

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

December 29, 2022

[REDACTED], ADMINISTRATOR
PLEASANT VIEW RETIREMENT COMMUNITY
544 NORTH PENRYN ROAD
ATTN: [REDACTED]
MANHEIM, PA, 17545

RE: PLEASANT VIEW COMMUNITIES
544 NORTH PENRYN ROAD
MANHEIM, PA, 17545
LICENSE/COC#: 32185

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2022, 11/18/2022 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: PLEASANT VIEW COMMUNITIES License #: 32185 License Expiration: 08/29/2023
 Address: 544 NORTH PENRYN ROAD, MANHEIM, PA 17545
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: PLEASANT VIEW RETIREMENT COMMUNITY
 Address: 544 NORTH PENRYN ROAD, ATTN: [REDACTED], MANHEIM, PA, 17545
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/14/2002 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 83 Waking Staff: 62

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/18/2022

Inspection Dates and Department Representative

11/17/2022 - On-Site: [REDACTED]
 11/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 174 Residents Served: 66
 Secured Dementia Care Unit
 In Home: Yes Area: Meadows North Capacity: 54 Residents Served: 17
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

11/17/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2022

12/06/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/27/2022
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/20/2022

Inspections / Reviews *(continued)*

12/19/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/26/2022

12/29/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2022

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 was not signed by the home.

The resident-home contract, dated [REDACTED], for Resident #2 was not signed by the payor.

Repeated Violation - 4/20/2021

Plan of Correction

Accept [REDACTED] - 12/09/2022)

Administrator reviewed with admission staff applicable signature requirements on 11/21/22. Additionally, in conjunction with a member of the finance department, the Personal Care Coordinator will review all contracts for signatures and contact POA's for compliance to be completed by 12/16/22. A member of the finance department will begin auditing new agreements beginning on 11/21/22

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 12/28/2022)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #3 passed away on [REDACTED]. Resident #3's personal belongings were removed from his/her room on [REDACTED] however, the refund check was written on [REDACTED]. This is over 30 days, as per the Elder Care Payment Restitution Act.

Plan of Correction

Accept [REDACTED] - 12/09/2022)

On 12/2/22 VP of Finance reviewed the refund policy with billing staff the requirements for compliance with refund policy. VP of Finance will implement an additional step of running a Personal Care Department aging report monthly for second review of any credit balances beginning on 12/2/22.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [REDACTED] - 12/28/2022)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

During the morning of 11/18/22, a large rollback dumpster that was full of trash bags and uncovered/open at one

85e - Trash Outside Home (continued)

end was observed outside of the home.

Plan of Correction

Accept (█ - 12/09/2022)

The cylinders in the trash compactor failed and we are waiting for new cylinders to arrive (arrived the week of 12/5/22) and be installed by Eagle Equipment (projected week of 12/16/22). Quote signed 11/14/22. We placed a 30 yd. dumpster in front of the compactor as a temporary means of disposing the trash.

The facilities director ordered the dumpster to be removed (week of 11/28/22) and placed (2) eight-yard containers with lids to be placed in front of the compactor and will be emptied twice a week. This will continue until the compactor is repaired and we no longer need the temporary containers. The closed containers were delivered December 2nd.

We will no longer use open containers for disposing waste on campus.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (█ - 12/28/2022)

132a - Monthly Fire Drill

5. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of December 2021.

Plan of Correction

Accept (█ - 12/09/2022)

Fire drills are scheduled by the Facilities Coordinator and Director of Facilities and observed by a member of the facilities department. The drill did not take place because the Director of Facilities was terminated, and the maintenance coordinator resigned a week later so no one followed up to conduct the fire drill.

To make sure this doesn't happen again, the fire drill schedule has been given to the administrator and if the drill doesn't happen as scheduled the administrator will follow up to see that the drill takes place.

Maintenance director completed education with the facilities team on 12/2/22. Fire drill documentation will be reviewed monthly by administrator beginning 12/2022.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (█ - 12/28/2022)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home is consistently not documenting seconds as part of the elapsed time for the drill in 6 of the last 11 drills recorded. In addition, no problems were noted during the 6/8/22 drill; however, the home provided documentation that one resident did not evacuate because they refused to do so.

132c Fire Drill Records (continued)

Plan of Correction

Accept [redacted] - 12/19/2022)

The fire drill evaluation form currently used does not ask for minutes and seconds so in some events only minutes were recorded. A new form which is attached will be used to document fire drills that are required in 132c. and an in service is scheduled on December 2nd on how to conduct the fire drill and use the new form.

Maintenance Director completed training to the facilities staff to educate on the new form.

Fire drill documentation will be reviewed monthly by administrator and quarterly at our Quality Management Meetings, beginning 12/2022

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

Implemented [redacted] - 12/28/2022)

132d - Evacuation

7. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not conduct a successful drill in the month of June 2022 because one resident refused to evacuate.

Plan of Correction

Accept [redacted] - 12/19/2022)

*Administrator meets with residents prior to admission to discuss fire drill procedures prior to move in. (ongoing)
Administrator will meet with the resident and explain the need/requirement to participate and subsequent consequences if failure to participate continue.*

Any fire drill where a resident fails to evacuate within the prescribed time will be deemed a failed drill and documented as such and a make-up drill will be scheduled and conducted until successful in the same calendar month.

Residents that repeatedly refuse to evacuate during fire drills will be issued a 30 day notice.

Residents were notified of fire drill requirements and what happens if refusals happen at resident council on 11/30/2022.

The administrator will document fire drill audits and address trends with missing documentation during the next quality management review, to be held no later than 1/31/23. Staff was educated on the importance of evacuating residents in a timely manner on 11/29/2022 and will continue to be reminded at in services and fire drills.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [redacted] - 12/28/2022)