

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

December 12, 2022

[REDACTED]  
SPIRIT OF GHEEL  
P.O.BOX 610  
KIMBERTON, PA, 19442

RE: BUTTONWOOD FARM  
14 BUTTONWOOD LANE,P.O.BOX  
610  
KIMBERTON, PA, 19442  
LICENSE/COC#: 10790

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2022 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,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** *BUTTONWOOD FARM* **License #:** *10790* **License Expiration:** *01/15/2023*  
**Address:** *14 BUTTONWOOD LANE,P.O.BOX 610, KIMBERTON, PA 19442*  
**County:** *CHESTER* **Region:** *SOUTHEAST*

**Administrator**

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

**Legal Entity**

**Name:** *SPIRIT OF GHEEL*  
**Address:** *P.O.BOX 610, KIMBERTON, PA, 19442*  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *Other* **Date:** *03/24/2000* **Issued By:** *L&I*

**Staffing Hours**

**Resident Support Staff:** *0* **Total Daily Staff:** *5* **Waking Staff:** *4*

**Inspection Information**

**Type:** *Full* **Notice:** *Unannounced* **BHA Docket #:**  
**Reason:** *Renewal* **Exit Conference Date:** *07/26/2022*

**Inspection Dates and Department Representative**

*07/26/2022 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *7* **Residents Served:** *5*

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** *0*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *0* **Are 60 Years of Age or Older:** *3*  
**Diagnosed with Mental Illness:** *5* **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *0* **Have Physical Disability:** *0*

**Inspections / Reviews**

**07/26/2022 - Full**

**Lead Inspector:** [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/14/2022*

**08/10/2022 - POC Submission**

**Submitted By:** [REDACTED] **Date Submitted:** *12/12/2022*  
**Reviewer:** [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/15/2022*

Inspections / Reviews *(continued)*

08/12/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/15/2022

12/12/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

The home does not have a certificate of the Department-approved direct care training course and competency test on file for direct care staff person A, hired on [redacted]/2019.

POC Submission

Accept

The direct training test was completed on [redacted] 19 as indicated on the orientation page but cert could not be located. That DCS took the test again and passed on [redacted] /2022. All staff files have been reviewed for accuracy. When staff are hired, the Director of Operations will be sure that all needed documents are present and checked off on the orientation sheet and audited when training is completed. The chart will not be filed until this step has been completed.

Licensee's Proposed Overall Completion Date: 08/12/2022

Document Submission

Implemented [redacted] - 12/12/2022)

The direct training test was completed on [redacted] /19 as indicated on the orientation page but cert could not be located. That DCS took the test again and passed on [redacted] /2022. All staff files have been reviewed for accuracy. When staff are hired, the Director of Operations will be sure that all needed documents are present and checked off on the orientation sheet and audited when training is completed. The chart will not be filed until this step has been completed.

Licensee's Proposed Overall Completion Date: 08/10/2022

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 07/26/2022 at 10:00 AM, the hot water temperature at resident #1's bathroom sink measured 122.4 degrees Fahrenheit.

POC Submission

Accept

The water tank temperature was lowered so that the water temp did not exceed 120 degrees again. DCS and the house Mgr will check the temperature on a monthly basis to ensure the temperature is within the correct range. if it is not within the correct range, staff must adjust it immediately.

Licensee's Proposed Overall Completion Date: 08/12/2022

Document Submission

Implemented [redacted] - 12/12/2022)

The water tank temperature was lowered so that the water temp did not exceed 120 degrees again. DCS and the house Mgr will check the temperature on a monthly basis to ensure the temperature is within the correct range. if it is not within the correct range, staff must adjust it immediately.

Licensee's Proposed Overall Completion Date: 07/26/2022

185a - Implement Storage Procedures

3. 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

Resident #1's glucometer readings of [redacted] on [redacted]/2022, [redacted] on [redacted]/2022, and [redacted] on [redacted]/2022 were not recorded on the log.

Resident #2's glucometer was not calibrated to correct date [redacted].

POC Submission

Accept

Staff were reeducated on the need to record the glucose reading immediately after testing each time blood glucose is taken. The house mgr will check MARs each day for accuracy.

Staff were also reeducated on calibrating the glucometer any time the date is incorrect. This can be prevented in the future by DCS checking for correct calibration before each use (daily)

Licensee's Proposed Overall Completion Date: 08/12/2022

Document Submission

Implemented ([redacted] - 12/12/2022)

Staff were reeducated on the need to record the glucose reading immediately after testing each time blood glucose is taken. The house mgr will check MARs each day for accuracy.

Staff were also reeducated on calibrating the glucometer any time the date is incorrect. This can be prevented in the future by DCS checking for correct calibration before each use (daily)

Licensee's Proposed Overall Completion Date: 07/27/2022

187b Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [redacted]. Resident #1's [redacted] medication administration record (MAR) does not include the initials of the staff person who administered it on [redacted]/2022 and [redacted]/2022.

POC Submission

Accept

Staff were reeducated on the requirement to initial the MAR for every medication every time a med is administered. The house mgr will check daily and DCS are to check each shift that all MARs are correctly signed.

Licensee's Proposed Overall Completion Date: 08/12/2022

Document Submission

Implemented ([redacted] - 12/12/2022)

Staff were reeducated on the requirement to initial the MAR for every medication every time a med is administered. The house mgr will check daily and DCS are to check each shift that all MARs are correctly signed.

Licensee's Proposed Overall Completion Date: 07/27/2022

202 - Prohibitions

5. Requirements

2600.

202. The following procedures are prohibited:

202 - Prohibitions (continued)

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #1 is prescribed [REDACTED]. According to the resident's May MAR and [REDACTED] sign-out sheet, this medication was administered to resident #1 [REDACTED] on 0 [REDACTED], [REDACTED] and [REDACTED] /2022.

Resident #3 is prescribed [REDACTED]. According to the resident's July Mar, this medication was administered to resident #3 to [REDACTED] on [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED] /2022.

POC Submission

Accept

we have recently changed pharmacies and the [REDACTED] diagnosis should have said [REDACTED]. We are FULLY aware that chemical restraints are against everything a PCH stands for.. I tried to explain this during inspection. The medication was given to assist with [REDACTED] symptoms, not to control any behaviors. The MARS were immediately corrected to indicate the proper diagnosis. MAR's will be thoroughly inspected when they arrive each month by staff to ensure the correct diagnoses are present on all MARs.

Licensee's Proposed Overall Completion Date: 08/12/2022

Document Submission

Implemented [REDACTED] 12/12/2022)

we have recently changed pharmacies and the [REDACTED] diagnosis should have said [REDACTED]. We are FULLY aware that chemical restraints are against everything a PCH stands for.. I tried to explain this during inspection. The medication was given to assist with [REDACTED] symptoms, not to control any behaviors. The MARS were immediately corrected to indicate the proper diagnosis. MAR's will be thoroughly inspected when they arrive each month by staff to ensure the correct diagnoses are present on all MARs.

Licensee's Proposed Overall Completion Date: 07/27/2022

221c - Post Activity Calendar

6. Requirements

- 2600.
- 221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated March 2022.

POC Submission

Accept

The current activity calendar board has been updated with the current month in place. It will be checked monthly by staff to ensure it is posted by the first of every month.

Licensee's Proposed Overall Completion Date: 07/27/2022

Document Submission

Implemented [REDACTED] 12/12/2022)

The current activity calendar board has been updated with the current month in place. It will be checked monthly by staff to ensure it is posted by the first of every month.

Licensee's Proposed Overall Completion Date: 07/27/2022

## 252 - Record Content

**7. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

**Description of Violation***Resident #3's picture on file is dated [REDACTED]/2020.***POC Submission****Accept***Resident #3's photo was updated to current. The charts will be monitored monthly to ensure all photos and documents are current.***Licensee's Proposed Overall Completion Date:** 07/27/2022**Document Submission****Implemented ([REDACTED] - 12/12/2022)***Resident #3's photo was updated to current. The charts will be monitored monthly to ensure all photos and documents are current.***Licensee's Proposed Overall Completion Date:** 07/27/2022