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

September 18, 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 08/09/2023 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: *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**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *42* **Waking Staff**: *32*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date**: *08/09/2023*

Inspection Dates and Department Representative

08/09/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* **Residents Served**: *42*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *25* **Are 60 Years of Age or Older**: *24*

Diagnosed with Mental Illness: *32* **Diagnosed with Intellectual Disability**: *8*

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

Inspections / Reviews

08/09/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/27/2023*

09/01/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/11/2023*

Inspections / Reviews *(continued)*

09/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/18/2023*

09/18/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/12/2023*

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]/2023, for Resident 1 was signed but not dated by the administrator, resident or the resident's payer.

Repeat-10/04/2022

Plan of Correction ***Accept ([redacted] 09/12/2023)***

Immediately on 8/10/2023 the administrator and the resident dated the contract. The administrator will be more mindful when doing the contracts to have all parties date the contracts when they are signing them. The administrator will go over all contracts before creating a resident chart to make sure all signature's and dates are in place
On 9/5/2023 the administrator added to the chart check audit," contract dated and signed by all parties." Once everything is checked off on the audit, the administrator will sign and date the audit. Going forward all contracts will be completed by the administrator.

Licensee's Proposed Overall Completion Date: *09/05/2023*

Implemented ([redacted] - 09/18/2023)

57b - 1 Hour/Day

2. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 07/17/2023, there were 40 residents in the home requiring 40 hours of daily personal care service hours. However, only 38 hours of care were provided.

On 07/29/2023, there were 40 residents in the home requiring 40 hours of daily personal care service hours. However, only 31 hours of care were provided.

On 07/30/2023, there were 40 residents in the home requiring 40 hours of daily personal care service hours. However, only 35 hours of care were provided.

Repeat-10/04/2022

Plan of Correction ***Accept [redacted] - 09/12/2023)***

The administrator has been interviewing possible candidates for the 2 part time positions that are open. On 8/14/2023 the administrator hired a PCA/Med Tech for the part time 3rd shift position. [redacted] will work 3 nights, and fill in when needed. There is also a possible 1st shift candidate that might start in 2 weeks. This should bring the care hours to compliance

57b - 1 Hour/Day (continued)

On 08/24/2023 another PT med tech /PCA was hired [redacted] will work first shift and fill in where needed.
On 09/05/2023 administrator created a policy on open shifts and shared this with the staff. Administrator explained to the staff the importance of making sure all shifts are covered. When staff are calling off or need to be off it is there responsibility to call the house manager, and then call other DC staff to see if they can fill in, house manager will also help find coverage. Open shifts will be the staffs option to be picked up, or the administrator will create a rotating schedule for staff to stay and fill shifts . When staff are unable to pick up management will work the shift to make sure they are covered.
On 9/5/23 and 9/6/23 all staff were educated on the new policy.

Licensee's Proposed Overall Completion Date: *09/06/2023*

Implemented [redacted] - 09/18/2023)

57d - Waking Hours

3. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 07/29/2023, there were 40 residents in the home requiring 30 hours of waking personal care service hours. However, only 23 hours of care were provided.

On 07/30/2023, there were 40 residents in the home requiring 30 hours of waking personal care service hours. However, only 27 hours of care were provided.

Repeat-10/04/2022

Plan of Correction ***Accept[redacted] - 09/12/2023)***

The administrator has been interviewing possible candidates for the 2 part time positions that are open. On 8/14/2023 the administrator hired a PCA/Med Tech for the part time 3rd shift position. [redacted] will work 3 nights, and fill in when needed. There is also a possible 1st shift candidate that might start in 2 weeks. This should bring the care hours to compliance
On 09/05/2023 administrator created a policy on open shifts and shared this with the staff. Administrator explained to the staff the importance of making sure all shifts are covered. When staff are calling off or need to be off it is there responsibility to call the house manager, and then call other DC staff to see if they can fill in, house manager will also help find coverage. Open shifts will be the staffs option to be picked up, or the administrator will create a rotating schedule for staff to stay and fill shifts . When staff are unable to pick up management will work the shift to make sure they are covered.
On 9/5/23 and 9/6/23 all staff were educated on the new policy.

Licensee's Proposed Overall Completion Date: *09/06/2023*

Implemented [redacted] 09/18/2023)

88a - Surfaces

4. 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 08/09/2023, ivy was observed coming into the maintenance room through the concrete around the window.

Plan of Correction ***Accept [redacted] - 09/12/2023)***

Immediately on 8/9/2023 while DHS inspectors were in the facility, the owner pulled the ivy from the window. Maintenance will spray the weeds within the week after the steps project is complete. On 8/10/23 maintenance checked the window and made sure it was closed tight to make sure weeds or anything else cant get in.
During the week of 8/14/23 maintenance went around the grounds and pulled, sprayed and cut all the weeds that were accumulating. The weeds will be checked and pulled weekly by maintenance . The Administrator added to the monthly maintenance checklist to check grounds. Maintenance will complete these task and give the administrator the initialed paper by the end of each month. On 9/6/23 administrator talk to DC about letting maintenance know either by telling [redacted] or writing it in [redacted] book, any issues inside and outside the home including any over growth of weeds.

Licensee's Proposed Overall Completion Date: *09/06/2023*

Implemented [redacted] - 09/18/2023)

103e - Left Overs

5. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were 2 unlabeled, undated boxes of leftover Pizza Hut Pizza in the resident refrigerator.

There were 3 unlabeled, undated and previously opened cartons of Turkey Hill Ice Cream inside the freezer section of the resident refrigerator.

Plan of Correction ***Accept [redacted] 09/12/2023)***

On 8/10/2023 the administrator had a meeting with the residents about the food in the refrigerator that they use in the dining room. The Administrator explained to them that when there is food placed in the refrigerator it must be dated and have their name on it. Staff will be checking the refrigerator daily and cleaning it weekly, or daily if things are spilled , if there is food and or drink found in the refrigerator without a name and date, staff will try to locate the owner. if no one claims the items within an hour it will be discarded as stated in the household guidelines .

Licensee's Proposed Overall Completion Date: *09/06/2023*

Implemented [redacted] - 09/18/2023)

185a - Implement Storage Procedures

6. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 08/09/2023, Resident 2's glucometer was observed to be running 48 minutes behind the actual time.

Resident 2 is prescribed blood sugar tests 4 times a day (8:00 AM, 12:00PM, 5:00 PM and 8:00 PM). Resident 2 has blood glucose reading of 197 at 7:00 AM on 07/13/2023, 266 at 5:08 AM on 07/14/2023 and 243 at 6:28 PM on 07/14/2023 recorded in resident's glucometer. However, these readings are not documented in the resident's Medication Administration Record (MAR).

The blood glucose readings on the glucometer did not match what was transcribed on the medication administration record (MAR) as follows:
On 07/19/2023 at 10:21AM, the MAR has a documented reading of 151. However, the reading on the glucometer was 180.
On 07/23/2023 at 5:44AM, the MAR has a documented reading of 194. However, the reading on the glucometer was 279.
On 07/23/2023 at 6:33PM, the MAR has a documented reading of 142. However, the reading on the glucometer was 238.

Plan of Correction ***Accept [redacted] - 09/12/2023)***

On 8/18/2023 the administrator re educated on the importance of making sure all accu check numbers are correct and documented in the MAR. Med techs must look at the number after each check instead of asking the resident the number. Med Techs are to make sure that all accucheck machines have the correct dates and time on them and document on the check off sheet that this was checked when it was checked and by who . On 8/9/23 the house manager ordered a new glucometer for residents 2 When the meter was delivered to the facility by the pharmacy on 8/9/2023 the correct date and time was entered into the machine . The new meter was then started for use on 8/10/2023
On 8/9 /23 administrator made forms for med techs to document when they audit the glucometers , these will be checked weekly on Weds starting on 8/10 by the med techs and signed off on by the administrator. This will be ongoing for 3 months, any errors that are found , the med tech will be reeducated, if errors continue after reeducation that med tech will then have to be retrained by the diabetic trainer every 6 months . . Example of 1 audit will be attached.

Licensee's Proposed Overall Completion Date: *09/06/2023*

Implemented ([redacted] - 09/18/2023)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident 2's routine Metformin 500 MG tablet, Lantus Solostar INS 100 U/M, Risperidone 2 MG, Simvastatine 20 MG and Trazodone 50 MG was not administered on 07/13/2023 at 8:00PM, 07/14/2023 at 8:00PM or 07/27/2023 at 8:00PM.

Resident 2 receives Novlog Flexpen 100u/ml per sliding scale orders. On 07/14/2023 at 8:00AM medication administration time, resident had a glucometer reading of 266 and was given 1 unit of insulin. However, per sliding scale order, resident should have been given 3 units of insulin. On 07/14/2023 at 12:00PM medication administration time, resident had a glucometer reading of 286 and was given no insulin. However, per sliding scale order, resident should have been given 3 units of insulin. On 07/14/2023 at 5:00PM medication administration time, resident had a glucometer reading of 243 and was given 3 units of insulin. However, per sliding scale order, resident should have been given 2 units of insulin.

Plan of Correction ***Accept [redacted] - 09/12/2023)***

On 8/10/2023 the administrator re-educated the med tech staff on the importance of following the prescribers orders. How to read the sliding scale order and the importance of following the sliding scale, giving the prescribed units of insulin per the accu check reading and providers order.
Starting on 9/8/2023 for three months there will be an weekly audit (every Friday) by the med tech and the administrator to make sure the correct amount of insulin was given per the physicians order, on the sliding scale. If errors continue the med techs will be re educated by the diabetic trainer, after the re education and errors continue the med tech will be removed from the medication cart.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented ([redacted] 09/18/2023)

191 - Resident Right to Refuse

8. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The contract for Resident 2 does not include documentation that the resident was educated on their right to refuse medication if they believe the medication has been given in error.

Plan of Correction ***Accept ([redacted] - 09/12/2023)***

On 8/10/ 23 the administrator went through the resident charts to make sure the resident rights has letter Z : the residents have the right to refuse medications if [redacted] believes there has been a medication error. The administrator had a verbal meeting with the residents on 8/11/23 at 11:00am to make them aware of the right that was added to the resident rights.
On 9/5/2023 the administrated added to the chart check audit that has been in place : resident rights, including the residents have the right to refuse medication if h[redacted] feels there was an error. Once the administrator has all

191 - Resident Right to Refuse (continued)

items checked off, the administrator will sign and date the chart check audit. Going forward the administrators will do all new contracts .

Licensee's Proposed Overall Completion Date: *09/05/2023*

Implemented [redacted] - 09/18/2023)