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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395349 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/06/2020 |
| NAME OF PROVIDER OF SUPPLIER CALVARY FELLOWSHIP HOMES INC | | STREET ADDRESS, CITY, STATE, ZIP 502 ELIZABETH DRIVE LANCASTER, PA 17601 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0730 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Observe each nurse aide's job performance and give regular training. Based upon review of personnel files, it was determined that the facility failed to ensure performance review evaluations of nurse aides were completed at least once every 12 months, for four of four nurse aides (Employees E3, E4, E5, and E6) reviewed. Findings include: Review of Employee E3's record revealed a hire date of August 20, 2018, with an employee performance review completed on November 16, 2019. Review of Employee E4's record revealed a hire date of September 14, 2018, with an employee performance review completed on November 25, 2019. Review of Employee E5's record revealed a hire date of November 20, 2018, with an employee performance review completed on February 3, 2020. Review of Employee E6's record revealed a hire date of December 17, 2018, with an employee performance review completed on January 31, 2020. Interview with the Nursing Home Administrator and Director of Nursing on March 6, 2020, at approximately 12:00 p.m., confirmed that four of four nurse aide annual performance review evaluations were not completed at least once every 12 months. 28 Pa. Code 201.20(a)(c) Staff development | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.