

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

September 25, 2024

[REDACTED], ED
ALBRIGHT CARE SERVICES
1700 NORMANDIE DRIVE
YORK, PA, 17408

RE: NORMANDIE RIDGE
1700 NORMANDIE DRIVE
YORK, PA, 17408
LICENSE/COC#: 35132

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2024, 08/08/2024, 08/09/2024 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: *NORMANDIE RIDGE* License #: *35132* License Expiration: *06/24/2025*
Address: *1700 NORMANDIE DRIVE, YORK, PA 17408*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ALBRIGHT CARE SERVICES*
Address: *1700 NORMANDIE DRIVE, YORK, PA, 17408*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/21/2011* Issued By: *W Manchester Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/09/2024*

Inspection Dates and Department Representative

08/07/2024 - On-Site: [REDACTED]
08/08/2024 - On-Site: [REDACTED]
08/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: *66* Residents Served: *26*
Secured Dementia Care Unit
In Home: *Yes* Area: *1st Floor SDCU* Capacity: *18* Residents Served: *17*
Hospice
Current Residents: *1*
Number of Residents Who:
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

08/07/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2024*

Inspections / Reviews (*continued*)

08/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/04/2024

08/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2024

09/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

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], for Resident #1 was not signed by the resident nor by the administrator or designee.

Plan of Correction

Accept ([REDACTED] - 08/30/2024)

Personal Care Home Administrator ensured resident #1's contract was signed by resident #1 and their payee on 8/27/2024. Personal Care Home Administrator will complete an initial audit of all current resident contracts by 9/1/2024 to ensure they are all signed by the resident and the payee. Personal Care Home Administrator will audit the admissions contracts to ensure all new admissions are correctly signed by the residents and the payee monthly beginning on 9/1/2024. LPN Supervisors will receive education on regulations regarding contract signatures by Personal Care Home Administrator on 9/25/2024.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ([REDACTED] - 09/25/2024)

25c4 - Payment Responsibility

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

The resident-home contract dated [REDACTED] for Resident #1 and the contract dated [REDACTED] for Resident #2 do not specify the party responsible for payment.

Plan of Correction

Accept ([REDACTED] - 08/30/2024)

Personal Care Home Administrator ensured resident #1's contract was signed by resident #1 and their payee on 8/27/2024. Personal Care Home Administrator will complete an initial audit of all current resident contracts by 9/1/2024 to ensure they are all signed by the resident and the payee. Personal Care Home Administrator will audit the admissions contracts to ensure all new admissions are correctly signed by the residents and the payee monthly beginning on 9/1/2024. LPN Supervisors will receive education on regulations regarding contract signatures by Personal Care Home Administrator on 9/25/2024.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ([REDACTED] - 09/25/2024)

42b - Abuse

3. 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 5/8/24, yelling was heard from Resident #6's bedroom. Resident #5 was witnessed to walk out of Resident #6's

42b - Abuse (continued)

room and Resident #6 was observed to have a small scratch on [REDACTED] left arm. Upon investigation, Resident #5 was attempting to take Resident #6's laundry cart full of Resident #6's personal belongings.

On 5/20/24, Resident #5 "struck" Resident #6 in the face during a verbal altercation about a [REDACTED]. Resident #6's face was observed to have a small red area visible on the resident's chin.

On 7/2/24, Resident #5 hit Resident #6 and threw a clothing basket towards Resident #6's direction.

On 7/26/24, Resident #5 hit resident #7 in the face with [REDACTED] fist following a verbal altercation. This incident "escalated to a physical 1:1 altercation".

Repeat Violation - 9/28/23

Plan of Correction

Accept ([REDACTED]) - 08/30/2024)

Resident#5's cognitive, behavioral and supervision needs were assessed on 8/27/2024 by Personal Care Home Administrator. resident #5's POA decided to sign resident #5 onto Hospice Services on [REDACTED]. All staff will be updated on resident #5's newly assessed needs by 9/25/2024 by Personal Care Home Administrator. Resident #5 was placed on one-to-one supervision while awake on 8/27/2024 by Personal Care Home Administrator. Personal Care Home Administrator and LPN Nurse Supervisor will audit resident behaviors weekly and will notify resident's primary care physician for a medication review and screen for infection when behaviors are noted. LPN Supervisor and Personal Care Home Administrator will document audits will on Behavior Audit Form as attached beginning on 9/09/2024. Residents that are displaying increased aggressive behaviors will be placed on one to one with a staff member until resident is calm.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented ([REDACTED]) - 09/25/2024)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was originally hired on [REDACTED]. At that time, a preliminary criminal background check was performed which stated that the "request was under review for control". However, no follow up was performed to receive the final disposition.

Plan of Correction

Accept ([REDACTED]) - 08/30/2024)

Background check in question during survey was resubmitted on 8/7/2024 at 438pm by Human Resources and came back clear. Human Resouces filed the background check in staff members HR File. Personal Care Home Administrator will audit background checks within the first week of start date for new staff beginning on 9/1/2024. Personal Care Home Administrator will audit all current staff to ensure background check is present and in accordance with background check regulations by 9/30/2024. Audits will be documented on attached audit tool by Personal Care Home Administrator.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([REDACTED]) - 09/25/2024)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident #3 is prescribed Fiasp PenFil 100 UNIT/ML with special instructions to hold if BS<150. However, Resident #3 was administered this medication on 8/1/24 and 8/4/24 at 7:30 AM, when when the resident's blood sugar was 135 and 130, respectively.

Repeat Violation - 3/8/23, et al.

Plan of Correction

Accept (█) - 08/30/2024

LPN Nurse Supervisor will audit all current orders in Point Click Care EHR to ensure orders are clear, and medications are being given as ordered by prescriber by 9/09/2024 and then monthly thereafter. LPN Nurse Supervisor will provide education to all Medication Techs monthly on following prescribers written instructions by 9/25/2024.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented (█) - 09/25/2024

233c - Key-Locking Devices

6. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

During the inspection on 8/7/24, the directions for operating the home's locking mechanism were not conspicuously posted near any of the doors to the Secure Dementia Care Unit (SDCU), as well as the exterior gate in the SDCU courtyard.

Plan of Correction

Accept (█) - 08/30/2024

Personal Care Home Administrator posted signage that includes the directions for opening the home's locking mechanism on 8/21/2024 by keypads at exits of unit and exterior gate in courtyard. Personal Care Home Administrator will provide education on sign to all staff on 9/25/2024 that will explain the purpose of the sign. LPN Nurse Supervisor will check to ensure signs are posted by keypads at exits and in courtyard monthly beginning on 9/1/2024 and will document the signs presence on the attached audit tool.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented (█) - 09/25/2024

252 - Record Content

7. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
23. If the resident dies in the home, a copy of the official death certificate.

252 - Record Content (continued)

Description of Violation

Resident #4's record does not include a copy of the official death certificate.

Plan of Correction

Accept (█ - 08/30/2024)

Personal Care Home Administrator contacted █ Funeral Home to obtain official copy of resident#4's death certificate on 8/28/2024. Personal Care Home Administrator will provide attached education to LPN Supervisors by 9/1/2024. Personal Care Home Administrator will audit the closed records to ensure that a copy of the official death certificate is present for all residents that passed away in the home monthly beginning 9/1/2024. Personal Care Home Administrator will obtain copies of the official death certificate for those residents that passed away in the home if an official death certificate is not on file by 9/30/2024.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█ - 09/25/2024)