



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to OUR HOME OF HOPE INC
LEGAL ENTITY

To operate OUR HOME OF HOPE
NAME OF FACILITY OR AGENCY

Located at 223-225 CHERRY STREET, COLUMBIA, PA 17512
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 1, 2017 until December 1, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333221**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 - 12/14



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 01 2017

Ms. Mable C. Hershey,
President
Our Home of Hope, Inc.
223-225 Cherry Street
Columbia, Pennsylvania 17512

RE: Our Home of Hope, Inc.
License #: 333221

Dear Ms. Hershey:

As a result of the Department of Human Services' licensing inspection on May 10, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 10

PGH Name: OUR HOME OF HOPE INC		License Number: 33322
Address: 223 - 225 Cherry Street, Columbia, PA 17512		County: Lancaster
Administrator: Roxanne Simonson		Region: CENTRAL
Legal Entity Name: Our Home of Hope, Inc.		
Legal Entity Address: 223 - 225 Cherry Street, Columbia, PA 17512		
Certificate(s) of Occupancy C-2 LP 04/14/1994 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 26 Working Staff: 21		
Type of Inspection: Partial BHA Docket Number: Notice: Announced		
Reason(s) for Inspection(s) Complaint, Incident, Change Legal Entity		
On-Site Inspection Date and Department Representative On-Site 05/10/2017: McCloskey, Jason; Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 30 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 22 Are 65 Years of Age or Older: 16 Have Mental Illness: 21 Have an Intellectual Disability: 7 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report 33322 - 05/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

1. REGULATION 65 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Care Facility Carbon Monoxide Alarm Standards Act of 2016 requires that carbon monoxide alarms be installed in close proximity of, but not less than 16 feet from any fossil-fuel burning device or appliance. The home has gas burning furnaces, hot water heaters and a gas stove. Although the home had plug-in carbon monoxide detectors present, they were not installed or mounted in the home, were not plugged and did not have back-up batteries installed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Carbon monoxide monitors were placed in Basement, Kitchen and Hallway By Laundry, Also sitting Room next to closet that holds furnace. These were placed on 5/10/2017. [redacted] went and bought them and [redacted] put them up - Sending pictures. We have made a log about changing batteries every 6 months. Some are mounted on walls so residents cannot remove. [redacted] will be checking every 6 months that batteries are changed and recorded. He will also make sure that monitors are in working conditions.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) Roxanne N. Simonson

Printed Name and Title of Legal Entity Representative Administrator Date 5-22-17
(Required on EVERY Page) Roxanne N. Simonson

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/24/17</u> (Date)	Plan of correction implementation status as of <u>5/24/17</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report 33322 - 05/19/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

2800.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 4-25-17 between 3pm and 4pm, staff person B watched and listened to resident 1 as s/he spoke on the telephone in the dining room / lounge area. Staff B stated that s/he was waiting for the resident to receive a 30-day notice of termination. This conversation was overheard by other residents present. Discussing information about a resident, especially adverse action like the issuance of a 30-day notice, in the presence of other residents constitutes a violation of the right to be treated in a dignified, respectful manner.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

TALKED TO STAFF PERSON B ABOUT THIS INCIDENT THIS WAS THE DAY RESIDENT #1 WAS UPSET BECAUSE [REDACTED] FOOD THAT WAS SERVED FROM OFFTABLE OF ANOTHER RESIDENT WHO WAS SICK WAS THROWN AWAY. RESIDENT 1 WAS TALKING TO OTHER RESIDENT'S NOT ON PHONE AND MADE THE COMMENT I'M NOT GETTING A 30 DAY, WHY DON'T YOU LEAVE [REDACTED] SAID TO PERSON (B) AND DON'T LET THE DOOR HIT YOUR BIG ASS.

TALKED TO OTHER STAFF WHO WAS ON DUTY SHE CONFIRMED, PLUS 6 OTHER RESIDENTS.

DID TALK TO STAFF PERSON B. ABOUT DIGNITY + RESPECT, SHE SAID SHE UNDERSTANDS, SHE SAID (VERY UPSET) WHERE IS OUR RESPECT. RESIDENT #1 HAS GIVEN MANY STAFF PLUS MYSELF PROBLEMS. WANT CHERRY STREET HOME TO TREAT RESIDENTS WITH DIGNITY + RESPECT.

* All staff will receive re-education regarding appropriate interactions with residents and treating residents with dignity and respect. The administrator of the home will monitor the interactions between staff and residents, and immediately address any issues that arise.

BAS 5/24/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

ROXANNE N. SIMMONS

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ROXANNE N. SIMMONS

ADMINISTRATOR

Date

5-22-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/24/17
(Date)

Plan of correction implementation status as of

5/24/17
(Date)

The above plan of correction was approved by

BAS
(Initials)☐

Fully Implemented

☒

Partially Implemented - Adequate Progress

☐

Partially Implemented - Inadequate Progress

☐

Not Implemented

Violation Report: 33322 - 05/10/2017 - McCloskey, Jason	
PCH Name: OUR HOME OF HOPE INC	
1. REGULATION 55 Pa. Code §2600 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION There were two ceiling tiles in the entranceway of the home that had heavy, brown water staining. According to staff person A, the administrator, the water stains occurred within the past week when the second floor toilet overflowed. The suspended ceiling in the kitchen is missing a tile. The opening created by the missing tile exposes two electric wires.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. On 5-15-17 Got Ceiling Tiles For Kitchen To put up tile waiting on a ladder to get from friend so we can put up. Also same for entranceway tiles. As soon as these are done will send pictures should be this week the week of May 22. In future will change tiles as soon as we notice they are discolored, this will be done by [redacted]	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) Roxanne N. Simpson	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne N. Simpson Administrator	
Date 5-22-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE	
The above plan of correction is approved as of 5/24/17 (Date)	Plan of correction implementation status as of 5/24/17 (Date)
The above plan of correction was approved by [signature] (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33322 - 05/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600
2500.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 5-10-17 at approximately 9:30am, the water temperature at the bathroom faucet nearest to rooms 202 - 203 measured 127 degrees Fahrenheit. The water temperature at the bathroom faucet at the base of the steps near the administrative office measured 136.7 degrees Fahrenheit. The water temperature at the bathroom faucet nearest to bedroom 208 measured 130.4 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Water Temp was turned down on 2 water heaters on 5/10/2017. Have been monitoring temp for about 4 or 5 days now. Temps seem better. Temp is set at 115. Will send list of temp we have gotten, temps taken by [redacted] Administrator. We will continue to take temps. monthly in all bathrooms. Record in log book. This will be done by [redacted] or [redacted]

Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Roxanne A. Simonson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROXANNE SIMONSON ADMINISTRATOR</i>		Date <i>5-22-17</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE			
The above plan of correction is approved as of <u>5/24/17</u> (Date)		Plan of correction implementation status as of <u>5/24/17</u> (Date)	
The above plan of correction was approved by <u>BAS</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report 33322 - 05/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

1. REGULATION 58 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Shards and pieces of broken glass sat on the second floor fire escape outside of the emergency exit door leading from bedroom 204. The broken glass poses a cutting hazard to anyone using the emergency exit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Broken glass on Fire Escape WAS cleaned up on 5/24/17 while inspectors were here. We do not know where the glass came from, our housekeeper was just out there 1 week prior and no glass was there.

Our housekeeper and myself [redacted] administrator will check the Fire Escape + grounds for hazards like these monthly.

[redacted] was showed glass was cleaned-up.

Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) Roxanne N. Simonson			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roxanne N. Simonson Administrator		Date 5-22-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of 5/24/17 (Date)		Plan of correction implementation status as of 5/24/17 (Date)	
The above plan of correction was approved by [signature] (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 33322 - 05/10/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 85 Pa. Code §2500

2500.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 5-10-17 at approximately 9:45am, a large plaid, upholstered chair sitting on the exterior fire escape blocked egress from the second floor.

The door between bedrooms 205 and 201 had a slide latch which, if locked, would block the nearest egress route leading from room 201 into room 205 and onto the second floor fire escape.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 5-10-17 this chair was removed off Fire Escape while inspections were here, they were showed. The chair was put out due to resident didn't want in room cause it made a squeak (Resident #1). We were waiting on [REDACTED] to pick-up to take to farm to burn.

In future we will take furniture to yard.

[REDACTED] was showed chair was gone.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne M. Simonson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)ADMINISTRATOR
Roxanne M. Simonson

Date 5-22-17

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The above plan of correction is approved as of

5/24/17
(Date)

Plan of correction implementation status as of

5/24/17
(Date)

The above plan of correction was approved by

RMS
(Initials)

Fully Implemented



Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress



Not Implemented

Violation Report 33322 - 06/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2800
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The most recent assessment for resident 1 was completed on 1-14-17. A new assessment has not been completed reflecting numerous behavioral changes the home alleges have occurred and which have resulted in the issuance of a 30-day notice on 4-25-17. Behavioral changes include increased aggression, irritability and refusal to take medications at prescribed times.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DID START [REDACTED] SUPPORT PLAN / Assessment on 4-20-17 DID NOT GET FINISHED TILL MAY 15, 2017. DID ASK [REDACTED] TWICE TO SIT DOWN WITH ME TO GO OVER PLAN [REDACTED] REFUSED. WHEN INSPECTOR'S CAME IT WAS NOT DONE. IN FUTURE WILL NEED TO PLAN AS SOON AS WE SEE CHANGES. CANNOT GIVE RESIDENT CHANCE TO BE INVOLVED [REDACTED] WAS VERY ANGRY.

IN FUTURE WILL DO ASSESSMENT WHEN CHANGES ARE NOTICED.

* All current resident assessments will be reviewed in comparison with the current abilities of each resident to assure that all current needs have been identified and addressed in the plan. Any plan found to be in need of an update shall have one completed immediately. Staff will receive re-education to contact the administrator immediately when a significant change in a resident's abilities has occurred, so that any change in need can be properly addressed and documented.

BVS 5/24/17

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
ROKANNEN H. SIMONSON Roxannen Simonson		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
ROKANNEN SIMONSON ADMINISTRATOR		5-22-17

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The above plan of correction was approved by <u>BVS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33322 - 05/10/2017 - McCloskey, Jason
PCH Name: OUR HOME OF HOPE INC

1. REGULATION 65 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident 1 participated in the development of their support plan on 1-14-17. The resident did not sign the support plan nor is there any notation as to the resident's refusal or inability to sign.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 did not participate in the development of [REDACTED] support plan. I had the box marked Refused + Refused to sign. Signed above it, he did with initials and date. Not sure what is your want. I know it was late, have that own front was already violated on.

> [REDACTED] administrator
I have gone thru our charts before inspection to make sure things were signed.

Sending copy!

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

ROXANNE H SIMPSON

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

ROXANNE H SIMPSON ADMINISTRATOR

Date 5-22-17

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5/24/17
(Date)

The above plan of correction was approved by

BAS
(Initials)Plan of correction implementation status as of 5/24/17
(Date)

- ☐ Fully Implemented
☒ Partially Implemented - Adequate Progress
☐ Partially Implemented - Inadequate Progress
☐ Not Implemented

Violation Report: 33322 - 05/10/2017 - McCloskey, Jason

PCH Name: OUR HOME OF HOPE INC

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

The home issued a 30-day notice to resident 1 on [REDACTED] 17. The reasons listed for the notice are not valid grounds for a discharge as specified in regulation 2600.228h.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ON RESIDENT #1 we will Re-Issue the 30 Day Notice with more information. It will include Repeat Violations, the instances and how she presents danger to herself or others.

IN FUTURE we will make sure that all 30 Day Notices have the proper information in the letter or a attachment, including the house rule they have Broken AND the Repeat Violations and when they happen.

This will be done by the Administrator.

Also written or verbal warnings will be recorded in their file.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Roxanne N. Simpson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator
Roxanne N. Simpson

Date 5-24-17

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(Date)Plan of correction Implementation status as of 5/24/17
(Date)

- ☒ Fully Implemented
☐ Partially Implemented - Adequate Progress
☐ Partially Implemented - Inadequate Progress
☐ Not Implemented

The above plan of correction was approved by [Signature]
(Initials)