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

January 12, 2023

[REDACTED], OWNER
GRAND AT FAYETTE LLC

RE: GRAND AT FAYETTE D/B/A
COUNTRY CARE MANOR
205 COLDREN ROAD
FAYETTE CITY, PA, 15438
LICENSE/COC#: 44959

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/02/2022, 12/05/2022, 12/06/2022 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: *GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR* **License #**: *44959* **License Expiration**: *05/15/2023*

Address: *205 COLDREN ROAD, FAYETTE CITY, PA 15438*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *GRAND AT FAYETTE LLC*

Address:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *03/12/1993* **Issued By**: *Dept L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *34* **Waking Staff**: *26*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *12/06/2022*

Inspection Dates and Department Representative

12/02/2022 - On-Site:

12/05/2022 - Off-Site:

12/06/2022 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *26*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

12/02/2022 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/23/2022*

Inspections / Reviews *(continued)*

01/03/2023 POC Submission

Submitted By: [redacted]
Date Submitted: *01/12/2023*
Reviewer: [redacted]
Follow Up Type: *Document Submission* **Follow Up Date:** *01/13/2023*

01/12/2023 Document Submission

Submitted By: [redacted]
Date Submitted: *01/12/2023*
Reviewer: [redacted]
Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's exit-seeking behaviors began on or around 11/1/22; however the resident's most recent assessment, dated [redacted] was not updated to address this significant change, and indicates the resident requires moderate supervision in the home.

Plan of Correction ***Accept ([redacted] - 01/03/2023)***

What: Community documentation showed that staff reported to community administration on 11/4/2022 that Resident #1 was showing existing seeking behaviors. Community administration immediately directed staff to monitor the resident more closely while also worked with the resident's physician was notified. This notification led to orders to rule out a UTI or other temporary condition which could affect the cognition of the resident. Part of this work included contacting the resident's daughter during which numerous options were presented to ensure the resident's safety. The resident's daughter chose to terminate the agreement with the community, which the community agreed to, that led to the resident's moving in with [redacted] daughter on [redacted]. As the resident discharged from the community, no additional updates were made to the resident's documentation.
Who: According to the interviews conducted by BHSL staff were aware of the reported exit seeking behavior on 11/1/2022 but administration was not aware of this until 11/4/2022. The interim Administrator, or designee, will train all staff on the following:
1. Timely reporting of changes with residents to administration. This includes the use of the communication log functionality of tabula pro (the community's current resident electronic filing application, and other methods.
2. Senior staff who routinely interact with resident assessments and support plans will be re-trained on updating resident assessments and support plans in a timely manner. "Timely manner" is defined as to have updates regarding changes in conditions with residents completed within at least 5 days from the date of identifying changes.
When: The training noted above will be completed by1/31/2023. Documentation of this training will be part of each trainees record and provided upon request to the BHSL.
How: Tabula Pro electronic resident record application provides for an easy to access option to quickly communicate a variety of information among the community team. This will be the main method of communication but others, such as, direct calls with administration as situations dictate.
Ongoing:
1. New staff will be trained on the above as part of the community's on-boarding program.
2. Community administration, or designee(s), will regularly monitor the communication log to identify possible changes with residents.
3. Community administration, or designee(s), will review all reported changes and make adjustments, as appropriate, to the resident's assessment and support plan (RASP) in the time frame as outlined above.
4. As the individual resident level of care and RASP are updated, updates and changes will be reviewed by the community administrator, or designee(s), to ensure that all appropriate changes are noted in a timely manner to ensure accurate delivery of care for each community resident.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented [redacted] - 01/12/2023)

228b - Discharge or Transfer

2. Requirements

2600.
228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [redacted], the home initiated resident #1's discharge from the home. However, the home did not provide a 30-day advance written notice to the resident and the resident's designated person citing the reasons for the discharge, and there was no indication from a physician or the Department that a delay in discharge would jeopardize the health, safety, or well-being of the resident or others in the home.

Plan of Correction ***Accept [redacted] - 01/03/2023)***

What: The community did not initiate the discharge of resident #1. The community administration was collaborating with the resident's family and the family chose to terminate the residency agreement, which the home agreed to, as this was one of various options discussed with the family to ensure the resident's safety.
Who: The community administrator, or designee, will include the resident's physician in all appropriate conversations to gain their insight regarding options related to changes in a resident's health or functional status. In this case, the physician did order testing, but did not provide other insight or direction specific to the risk, or lack thereof, options may or may not have posed. If the resident's physician is not willing or available to assist with such decisions, the administrator or designee(s) will seek the input of the department, along with the family, County Area Agency on Aging as appropriate prior to finalizing next steps to ensure the resident's safety.
When: Immediate and ongoing
How: Zoom meetings, group phone calls, or other means to connect all parties as outlined in the "Who" section above will be used to facilitate dialogue specific to changes, short term or long term in nature, with residents where swift action may be necessary to ensure the resident's safety.
Ongoing: Community administration, or designee(s), will continue to work closely with the family/resident, and staff (the three legs of quality resident care) to identify resident changes to be as pro-active as possible to protect the safety and well-being of all community residents.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented [redacted] - 01/12/2023)