

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

April 10, 2025

[REDACTED]  
THE VINEYARD PERSONAL CARE HOME INC  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2025 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: 09/22/2025  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/11/2003 Issued By: Dept of Labor & Industry

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 03/21/2025

**Inspection Dates and Department Representative**

03/21/2025 - 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: 30 Are 60 Years of Age or Older: 27  
 Diagnosed with Mental Illness: 27 Diagnosed with Intellectual Disability: 6  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

03/21/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/07/2025

03/31/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/02/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/04/2025

Inspections / Reviews *(continued)*

## 04/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2025

## 04/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED] at 1:16PM, Resident [REDACTED] stabbed Resident [REDACTED] in the head and forearm with a pen. Resident [REDACTED] also punched Resident [REDACTED]. Resident [REDACTED] sustained [REDACTED] approximately [REDACTED] in length and [REDACTED] to the [REDACTED] and [REDACTED] of the [REDACTED] approximately [REDACTED]. Resident [REDACTED] sustained a wound and L-shaped bruising on the [REDACTED] approximately 2" X 3" in size. Resident [REDACTED] stated that [REDACTED] attacked Resident [REDACTED] because Resident [REDACTED] was snoring while Resident [REDACTED] was praying.

Repeated Violation - [REDACTED], et al

## Plan of Correction

Accept [REDACTED] - 04/02/2025)

On [REDACTED] a significant incident occurred involving [REDACTED] residents at the PCH, which led to immediate and serious repercussions. Initially, PCHA intended to issue a 30 day notice to the resident. however, upon consulting with the Department of Human Services the severity of the incident warranted an immediate termination of the residents stay. This swift action was taken due to the alarming nature of the incident, which caused other residents to feel unsafe in their shared environment.

This incident was heard by the owner, the owner investigated and instructed med techs to call emergency services. Med tech [REDACTED] called 911 and med tech [REDACTED] assisted the owner. PCHA was notified immediately for guidance.

Resident [REDACTED] was taken to the hospital, while resident [REDACTED] was taken by the police to the police department.

A reportable incident was filed with DHS and a mandatory abuse form was filed with adult protective services, that same day once both residents were out of the facility.

Both residents returned to the facility later in the evening, PCHA was contacted for recommendations on what to do since they shared a room. Resident [REDACTED] was placed in another room, med tech did reach out to resident [REDACTED] family to see if they could take [REDACTED] home for the night but they were unable to do so. Both residents were in the facility over night in separate rooms with staff checking on them throughout the night.

On [REDACTED] around 9 am med tech spoke with resident [REDACTED] and recommended to [REDACTED] to go to the hospital for a eval, resident [REDACTED] agreed and was taken to [REDACTED]. Later in the afternoon the hospital was called and the update was they were goin to keep [REDACTED] overnight and transfer resident [REDACTED] to [REDACTED] the next day, on [REDACTED]

March 18th Adult Protective Services was in the facility to see resident [REDACTED]

On [REDACTED] PCHA decided to terminate resident [REDACTED] after consulting DHS. Resident [REDACTED] was called and in agreement with our decision, and [REDACTED] came and cleared out [REDACTED] room. PCHA did speak to the [REDACTED] and offered to help find placement if needed.

On [REDACTED] Staff convened in a meeting to address the incident and emphasize the importance of monitoring resident conflicts during activities, meals or any other gathering that may take place. Staff were instructed to call PCHA of any resident - related issues. Additionally psychological services conduct monthly visits, and regular monthly resident meetings will continue to provide a platform for concerns to be voiced.

Following this incident, it was crucial to adhere to protocols and ensure the the safety of all residents. The decision was made to prevent further distress and maintain a safe atmosphere for all resident .

This incident has highlighted a crucial procedural gap that needs to be addressed to ensure smoother operations in the future. It became apparent that the PCHA must follow specific steps when dealing with similar situations.

Steps to follow:

**42b Abuse (continued)**

*\* Consult with DHS to discuss the incident and seek their guidance on the appropriate actions to take.*

*\* If there would be a reason for immediate termination be sure to consult PCP to validate the decision and justifying the actions taken.*

*Involve family, if any .*

*To prevent such incidents from recurring and to ensure readiness for swift action, if necessary, several measures need to be implemented.*

*\* Establish a clear communication channel between staff, PCP, and DHS to streamline the decision making process.*

*\* Conduct regular training sessions for staff on handling critical incidents and familiarizing them with the procedural steps for immediate eviction decisions.*

*\* Develop a comprehensive incident response plan that outlines the roles and responsibilities of all parties involved, ensuring quick and efficient action.*

*The incident on [REDACTED] served as a pivotal moment for PCHA, underscoring the importance of thorough procedural knowledge and communication. Moving forward PCHA is committed to ensuring the safety and well being of all residents by adhering to established protocols and maintaining clear communication with all relevant parties. By doing so, PCHA aims to prevent similar incidents and foster a secure and harmonious living environment for all residents.*

*On March 31st 2025, PCHA took significant step forward by incorporating Critical Incident Training into the April training schedule.*

*Critical Incident /training will not be a one time training event. PCHA has decided to include this training in its annual training program, ensuring that all personnel undergo this preparation annually.*

*Critical Incident is scheduled to take place on April 9th 2025 at 1pm This training will be conducted by the PCHA, utilizing training materials provided by the Pennsylvania Department of Human Services.*

*During this training we will be going over the roles and responsibilities for Critical Incidents .*

*all staff in the event of a critical incident are responsible for calling 911 and notifying the PCHA. Immediate communication is crucial to ensure a swift response.*

*Med Tech on duty at the time of the incident will be responsible for managing the situation. Once 911 and the PCHA have been contacted, the med tech will provide necessary instructions to address the situation until either the PCHA or emergency services arrive on the scene.*

*If the PCHA is present in the facility at the time the crucial incident occurs they will take over the management of the situation. The PCHA will coordinate the response and ensure protocols are followed.*

*Training on handling critical conditions will be conducted annually to keep all staff members informed and prepared . These training sessions will cover the latest procedures, best practices, and any updates to the roles and responsibilities of staff during critical incident.*

**Licensee's Proposed Overall Completion Date: 04/09/2025**

**Implemented [REDACTED] - 04/10/2025)**

**85a - Sanitary Conditions****2. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On [redacted] at 11:15AM, Staff Member A administered medication to several residents, including assisting a resident complete [redacted] testing using a [redacted]. Staff Member A was not wearing gloves during these administrations, posing a risk for transmitting bloodborne pathogens.

Plan of Correction

Accept [redacted] - 04/02/2025)

On 3/23/2025 PCHA had a meeting with all med techs. Med tech are aware that if errors and carelessness continues while they are on the med cart, they will be required to complete the medication administration course over. PCHA will check MARS for the next 4 weeks.

On 4/1/2025 PCHA re-educated all med techs on proper sanitation procedures.

To ensure all med techs are following proper sanitation practices, the PCHA will conduct random checks during med passes. These checks will start on April 2nd and continue for four weeks, covering all four med passes to ensure med techs are using proper precautions.

The purpose of the random checks aim to :

Ensure med techs are following proper sanitation practices.

Identify areas where additional training may be needed.

Maintain a high standard of hygiene and patient safety.

Scope of these checks:

Hand hygiene practices.

Cleaning and disinfecting procedures.

Medication preparation and administration.

PCHA will use the hand washing and gloving skills checklist for each observation.

Licensee's Proposed Overall Completion Date: 04/02/2025

Implemented [redacted] - 04/10/2025)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] and [redacted] Resident [redacted] Medication Administration Record does not include the initials of the staff person who administered these medications on [redacted] at 8:00 AM.

Resident [redacted] is prescribed [redacted]. Resident [redacted] Medication Administration Record does not include the initials of the staff person who administered this medication on [redacted] and [redacted] at 12:00PM.

## 187b - Date/Time of Medication Admin. (continued)

**Plan of Correction**

Accept [REDACTED] - 04/02/2025)

On [REDACTED] med tech staff were re-educated by the PCHA/ med trainer on medication administration, documentation, and sanitary conditions.

Staff are aware that repeated medication errors will lead to them being taken off the cart and redoing the medication administration class.

PCHA will check the MARS weekly for the next 4 weeks to ensure that all medications are documented.

The MAR Audit will start on April 1 2025 by the PCHA for 4 weeks. Then monthly there after with no end date.

April 1st 2025, MAR Audit after the morning med pass complete

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/10/2025)

## 225a - Assessment 15 Days

**4. 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 [REDACTED] current assessment and support plan, dated [REDACTED], indicates the resident is independent in communication needs. However, Resident [REDACTED] primary language is [REDACTED] and the assessment does not include the resident's need as a second language speaker. The assessment and support plan does not indicate the resident's known religious affiliation with [REDACTED] and preferred activity of praying.

**Plan of Correction**

Accept [REDACTED] 04/02/2025)

PCHA has recently undertaken a significant initiative to ensure comprehensive language supports for the residents. This effort reflects a commitment to inclusive and effective communication within the healthcare environment. The following outlines measures taken on March 24, 2025 and the future steps planned by the PCHA.

Adding all languages to all face sheets and RASPS.

On March 24, 2025 PCHA at precisely 7:32 made a notable update by adding all languages options to the face sheets and RASP. This addition is vital for enhancing communication and ensuring that the residents who speak other languages other than English can receive information and services in their preferred language.

Following the initial update, PCHA conducted a thorough review of all resident charts ensuring that the language spoken by each resident were accurately recorded. This process involved verifying existing language entries and adding new languages if residents spoke more than one language. This review was aimed at creating an up to date and accurate language profile for every resident.

Going forward, PCHA has committed to consistently updating resident charts with all languages that each resident knows and uses.

To facilitate the ongoing update process, PCHA has added language information to the chart checks. This serves as a reminder for the PCHA to verify and update language entries during routine chart reviews. By intergrading language updates into the checklist, PCHA aims to maintain a consistent and comprehensive approach to language support. The action undertaken by the PCHA on March 24, 2025, marks a significant step towards enhancing language support for residents. By adding Chinese or any other language to the face sheets and RASP, reviewing all charts and committing to future updates. PCHA is demonstrating a dedication to inclusively and effective communication. The

**225a - Assessment 15 Days (continued)**

addition of language information to the chart checks list further ensures that the language preferences will be consistently recorded and updated, fostering a healthcare environment where every residents linguistic needs are met. Through these efforts, PCHA is setting a standard for comprehensive language support in healthcare setting

On March 24, 2025 PCHA started reviewing the charts with a focus on documenting language and religion. This task was complete on March 31st 2025. During this review any additional language or religion were recorded in the resident charts.

To maintain this accuracy of resident information, the PCHA will audit the charts monthly starting in April 1, 2025. This approach aims to continually update any information that may change. Regular chart reviews will improve communication and understanding the preferred language and religion of residents the facility can provide more personalized and respectful care to residents.

Resident 1 was discharged from the facility on March 19th 2025.

On 4/1/25 PCHA went through all charts again making sure all language and religion was documented on the face sheet.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] 04/10/2025)

**252 - Record Content****5. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

**Description of Violation**

Resident [REDACTED] record does not include resident's known religious affiliation nor the resident's correct primary language.

**Plan of Correction**

Accept [REDACTED] 04/02/2025)

On 3/31 PCHA went through the charts to make sure all religion is marked on the face sheets.

On 3/31/25 PCHA added religion on the chart check list to help PCHA ask each resident upon admission there religion preference .

During monthly chart audit completed by the PCHA, religion and language will be checked to assure that these are filled in and complete.

This will be ongoing by the PCHA with no end date.

PCHA completed another chart audit on 4/1/2025 to assure all language and religion was added. 4/1/25 will be the start of the chart audit and will continue with no end date.

Resident 1 was discharged from the facility on March 19. 2025.

PCHA is responsible for making sure face sheets are complete upon admission, with added language and religion to the chart check list , will help [REDACTED] to make sure these areas are complete. PCHA will check off each task upon completion of that task.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/10/2025)