

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

May 25, 2023

[REDACTED]
THE VINEYARD PERSONAL CARE HOME INC
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603

RE: THE VINEYARD PERSONAL CARE
HOME
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 32503

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/25/2023 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: THE VINEYARD PERSONAL CARE HOME **License #:** 32503 **License Expiration:** 09/17/2023
Address: 3030 COLUMBIA AVENUE, LANCASTER, PA 17603
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: THE VINEYARD PERSONAL CARE HOME INC
Address: 3030 COLUMBIA AVENUE, LANCASTER, PA, 17603
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 04/11/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 40 **Waking Staff:** 30

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 04/25/2023

Inspection Dates and Department Representative

04/25/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 42 **Residents Served:** 40
Secured Dementia Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 1
Number of Residents Who:
Receive Supplemental Security Income: 26 **Are 60 Years of Age or Older:** 22
Diagnosed with Mental Illness: 31 **Diagnosed with Intellectual Disability:** 8
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/25/2023 - Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/08/2023

05/11/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 05/19/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/18/2023

Inspections / Reviews *(continued)*

05/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/26/2023

05/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The shared bathroom between rooms [redacted] has an inoperable exhaust fan and no window for ventilation.

Plan of Correction

Accept ([redacted] - 05/18/2023)

on 5/4/23 maintenance purchased a new motor for the exhaust fan. For the bathroom between rooms [redacted] On 5/5/23 maintenance installed the motor and the exhaust fan is now working as it should. Going forward maintenance will check the fans monthly

Maintenance started these checks immediately after installing the new motor on 5/5/23 and will continue to check these by the 15th of each month.. Administrator immediately added this to the maintenance checklist.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([redacted] - 05/25/2023)

88a - Surfaces

2. 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

The wall in the hallway from Exit 10 to the exterior door has bubbled and crumbling paint from moisture.

The finished "Game Room" in the basement shows peeling, flaking, crumbling paint and mortar from moisture on the foundation wall and surrounding both windows.

The "Water Room" in the basement has one wall behind the door with peeling paint and a 3-foot square area of gray discoloration covering the wall. On the adjacent wall, there is a 3-foot by 6-foot area covered in a brown and black discoloration which appears to be mold.

Plan of Correction

Accept ([redacted] - 05/19/2023)

On 5/5/23 maintenance bought borax and sprayed on the walls, [redacted] left this sit on the walls for a few hours then went in and scrubbed them down and resprayed and scrubbed again, The doors were closed during this process to keep any chemical smell from going through the house.. A dehumidifier is already placed in that room it will continue to stay in that room ands run 24/7. This room will be checked monthly for any new growth. The peeling paint in the game room was removed and the room will be painted.

On 5/12/23 the administrator completed and education to the staff on how important it is to empty the dehumidifier both dehumidifier one in the game room and the one in the water room will be checked at the beginning of each shift and the end of each shift and emptied when needed. The dehumidifier was placed in the game room on 5/5/23 the dehumidifier has been in the water room, the administrator will make sure both dehumidifiers stay in the rooms and are running daily. On the weekends the med tech will make sure that they are empty and running for each shift.

88a - Surfaces (continued)

Maintenance has a monthly checklist that [REDACTED] checks monthly and on 5/12/23 the administrator added to it, peeling paint, bathroom fans, and doors, On 5/5 [REDACTED] did check these areas and will continue to check them monthly and check off on the check list and make any repairs that are in need. After the sheet is complete, maintenance will give the administrator a copy of the paper with the date and check off of what was completed and what repairs if any were completed, or needs complete. This paper will be given to the administrator by the 15th of each month. The peeling paint in the game room was removed by maintenance on 5/8/23, and will be painted by the 5th of June. Maintenance will make sure the dehumidifier in the water room is in there and running at all times this will be checked daily when he comes in for the day, This is also on the maintenance monthly check list monthly [REDACTED] will check the filters but will be checked daily for placement and water check. Med Tech/ PCA's and housekeeping will also check this daily and make sure it is running and empty. There is a paper that staff will check off on when they check and empty.

On 5/16/23 maintenance purchased the paint for the basement

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented ([REDACTED]) - 05/25/2023)

101j3 - Bed/Linens/Pillows/Blankets**3. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident #5 has 3 different yellowish-orange quarter-sized stains on his/her bed sheet and a 6-inch reddish-brown stain on his/her pillowcase.

Plan of Correction

Accept ([REDACTED]) - 05/19/2023)

Immediately on 4/25/2023, the administrator had the med tech and the housekeeper change the linens on resident #5's bed. The beds are all changed weekly but this bed will be checked daily by the housekeeper and changed if there is anything on it. Going forward this bed will be changed twice weekly even if it is changed when soiled. On 4/26 resident 5's bed was checked by the housekeeper and med tech, and will be checked daily thereafter, by the housekeeper. Or Med Tech / PCA. All beds are checked daily when the PCA/Med tech make the beds, if there is a bed that is soiled it will be changed immediately either by the housekeeper or the PCA/Med tech. all beds are on a schedule to get changed weekly by the housekeeper or the PCA/med tech except for resident 5, that bed will be changed twice a week or more often if needed. Each hall, one side has a scheduled day to have the linens changed, On 5/17/23 administrator added to the shift report the instruction on residents 5s bed change

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([REDACTED]) - 05/25/2023)

102k - No Common Towel**4. Requirements**

102k - No Common Towel (*continued*)

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

The shared bathroom between rooms [REDACTED] and [REDACTED] had a cotton towel hanging on the towel rack on the inside of the bathroom door. This rack was not labeled with a resident's name.

Repeat Violation - 11/29/22

Plan of Correction

Accept ([REDACTED] - 05/19/2023)

On 4/28/23 the administrator had maintenance take all the extra towel racks down. All towel racks are labeled with the residents name. Some of the shared bathrooms had extra racks that were not labeled for the reason that the room are getting painted and those extra towel racks were being taken down as they are painted. today 4/28/23 all extra towel racks were removed. Towels are checked and changed daily. Labels are checked when towels are changed out.

On 4/28 maintenance removed the extra towel racks. . Night shift PCA changes all towels with clean towels. First shift Med Tech /PCA changed the towels after showers and replace with clean ones. Second shift Med tech /PCA will check to make sure there are towels in the resident bathrooms on a labeled towel rack. On 5/16/23 Administrator rewrote the shift report sheets with the added towel in and bed change instructions, administrator then went over the new shift report sheets with all staff on each shift to make sure these tasks are completed before end of each shift .

On 5/17/23 Administrator/ Med techs completed a walk through of the facility to make sure all extra towel racks were taken down and the labels are on each towel rack correctly.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented ([REDACTED] - 05/25/2023)

104b - Dishes/Glassware/Utensils

5. Requirements

2600.

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Description of Violation

On 4/25/23, residents were observed eating off of paper plates during lunch. 6 residents confirmed paper plates are used for least half of the meals served at the home.

Plan of Correction

Accept ([REDACTED] - 05/19/2023)

Immediately on 4/25/23 the administrator went to the kitchen and spoke to the staff about the use of paper plates , of when paper plates can and can not be used. Staff will no longer use paper plates to serve resident meals , unless we have an emergency, an illness that requires , or a picnic.

On 5/15 the administrator created a sign off paper for each shift to sign off that they did not use paper plates for the meal. Administrator will check on the breakfast meal , lunch meal and before [REDACTED] leave for the day [REDACTED] will make sure the dinner meal is not being served on paper. Administrator will check with residents on Monday to see what was used for the weekend meals. and document on the paper . This will start 5/15/23 and continue for 3 months.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented ([REDACTED] - 05/25/2023)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Exit 10 has wooden steps leading to a metal door to the exterior of the property. The bottom right-hand corner of the door shows a heavy amount of rust, making the door very difficult to open and poses a safety hazard in the event of an emergency.

Plan of Correction

Accept (█) - 05/19/2023)

On 5/3/23 maintenance bought a new door for exit 10 , repaired the door frame and installed the door. Entrance 10 door operates as it should to meet regulation.

Starting on 5/15/23 maintenance will go through the home and check all the areas that are on █ monthly check off list and give to the administrator when complete. these task are checked monthly by maintenance, and given to the administrator by the 15th of each month. Maintenance will complete any needed repairs immediately. Staff will also write in the maintenance log any repairs they find, maintenance will repair any broken things found immediately.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented (█) - 05/25/2023)

141a - Medical Evaluation

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1's initial medical evaluation was completed on █/█/22. The resident was not admitted to the home until █/█/23.

Repeat Violation - 10/5/22

Plan of Correction

Accept (█) - 05/19/2023)

The administrator looked at the date form completed date and did not realize that the resident eval date was different. Administrator will make sure to look at both dates going forward to keep the forms in compliance. If the date evaluated is different and out of the time frame of 60 days prior to admission or within 30 days after admission, a new one will be requested.

The administrator was educated by the inspector on 04/25/23. Starting on 5/1/23 the administrator will go through all the charts and check all dates on all residents med evals, MA 51.s, RASP and prescreens. This will be a monthly task for the administrator on or before the 15th of each month. and will be documented on the chart checks. If any of these dates are out of compliance , the house manager will set up a date for the resident to see the PCP to get a new DME or MA 51 complete. If the prescreen date is missing the administrator will correct immediately . The administrator will check these dates once the resident is seen by the PCP within 72 hours to make sure they are complete., and then immediately add these dates to the chart check sheet that's in each resident file.

Licensee's Proposed Overall Completion Date: 05/16/2023

141a - Medical Evaluation (continued)

Implemented (AC - 05/25/2023)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluation, dated [REDACTED] /22, does not include the resident's ability to self-administer medications.

Repeat Violation - 11/29/22

Plan of Correction

Accept ([REDACTED] - 05/19/2023)

On 4/28/23 the administrator corrected the DME to match what the PCP wrote on the medical evaluation Line 14 of the medical evaluation is checked that the resident can not self administer medications.

On 4/28/23 the administrator corrected the DME to match the residents MA51 on line 14 of the MA51 is checked that the resident can not self administer medication.

Starting on May 15th the administrator will complete all monthly audits, and check off on the chart check papers that are in the chart. They will be checked on or before the 15th of each month. The month of May they will be checked starting on the 15 and be completed by the 30th of May. Starting in June they will be checked and finished by the 15th of each month. The house manager will no longer be doing chart checks.

Starting on May 15th any medical evaluations will be checked by the administrator within 72 hours of receiving the documentation.

Resident 1 had a new DME and MA 51 he was seem on April 22 by the house doctor and the house doctor completed the forms on May 5th. The new forms show that he is not to self administer medication.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([REDACTED] - 05/25/2023)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's last documented medical evaluation was on [REDACTED] /21. The home could not provide documentation of

141b1 - Annual Medical Evaluation (continued)

resident's 2022 completed medical evaluation.

Plan of Correction

Accept (█ - 05/19/2023)

Immediately on 4/25/23 the administrator faxed and called the PCP that completed the DME on █/█/2022 for resident 2, PCP did not fax or return phone call. This PCP does not cooperate with staff in completing and sending forms that are needed. Resident 2 did switch and seen the new in house PCP on █/█ to avoid this in the future. Family was in agreement with switching PCP's. The new PCP did see resident 2 on █/█. Then on █/█ the administrator faxed over a DME and MA51 to the new PCP, the PCP filled these out and faxed to the facility on █/█/23, to get the forms in compliance going forward.

Going forward once the administrator checks the dates and finds one coming due or not in compliance the house manager will schedule an appointment immediately for the resident to be seen by the PCP to get the forms complete.

Once the forms are filled out by the PCP and the administrator looks over them for completion they will be filed in the residents file by the administrator, and checked monthly and documented on the char check.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented (█ - 05/25/2023)

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screen form does not include a date of when the preadmission screening was completed.

Plan of Correction

Accept (█ - 05/19/2023)

On 4/26/23 the administrator went back through the calendar and found the date that resident 3 came in for a tour and prescreen. On 4/26/23 the administrator put the date on the prescreen. Going forward the prescreens will be checked during the monthly chart audit.

On May 15th the administrator added the pre- screen to the chart checks and the prescreens will be checked monthly by the administrator on or before the 15th of each month.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented (█ - 05/25/2023)

225a - Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted on █/█/23; however, the resident's assessment was completed on █/█/22.

Resident #4 was admitted on █/█/22; however, the resident's assessment was completed on █/█/22.

225a - Assessment 15 Days (continued)

Plan of Correction**Accept ([REDACTED] 05/19/2023)**

On 4/25/23 the inspector that was in the facility explained to the administrator how the dates of the assessment work. Administrator was using the date of the DME completion date as the assessment date. and then completing the support plan from that date. Going forward the administrator is aware of how the assessment dates are to work to stay in compliance.

The administrator will immediately starting on 4/25/2023 complete the assessments as explained on 4/25/23. I [REDACTED] PCHA will immediately, be completing the assessments within 15 days of being admitted to the home. These will be checked monthly by the admin strator and documented on the chart check sheet.

Licensee's Proposed Overall Completion Date: 05/16/2023

Implemented ([REDACTED] - 05/25/2023)