

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

May 9, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 03/08/2023, 03/09/2023 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

Type: I-2 **Date:** 04/21/2011 **Issued By:** West Manchester Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection Information

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

Reason: Renewal, Incident **Exit Conference Date:** 03/09/2023

Inspection Dates and Department Representative

03/08/2023 - On-Site: [REDACTED]

03/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 26

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:** 26

Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 22 **Have Physical Disability:** 0

Inspections / Reviews

03/08/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/31/2023

04/06/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/01/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/13/2023

Inspections / Reviews *(continued)*

04/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/02/2023

05/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

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], a medication error occurred resulting in Resident #1 not receiving his/her medications. The home did not report this incident to the Department until [REDACTED]

On [REDACTED], a medication error occurred resulting in Resident #2 not receiving his/her medications. The home did not report this incident to the Department until [REDACTED]

On [REDACTED], a medication error occurred resulting in Resident #3 not receiving his/her medications. The home did not report this incident to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/17/2023)

Staff in-service to be held 4/19/2023 by Personal Care Administrator or Nurse Manager to educate all Personal Care Associates and Management on reportable incidents and the appropriate process for reporting medication errors to Administrator or Nurse Supervisor at the time of discovery rather than waiting especially if it occurs on a weekend. Administrator or Nurse Manager will begin a weekly audit of 10% of total resident population on 4/20/2023 after the in-service on 4/19 to ensure staff will have the education to understand what the audit process is for. The audits will be completed by Personal Care Administrator or Nurse Manager to identify any continued patterns or trends by reviewing MAR and medication cabinet to find any discrepancies for 8 weeks. If no issues discovered Administrator or Nurse Manager will continue with weekly audits and drop to 5% of total resident population for 8 weeks and if no issues then Administrator and Nurse Supervisor will discontinue the audit process. Audit findings to be reviewed at quality assurance meeting. Next QA meeting scheduled for 4/26/2023

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 05/03/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] Staff Member A closed a door on Resident #4 to prevent the resident from entering the office. When the door opened, Staff Member A verbally expressed that Resident #4 "stinks," while the staff member covered his/her nose with his/her shirt. Resident #4 was reported to have heard the comment and seen the motions of Staff Member A. Per staff interviews on [REDACTED], Resident #4's demeanor changed in response to the incident, and he/she became sullen.

Plan of Correction

Accept [REDACTED] - 04/17/2023)

As a continuation of our previous POC for an abuse investigation where we were cited for abuse due to an associate verbally belittling a resident in our Memory Care department in 10/2022, The POC stated that the Administrator or Nurse Manager would review between 1-3 different resident rights with each monthly staff meeting conducted by Administrator or Nurse Manager. Next monthly staff meeting to be held 4/19/2023. Administrator or Nurse

42c Treatment of Residents (continued)

Manager will continue to provide education on resident rights as well as requirements for abuse reporting during general orientation/and as part of the first 40 hours of working on the floor requirements(dates can vary based on date of hire). As a result of this violation All Personal Care Associates and Management were assigned a relias course pertaining to dignity and respect of residents on 4/3/2023 with a due date of 4/21/2023. The initial as well as annual relais courses that personal care associates and managers are required to complete are listed below.

On the First day of general orientation(dates will vary based on hire date) All personal care associates and management are required to complete the following relais courses:

Reporting of incidents

Abuse, Neglect and exploitation

Within the first 7 days of employment(specific dates will vary based on hire date) All personal care associates and management are required to complete the following relais course as well:

Essentials of Resident rights.

Annually in February All personal care associates and management are required to complete the following relais course: Protecting Resident Rights in Nursing Facilities.

Annually in April All personal care associates and management are required to complete the following relais course: Preventing, Recognizing and Reporting Abuse.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented () - 05/03/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On () at approximately (), the ceiling tile between Resident Rooms 146 and 148 was observed to be wet as there was an active water leak in the pipe above the tile.

Plan of Correction

Accept () - 04/17/2023)

The elbow that was leaking was immediately tightened on 3/8/2023 by onsite maintenance team and the tile was also replaced by onsite maintenance team immediately on 3/8/2023. Upon further inspection it was determined that a repair of the elbow was needed and just tightening it would not fix the issue. Part was ordered on 3/9/2023 and Spangler and Boyer completed the repair on 3/27/2023. Monthly ceiling tile audits to be performed by onsite maintenance team with first audit to occur no later than 4/21/2023. All audits are tracked through our computerized maintenance management system. Staff in service to be held 4/19/2023 by Personal Care Administrator or Nurse Manager to educate Personal Care staff and Management that if they observe discoloration on ceiling tiles to report findings to Administrator, Nurse Supervisor or maintenance team.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented () - 05/09/2023)

102i - Soap Dispenser

4. Requirements

102i - Soap Dispenser (continued)

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [redacted] at approximately [redacted], an unlabeled, used bar of soap was observed next to the bathroom sink in Room 1109. This room is shared by two residents.

Plan of Correction

Accept [redacted] - 04/17/2023)

The MedTech on 3/9/2023 disposed of resident item for infection control safety and replaced with new soap and a labelled container. Administrator or Nurse Manager to hold staff in-service on 4/19/2023 to educate all Personal Care Staff and Management on proper labeling and why this is an infection control issue. Monthly audit beginning on 4/20/2023 of shared resident bathrooms to be completed by Administrator or Nurse Manager to ensure items are labeled clearly for each resident.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented [redacted] - 05/03/2023)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were submitted to the local emergency management agency on [redacted] and not again until [redacted]

Plan of Correction

Accept [redacted] - 04/03/2023)

Plan submitted 3/1/2023 for 2023 year approval. Plan will be submitted annually by the Director of Environmental Services at the same time that Personal Care Administrator sends letter to Fire Chief for mobility evacuation needs. Next Approval of Disaster plan to be sent January 2024. Calendar reminder sent to Personal Care Administrator and Director of Environmental Services on 3/31/2023 for 1/8/2024.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 05/03/2023)

123a - Exit Doors

6. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The exit doors located in the Secured Dementia Care Unit require a key fob and/or a key in order to open the doors.

123a Exit Doors (continued)

Plan of Correction

Accept () - 04/17/2023

Administrator immediately hung signage on 3/10/2023 advising visitors to see associates for assistance with exit doors. Director of Environmental Services had a company Security Services come out on 3/22/2023 to provide quote to install keypads at entrance/exit areas. Quote was received on 4/4/2023 and keypads were ordered 4/5/2023 now it is just a matter of waiting for the keypads to come in and they will be installed by Security Services. I do not have a date for this as the company Security Services that will be installing them does not have a date for when the items should be in.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented () - 05/03/2023

132c - Fire Drill Records

7. 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 fire drill record for the drills conducted on 3/8/2022, 5/31/2022, 6/27/2022, 9/29/2022 and 11/29/2022 does not include the exit route(s) used.

The fire drill record for the drill conducted on 10/15/2022 does not include the exit(s) used, the number of residents in the home, or the number of residents evacuated.

Plan of Correction

Directed () - 04/17/2023

Staff in service to be completed by Director of Environmental Services on proper fire drill log completion by 3/31/2023. Monthly audit to be completed by Personal Care Administrator starting with the April 2023 monthly drill(do not have a specific date due to them being unannounced) to ensure that all required documentation is present and follow up with Director of Environmental Services if not appropriately completed.

(Directed)

- The monthly drill to be held in April 2023 will be audited by 5/1/2023 with continued monthly audits thereafter by the Personal Care Administrator.

Directed Completion Date: 05/01/2023

Implemented () - 05/03/2023

132h - Designated Meeting Place

8. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

132h - Designated Meeting Place (continued)

Description of Violation

The home conducts two unannounced fire drills each month; however, the residents in the Secured Dementia Care Unit (SDCU) participate in a fire drill separate from residents not residing in the SDCU. All residents in the home are required to evacuate to a designated meeting place during each fire drill conducted.

Plan of Correction

Directed [REDACTED] - 04/17/2023)

A combined fire drill is to be conducted by onsite maintenance team with oversight from Administrator in April 2023(no specific date as the drills are unannounced) and each month moving forward to ensure safe evacuation of all residents within the designated timeframe until a waiver is approved. If a waiver does not get approved the onsite maintenance team will continue to hold combined drills. Due to the facility having separate fire alarms as well as separate fire sprinkler systems Personal Care Administrator will apply for a waiver to continue performing split fire drills even though the Personal Care and SDCU are under the same license. Waiver to be submitted to DHS by 4/30/2023 and if waiver is not approved then Administrator will coordinate with Director of Environmental Services to initiate combined drills moving forward.

(Directed)

- A combined fire drill will be conducted by the onsite maintenance team with oversight from the Administrator no later than April 30, 2023.

Directed Completion Date: 04/30/2023

Implemented [REDACTED] - 05/03/2023)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at [REDACTED], a container of [REDACTED] cough drops was unlocked, unattended, and accessible in Resident #5's bedroom; Resident #5 is not assessed to self-administer medications.

183b Meds and Syringes Locked (continued)

Plan of Correction

Accept [redacted] - 04/17/2023)

On 3/9/2023 Cough Drops were immediately removed from residents room by MedTech on duty until an order from PCP was obtained on 3/15/2023 and resident was assessed to self administer the cough drops on 3/16/2023. Residents RASP was updated on 3/16/2023 to indicate residents ability to self administer. Resident provided with secure storage area in their room on 3/17/2023 in the form of a locking drawer. Lock installed by onsite maintenance team. Administrator or Nurse Manager to hold Staff in service on 4/19/2023 to educate on items that need an order from a physician and if they see these items in the residents room to remove them immediately until verified for an order as well as self administration assessment and make arrangements for secure storage area. Monthly audit of 10% of occupied resident rooms to be started on 4/20/2023 by Administrator or Nurse Manager to ensure OTC/CAM/Prescription have a secure storage location, physician order, and self administration assessment is completed. Email to be sent to PC/SDCU POA's by 4/30/2023 to advise to bring "medicinal" use items to Med Tech, Nurse Supervisor or Administrator to obtain an order, complete the assessment to self administer and arrange for a secure storage location within the residents room.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [redacted] - 05/09/2023)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], Resident #6 did not receive [redacted] or [redacted] at [redacted] as prescribed by the physician.

On [redacted], Resident #7 did not receive [redacted], [redacted] or [redacted] at [redacted] as prescribed by the physician.

On [redacted], Resident #3 did not receive [redacted] at [redacted] as prescribed by the physician.

On 1 [redacted], Resident #1 did not receive [redacted] 50 plus at 4:00 PM as prescribed by the physician..

Plan of Correction

Accept [redacted] - 04/17/2023)

Administrator to hold Staff in service on 4/19/2023 to educate all Personal Care Associates and Management on the importance of following the prescribers directions as well as the proper process to report suspected medication errors to Administrator or Nurse Supervisor. Administrator or Nurse Manager will begin a weekly audit of 10% of total resident population on 4/20/2023 to identify any continued patterns or trends by reviewing MAR and medication cabinet to find any discrepancies for 8 weeks. If no issues discovered Administrator or nurse will continue with weekly audits and drop to 5% of total resident population for 8 weeks and if no issues then Administrator and Nurse Supervisor will discontinue the audit process. Audit findings to be reviewed at quality assurance meeting. Next QA meeting scheduled for 4/26/2023

Licensee's Proposed Overall Completion Date: 04/26/2023

187d Follow Prescriber's Orders (continued)

Implemented [REDACTED] - 05/03/2023)

188b Medication Error Reporting

11. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] at [REDACTED] On [REDACTED], the resident did not receive these medications. The medication error was not reported to the prescriber until [REDACTED]

Resident #2 is prescribed [REDACTED]. On [REDACTED] the resident did not receive these medications. The medication error was not reported to the prescriber until [REDACTED].

Resident #8 is prescribed [REDACTED] at [REDACTED] On [REDACTED], the resident did not receive this medication. The medication error was not reported to the prescriber until [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/17/2023)

Administrator or Nurse Manager to hold staff in-service on 4/19/2023 to educate all Personal Care Associates and Management on the importance of reporting missed medications to prescriber as well as POA at the time of discovery and not to wait until the Administrator or Nurse Supervisor return to work to report it. Administrator or Nurse Manager will begin weekly audits of 10% of total resident population on 4/20/2023 to identify any continued patterns or trends by reviewing MAR and medication cabinet as well as ID notes to check for notifications and to find any discrepancies for 8 weeks. If no issues discovered Administrator or Nurse Manager will continue with weekly audits and drop to 5% of total resident population for 8 weeks and if no issues then Administrator and Nurse Manager will discontinue the audit process. Audit findings to be reviewed at quality assurance meeting. Next QA meeting scheduled for 4/26/2023

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 05/03/2023)