

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

December 13, 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 10/30/2023 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
Region:

Administrator

Name: Phone: Email: .net

Legal Entity

Name: GRAND AT FAYETTE LLC
Address:
Phone: Email:

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/12/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 10/30/2023

Inspection Dates and Department Representative

10/30/2023 - On-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: 12			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	26
Diagnosed with Mental Illness:	1	Diagnosed with Intellectual Disability:	1
Have Mobility Need:	10	Have Physical Disability:	1

Inspections / Reviews

10/30/2023 Partial
Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 11/25/2023

11/27/2023 - POC Submission
Submitted By: Date Submitted: 12/13/2023
Reviewer: Follow-Up Type: POC Submission Follow-Up Date: 12/04/2023

Inspections / Reviews (*continued*)

11/29/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/06/2023

12/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] there was an allegation of abuse made against direct care staff person A. However, on [REDACTED] direct care staff person A began providing direct care services without a plan of supervision approved by the Department or the Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 11/29/2023)

Grand at Fayette, LLC (dba, Country Care Manor) respectfully disputes the above cited violation and allegations of fact intended to support same. Staff person A was not employed by Country Care Manor at the time of the initial report, nor at any time up until 10/24/2023 in direct contradiction to the Description of Violation noted above. In addition, the community worked closely with the southwestern Area Agency on Aging (AAA) adult protective services which conducted and concluded their investigation on 10/18/2023. By 10/18/2023 the community had concluded their concurrent investigation and communicated their intentions to resume the rehire process of "staff" person A including the hiring of "staff" person A for direct care work. The AAA investigator concurred with this next step for "staff" person A. This contradicts the department's inaccurate assertion that no plan of supervision was approved by AAA as they were directly working with the community during this investigation. This collaboration included phone conversations and a confirming email specific to the restart of the rehire process with the AAA investigator before and on 10/19/2023.

During the inspection by the Department the licensing representative concluded that all required notifications were made as stipulated by regulation with the exception of the plan of supervision approval. This includes a final report dated 10/19/2023 which indicated that the community would be resuming the previously postponed rehire process related to "staff" person A. This is borne out as no other violations were directed to the community by the department. The community maintains that the regulation cited, 2600.15(b) speaks specifically to "staff person." As "staff person A" was not employed at any time during the investigation, this particular regulation which specially references "involving a home's staff person", in the opinion of the community, does not apply. It should also be noted that the community properly postponed rehiring "staff" person A pending the results of the then ongoing investigations. During this time both the AAA and community investigations concluded that the abuse allegation reported to the department and AAA on 10/11/2023 was unfounded.

Immediate Action: The community team had begun the rehire process for "staff" person A on 10/7/2023 when she answered a recruiting advertisement. The rehire process included various steps including reviews of her prior work history. On 10/11/2023 concerns were first noted about possible abuse coming from a current resident. Based on this suspicion, the community Executive Director immediately stopped the rehire process and began the steps previously noted specific to the investigation of the allegations.

Corrective Action: The Executive Director, or designee, will retrain all staff on abuse reporting and corresponding investigations. This retraining will be completed by 12/31/2023 and the retraining documentation will be part of the verification step related to this licensing inspection summary.

Preventative Action: The community Executive Director, or designee, will confirm that copies of the "Suspected Resident Abuse Reporting and Investigations Requirements" flow chart found in the department's current guidelines known as the Regulatory Compliance Guide (RCG page 182) are posted in appropriate employee areas by 12/31/2023.

The administrator, or designee, will continue to review all allegations of abuse to ensure compliance with Regulation 2600.15(b) and that a staff person alleged of abuse shall not have access to residents unless the home had

15b Supervisor Plan (continued)

developed a plan of supervision approved by the Department and the Area Agency on Aging.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] 12/13/2023)