



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 27, 2011

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

RE: 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 March 17, 2011 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,


Cybil Bomberger
Regional Licensing Director

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 303180	
INSPECTION DATES (Include all dates of the inspection) 03/17/2011		REGIONAL REPRESENTATIVE Thomas Roth	
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 <i>J. Mang Andrew</i>	DATE 4-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. O. B...</i>	DATE 5/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	On 12/08/10, resident #1 was being transported in a wheelchair that was not equipped with foot rests. The resident, having no leg/feet support unexpectedly dropped his/her feet onto the floor, resulting in a fall with injuries. According to staff interviews, the home's wheelchair that was used routinely for the transportation of resident #1 throughout the home did not have foot rests attached. POH Division Central Region Field Office APR 25 2011 RECEIVED	4-12-11	ON 12/10/10 wheelchair was thrown in the garbage ALL staff was trained on proper use of wheelchair by [REDACTED] PT	5/27/11
		4-12-11	A wheelchair policy which is attached went into effect.	

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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 <i>St. Mary's Andrews</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE <i>5/27/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
225c 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.	The home did not update resident #1's assessment of 4/09/10 to address the frequent use of a wheelchair, that started initially in September, 2010.	<i>ongoing</i>	<i>the support plans shall be updated if any significant change happens to a resident. The administrator or designee shall make sure all support plans are updated with corrections.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>5/27/11</i> <i>RS</i> Date Initials (DPW)
			<i>The administrator or designee will develop a communication system wherein staff will notify the administrator when a resident experiences a change in condition in order to update an assessment.</i>	

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05/27/11

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SIGNATURE OF LEGAL ENTITY <i>St. Mary's Andrew</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt. Bomberg</i>	DATE <i>5/27/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	The home did not update resident #1's support plan of 5/03/10 to address frequent use of a wheelchair, starting initially in September, 2010. Repeated Violations: 06/02/2010	4-21-11	<p>Administrator or designee shall make sure all Support plans are updated.</p> <p>This shall also be done periodically by designee.</p> <p>The administrator or designee will develop a communication system wherein staff will notify the administrator when a resident experiences a change in condition. The administrator or designee will provide that both the assessment & support plan are updated appropriately.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/27/11</i> <i>CA</i></p> <p>Date Initials (DPW)</p>

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5/27/11