

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

August 9, 2023

[REDACTED], OWNER
GRAND AT FAYETTE LLC
[REDACTED]

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 07/27/2023 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: GRAND AT FAYETTE D/B/A COUNTRY CARE MANOR **License #:** 44959 **License Expiration:** 05/15/2024
Address: 205 COLDREN ROAD, FAYETTE CITY, PA 15438
County: FAYETTE **Region:** WESTERN

Administrator

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

Legal Entity

Name: GRAND AT FAYETTE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 34 **Waking Staff:** 26

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 07/27/2023

Inspection Dates and Department Representative

07/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	75	Residents Served:	24
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 12			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	24
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	10	Have Physical Disability:	1

Inspections / Reviews

07/27/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/11/2023

08/07/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 08/08/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/14/2023

Inspections / Reviews (*continued*)

08/08/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 08/08/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 08/15/2023

08/09/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 08/08/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/23/23 there were 24 residents present in the home, however, direct care staff person A and direct care staff person B were the only aides in the home and were not trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation (CPR) from 11:00 p.m. until 12:00 a.m.

On 7/24/23 there were 24 residents present in the home, however, direct care staff person A and direct care staff person B were the only aides in the home and were not trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation (CPR) from 12:00 a.m. until 7:00 a.m.

Plan of Correction

Accept [REDACTED] - 08/08/2023)

Immediate Action: On 7/27/2023 the administrator's designee confirmed that the currently posted staff schedule included at least one staff person certified in first aid and CPR for each day of the schedule.

Corrective Action: An audit of all staff records concluded on 7/31/2023 by the administrator's designee showed that the community has first aid and CPR trained staff available for all shifts. In addition, the community consistently schedules at least one first aid/CPR certified staff person for all shifts. The root cause of this situation was the result of an emergency call off for the shift noted by the first aid/CPR certified staff person previously scheduled.

Beginning with the staffing schedule for the week of 8/6/2023 the community will identify a specific on call person, certified in first aid/CPR, as a backup to the regularly scheduled staff. Should a similar emergency situation occur, that backup staff person will be available in the community to provide first aid/CPR care until another first aid/CPR staff person relieves them.

Preventative/Monitoring Action: The community's goal is have 100% of the staff first aid/CPR certified. The next first aid/CPR training is scheduled for 8/17/2023. This will provide for such certification for all staff. While it is expected that there may, at times, be gaps toward this goal, the administrator, or designee, will review the staffing schedule, including any call offs, as well as the staff training records to ensure appropriately trained staff are consistently on duty in the community. Once the community achieves their goal of having 100% of staff first aid/CPR certified this "backup person" staffing plan would no longer be needed. Monitoring of call offs, to ensure appropriate first aid/CPR coverage, will continue to be conducted by the administrator or designee.

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented [REDACTED] 08/09/2023)