missing information. A new prescreen was completed and faxed to PCP for signature due to resident residing in SDCU. Once received back

224a - Preadmission Screen Form (continued)

Administrator or Nurse Manager will add to original Prescreen as an addendum. Administrator will audit all Prescreens within 48 hours of admission to ensure all required areas are complete. No residents were harmed as a result of this violation.

Completion Date: 04/22/2022

Document Submission

Implemented

An audit of all prescreens was completed by the Administrator and found no others with missing information. A new prescreen was completed and faxed to PCP for signature due to resident residing in SDCU. Once received back Administrator or Nurse Manager will add to original Prescreen as an addendum. Administrator will audit all Prescreens within 48 hours of admission to ensure all required areas are complete. No residents were harmed as a result of this violation.

254c - Records Storing

1. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator’s designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

The Administrator's office is located within the SDCU. At approximately [REDACTED] the Administrator's office was unlocked, open, and unattended. On the floor of the office, there were at least 15 boxes of resident files containing personal and health information able to be accessed.

Plan of Correction

Accept

Medical records were initially relocated to the Administrators office as a result of new flooring and paint in the medical records office. Medical Records have been returned to the medical records office which remains locked. Administrator will be sure to shut and lock door when they are leaving their office to ensure protection of sensitive information. No residents were harmed as a result of this violation.

Completion Date: 05/02/2022

Document Submission

Implemented

Medical records were initially relocated to the Administrators office as a result of new flooring and paint in the medical records office. Medical Records have been returned to the medical records office which remains locked. Administrator will be sure to shut and lock door when they are leaving their office to ensure protection of sensitive information. No residents were harmed as a result of this violation.