

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

January 3, 2023

[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 11/08/2022 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: *NORMANDIE RIDGE* License #: *35132* License Expiration: *06/24/2023*
 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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/08/2022*

Inspection Dates and Department Representative

11/08/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *66* Residents Served: *23*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *18* Residents Served: *17*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *1*

Inspections / Reviews

11/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2022*

12/12/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/21/2022*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/19/2022*

Inspections / Reviews (*continued*)

12/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/23/2022

01/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

The facility became aware of alleged incidents of verbal abuse of Resident 1 by Staff Member A on [REDACTED]/2022, however, the home did not report the alleged abuse until [REDACTED]/2022 to The Department and AAA. An Act 13 form was not completed until [REDACTED]/22.

Plan of Correction

Accept [REDACTED] - 12/19/2022)

Staff meeting was held on 11/10/2022 where staff and management were educated on the importance of reporting suspected abuse immediately to the Administrator, LPN Nurse Manager or Executive Director. Staff were also educated on the Asbury Code of Ethics and Business Conduct Policy which specifically talks about zero tolerance for retaliation when reporting a potential problem. Management was educated by inspector at time of inspection/violation on the importance of reporting abuse immediately and was educated on specific time frames for reporting to specific agencies as well as any specific forms that are needed when reporting such as the Act 13 form. Inspector also educated management on the availability of the Suspected Resident Abuse Reporting and Investigation tool and facility will begin to utilize this form with any future reports of suspected abuse. Starting with the January 2023 monthly staff meeting and moving forward monthly staff meetings will include "Should you report this" and/or "Is this Abuse" Scenarios.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented ([REDACTED] - 01/03/2023)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

The home suspended Staff Member A due to allegations of abuse of Resident 1 on [REDACTED]/2022. However, the facility did not notify The Department of the suspension/ supervision plan of Staff Member A until after [REDACTED] 2022 and completing their internal investigation.

Plan of Correction

Accept [REDACTED] - 12/19/2022)

Staff meeting was held on 11/10/2022 where staff and management were educated on the importance of reporting suspected abuse immediately to the Administrator, LPN Nurse Manager or Executive Director. Staff were also educated on the Asbury Code of Ethics and Business Conduct Policy which specifically talks about zero tolerance for retaliation when reporting a potential problem. Starting with January 2023 monthly staff meeting and moving forward monthly staff meetings will include "Should you report this" and/or "Is this Abuse" Scenarios. Management was also educated by DHS surveyor at time of inspection/violation of regulation 15c and the responsibility of the manager/facility to report immediately to the department the plan of supervision or suspension of the suspected alleged perpetrator. In the event of a future incident of suspected abuse Administrator, LPN Nurse Manager or

15c - Supervision (continued)

Executive Director will notify the Regional Office immediately of the plan of supervision or suspension of suspected perpetrator.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented () - 01/03/2023)

15d Resident Abuse Notification

3. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident s designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

The home did not attempt to notify/ make contact with Resident 1's designated person/ POA until /2022, two days after the alleged abuse was reported to the administration of the facility.

Plan of Correction

Accept () 12/19/2022)

Staff meeting was held on 11/10/2022 where staff and management were educated on the importance of reporting suspected abuse immediately to the Administrator, LPN Nurse Manager or Executive Director. Staff were also educated on the Asbury Code of Ethics and Business Conduct Policy which specifically talks about zero tolerance for retaliation when reporting a potential problem. Management was educated by DHS surveyor at time of inspection/violation that all notifications (i.e. ACT13, plan of supervision/suspension and POA/designated person notifications) must be done immediately when there is suspected abuse or neglect of a resident. Starting with January 2023 monthly staff meeting and moving forward monthly staff meetings will include "Should you report this" and/or "Is this Abuse" Scenarios.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented () - 01/03/2023)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On /2022, incidents of resident abuse were reported to the facility's administrator involving Staff Member A and Resident 1. It was reported that Staff Member A would verbally abuse Resident 1. It was reported that Resident 1 would often be confused about their medications and ask for their medications repeatedly. Staff Member A would then become frustrated and verbally belittle the resident, saying such statements as, "I am not the one with you are," and, "I get to go home at night and you have to stay here."

These statements were discovered to have occurred over a time span of months with the most recent incident occurring the week of 2022. These incidents of belittlement would cause Resident 1 to cry and sob uncontrollably every time it occurred.

42b - Abuse (continued)

Plan of Correction**Accept (SK - 12/19/2022)**

On [REDACTED]/2022 an associate came forward with information about suspected/potential abuse. A specific staff member was named in the allegation as the perpetrator and the facility took immediate action by suspending suspected associate pending an investigation into the allegations. During this investigation it was determined that on [REDACTED]/2022 that resident abuse had occurred and the alleged staff member was immediately terminated from employment. Staff meeting was held on 11/10/2022 where staff and management were educated on the importance of reporting suspected abuse immediately to the Administrator, LPN Nurse Manager or Executive Director. Staff were also educated on the Asbury Code of Ethics and Business Conduct Policy which specifically talks about zero tolerance for retaliation when reporting a potential problem. Checklist was created highlighting all key reporting aspects of abuse investigations and Management/Facility will begin to utilize the new checklist as well as Suspected Resident Abuse Reporting and Investigation flowsheet with any future reports of suspected abuse. Starting with January 2023 monthly staff meeting and moving forward monthly staff meetings will include "Should you report this" and/or "Is this Abuse" Scenarios. In addition to beginning with our January 2023 monthly staff meeting reviewing between 1-3 resident rights each month during the monthly staff meetings so that all 26 resident rights are reviewed with staff annually as a supplement to any other trainings on resident rights received by staff.

Licensee's Proposed Overall Completion Date: 12/19/2022**Implemented ([REDACTED] 01/03/2023)**