



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

January 6, 2023


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

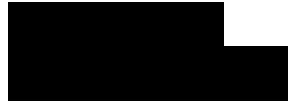
RE: THE VINEYARD PERSONAL CARE
HOME
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 32503

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,



cc: Pennsylvania Bureau of Human Service Licensing

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: 37 Waking Staff: 28

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: 05/03/2022

Inspection Dates and Department Representative

05/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 42 Residents Served: 37
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 33 Are 60 Years of Age or Older: 23
 Diagnosed with Mental Illness: 37 Diagnosed with Intellectual Disability: 8
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/03/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/03/2022

07/18/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/11/2022
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/25/2022

Inspections / Reviews (*continued*)

08/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2022

Reviewer: [REDACTED]

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

01/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2022

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] police responded to the home due to a disturbance caused by a visitor. The home did not report this incident to the Department.

POC Submission

Directed

2600.16c Written Incident Report

To correct this violation all incidents will be reported to DHS in a timely manner. The incidents reports will be kept in the resident's chart and in a reportable incident binder.

(Directed)

The administrator shall provide (or arrange for) training in reportable incidents and conditions for all staff. Acceptable training sources are the administrator, representatives from the local area agency on aging, or any training source approved by the Department for annual training. A record of the training source, material reviewed, and the staff who receive the training shall be kept for inspection by the Department. AS, 8/1/22

Directed Completion Date: 08/10/2022

Document Submission

Implemented (AS - 01/06/2023)

2600.16c Written Incident Report

To correct this violation all incidents will be reported to DHS in a timely manner. The incidents reports will be kept in the resident's chart and in a reportable incident binder.

(Directed)

The administrator shall provide (or arrange for) training in reportable incidents and conditions for all staff. Acceptable training sources are the administrator, representatives from the local area agency on aging, or any training source approved by the Department for annual training. A record of the training source, material reviewed, and the staff who receive the training shall be kept for inspection by the Department. AS, 8/1/22

Licensee's Proposed Overall Completion Date: 08/11/2022

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The bed used by Resident 1 is wet and heavily stained from urine. There is water vapor visible on the inside of the plastic cover and urine on the surface.

POC Submission

Accept

2600.85.a Sanitary condition

To correct this violation a new mattress was put on the bed with a mattress protector. The resident was put on a 2-hour check and taken to the restroom to help avoid the bed getting soiled. This resident was evaluated, and it was determined that a skilled setting would better meet [REDACTED] needs. [REDACTED] was placed in a skilled unit. Resident 1 was

85a - Sanitary Conditions (continued)

relocated by [REDACTED].

Licensee's Proposed Overall Completion Date: 08/01/2022

Document Submission**Implemented (NN - 10/12/2022)**

2600.85.a Sanitary condition

To correct this violation a new mattress was put on the bed with a mattress protector. The resident was put on a 2-hour check and taken to the restroom to help avoid the bed getting soiled. This resident was evaluated, and it was determined that a skilled setting would better meet [REDACTED] needs. [REDACTED] was placed in a skilled unit. Resident 1 was relocated by [REDACTED].

Licensee's Proposed Overall Completion Date: 08/11/2022

92 - Windows**3. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 5/3/22 at 2:15pm, the window next to Resident 1's bed was open and there was no screen present.

POC Submission**Accept**

2600.92 Windows

To correct this violation, air conditioners were placed in the windows, when the air conditioners are out a screen will be placed in the window, Maintenance will check all windows and make sure they have screens in them, screens that are in good repair.

Licensee's Proposed Overall Completion Date: 07/12/2022

Document Submission**Implemented (AS - 01/06/2023)**

2600.92 Windows

To correct this violation, air conditioners were placed in the windows, when the air conditioners are out a screen will be placed in the window, Maintenance will check all windows and make sure they have screens in them, screens that are in good repair.

Licensee's Proposed Overall Completion Date: 08/11/2022

93a - Handrails**4. Requirements**

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The wood handrail from the parking lot onto the side porch is loose and moves back and forth several inches when pressure is applied.

POC Submission**Directed**

2600.93.a handrails

To correct this violation the handrail was repaired.

(Directed)

93a - Handrails (continued)

The administrator shall create and use a monthly checklist that includes inspection of the handrail to ensure that it is secure. The administrator shall use this checklist for 3 months from the receipt of this plan of correction. In the event that a handrail is in poor repair, the steps taken to repair it, as well as the timeframe for repair, shall be noted.
AS, 8/1/22

Directed Completion Date: 08/10/2022

Document Submission**Implemented (AS - 01/06/2023)**

2600.93.a handrails

To correct this violation the handrail was repaired.

(Directed)

The administrator shall create and use a monthly checklist that includes inspection of the handrail to ensure that it is secure. The administrator shall use this checklist for 3 months from the receipt of this plan of correction. In the event that a handrail is in poor repair, the steps taken to repair it, as well as the timeframe for repair, shall be noted.
AS, 8/1/22

Licensee's Proposed Overall Completion Date: 08/11/2022

95 - Furniture and Equipment**5. Requirements**

2600.

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

Description of Violation

The toilet in the bathroom shared by bedrooms 10 and 12 is inoperable as evidenced by the broken handle lying on the floor.

POC Submission**Directed**

2600.95 Furniture and equipment

To correct this violation all bathrooms will be checked on a weekly basis for any repairs that may be needed, if they are in repair Maintenance will take care of them immediately

(Directed)

The toilet cited was repaired by 7/12/22. The administrator shall create and use a weekly checklist that includes inspection of all plumbing fixtures that are accessible to residents to ensure that they are operable and in good repair. If a plumbing fixture is not in good repair, the steps taken to repair the fixture, including the timeframe for repair, shall be noted. The administrator shall use this checklist for 3 months from the receipt of this plan of correction. AS, 8/1/22

Directed Completion Date: 08/10/2022

Document Submission**Implemented (AS - 01/06/2023)**

2600.95 Furniture and equipment

To correct this violation all bathrooms will be checked on a weekly basis for any repairs that may be needed, if they are in repair Maintenance will take care of them immediately

95 - Furniture and Equipment (continued)

(Directed)

The toilet cited was repaired by 7/12/22. The administrator shall create and use a weekly checklist that includes inspection of all plumbing fixtures that are accessible to residents to ensure that they are operable and in good repair. If a plumbing fixture is not in good repair, the steps taken to repair the fixture, including the timeframe for repair, shall be noted. The administrator shall use this checklist for 3 months from the receipt of this plan of correction. AS, 8/1/22

Licensee's Proposed Overall Completion Date: 08/11/2022

141b1 - Annual Medical Evaluation**6. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]

Resident 3's most recent medical evaluation was completed on [REDACTED].

POC Submission

Directed

2600.141b1 annual medical evaluation

To correct this violation all charts will be checked monthly, and the medical evaluations are on a schedule to keep the DME's in compliant, the DME's that are due will be placed on the calendar for a reminder they need to be complete.

(Directed)

By 8/10/22, the medical evaluations cited will be reviewed by the administrator and completed with assistance from the residents' medical professionals. AS, 8/1/22

Directed Completion Date: 08/10/2022

Document Submission

Implemented (NN - 10/12/2022)

2600.141b1 annual medical evaluation

To correct this violation all charts will be checked monthly, and the medical evaluations are on a schedule to keep the DME's in compliant, the DME's that are due will be placed on the calendar for a reminder they need to be complete.

(Directed)

By 8/10/22, the medical evaluations cited will be reviewed by the administrator and completed with assistance from the residents' medical professionals. AS, 8/1/22

Licensee's Proposed Overall Completion Date: 08/11/2022

183e - Storing Medications**7. Requirements**

183e - Storing Medications (continued)

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.

Description of Violation

On 5/3/22, the following medications were lying loose inside the home's medication cart:

- small, round, yellow pill
- 1/2 white tablet with illegible writing
- small, white, oval pill marked L612
- large, round, white pill marked 704

POC Submission

Accept

2600.183e Storing medications

To correct this violation the cart will be check daily for any loose pills that may be laying in the cart. The med tech will be more careful when opening the pill packs so that the pills are not falling out and laying loose in the carts.

Licensee's Proposed Overall Completion Date: 07/12/2022

Document Submission

Implemented (NN - 10/12/2022)

2600.183e Storing medications

To correct this violation the cart will be check daily for any loose pills that may be laying in the cart. The med tech will be more careful when opening the pill packs so that the pills are not falling out and laying loose in the carts.

Licensee's Proposed Overall Completion Date: 08/11/2022

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 1's most recent assessment was completed on [REDACTED].

Resident 2's most recent assessment was completed on [REDACTED] 0.

Resident 3's most recent assessment was completed on [REDACTED].

POC Submission

Directed

2600.225c additional Assessment

To correct this violation assessments are put on a schedule and also wrote on the calendar so they are not missed, Administrator will go through the carts monthy to make sure they are in compliance.

(Directed)

By 8/10/22, the assessments cited in this violation will be updated by the administrator (or designee) of the home. AS, 8/1/22

Directed Completion Date: 08/10/2022

225c - Additional Assessment *(continued)***Document Submission*****Implemented (AS - 01/06/2023)****2600.225c additional Assessment*

To correct this violation assessments are put on a schedule and also wrote on the calendar so they are not missed, Administrator will go through the carts monthly to make sure they are in compliance.

(Directed)

*By 8/10/22, the assessments cited in this violation will be updated by the administrator (or designee) of the home.
AS, 8/1/22*

Licensee's Proposed Overall Completion Date: 08/11/2022