



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
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ADULT RESIDENTIAL LICENSING
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July 16, 2010

Sister Mary Andrew, Administrator
Bishop Pelczar Manor
John Paul II Manor
856 Cambria Street
Cresson, Pennsylvania 16630

Dear Sister Mary Andrew:

As a result of the Department of Public Welfare's licensing inspection on June 2, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

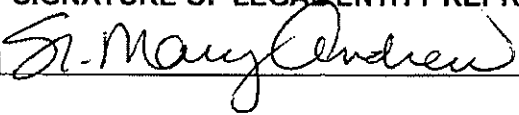
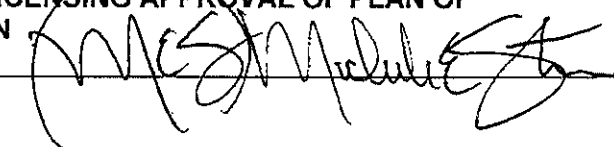
Sincerely,

A handwritten signature in cursive script that reads "Michele Strauser (eps)".

Michele Strauser
Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME John Paul II Manor, 856 Cambria Street, Cresson, PA 16630		CURRENT LICENSE NUMBER 330180	
INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/6/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	On 12/12/2009 the physician ordered a pureed diet for Resident 1. On 5/20/2010, Resident 1 was given a sandwich with a meat filling for the evening meal. The resident choked on the sandwich, was transported to the emergency room and admitted to the hospital. Resident returned to the home on 5/22/2010.	5-21-10	ALL STAFF were in-Serviced on Choking Precautions and Dysphagia. It was stressed on how important it is to follow Doctor's ORDERS	

JUN 15 2010

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) June 2, 2010		REGIONAL REPRESENTATIVE Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>S. Mary Andrew</i>		DATE 6-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>WES</i>
		DATE 7/6/10	

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident 1 was hospitalized in December 2009. The physician's discharge instructions of 12/12/2009 included an order for a pureed nectar thick special diet. Resident 1's assessment and support plan were not updated with this significant change until 5/25/2010 after the resident choked and was sent to the hospital.	ONGOING 7/20/10	Administrator will MAKE SURE ALL SUPPORT PLANS ARE updated ON A ONGOING BASIS. The administrator will review each support plan to ensure it includes all the necessary information. <i>WES 7/6/10</i>	