



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

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 8, 2011

Mr. Eddie Inzana, President and CEO
Guardian Elder Care at Tyrone I, LLC
8796 Route 219, PO Box 240
Tyrone, Pennsylvania 16686

RE: Epworth Manor
925 South Lincoln Avenue
Tyrone, Pennsylvania 16686

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on June 23, 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 06/23/2011		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Pam Fatigante, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Pam Fatigante</i>	DATE 7/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Emswiler</i>	DATE 9/7/11

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
421 A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.	Resident #1's room was bare except for a recliner that was pushed into the closet. The resident's clothing was not in the room, but was being stored in a locked laundry room. Staff A stated that the room was bare because the resident "liked to take things apart." Resident #1 was deprived of his/her right to retain and use personal property, including clothing. PCH Division Central Region Field Office JUL 20 2011 RECEIVED	7/26/11	Resident #1's is now furnished with a chair and a dresser. Personal belongings have been returned to his room. All resident rooms will be inspected to ensure that they are furnished and that the residents are retaining personal belongings. Administrator or designee will monitor five rooms a month to ensure that furnishings and belongings are in the resident rooms. Results of monitoring will be reviewed by the Executive Director on a monthly basis.	9/7/11 <i>EE</i>

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SIGNATURE OF LEGAL ENTITY <i>Sam Taborante</i>	DATE 7/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 9-7-11

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85a Sanitary conditions shall be maintained.	There was a very strong urine odor in resident #2's bathroom. A partially eaten and wrapped sandwich and a banana from the previous day's meal was on the counter top in the bathroom.	7/26/11	Resident #2's bathroom was thoroughly cleaned and the food items were immediately removed from the bathroom. All other resident bathrooms will be checked for urine odors and cleaned as needed. All resident bathrooms will be checked for unsanitary items, such as food, and those items will be removed immediately. Facility staff will be re-educated in regard to procedures for cleaning bathrooms, including removing inappropriate and unsanitary items, Administrator or designee will monitor five resident bathrooms a week for four weeks, then five resident bathrooms a month for two months to ensure that there are no strong urine odors and/or food items in the bathrooms. Results of monitoring will be reviewed by Executive Director on a monthly basis.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>9/7/11</i> <i>GS</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Dave Yostigante</i>	DATE 7/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE 9-7-11

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101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	The bed for resident #1 had linens that were damp and smelled of urine.	7/26/11	Resident #1's linens were changed immediately after they were found to be damp and smelling of urine. Resident's linens will be checked routinely to ensure they are dry and odor-free. All other resident beds were checked for urine odors and/or dampness and were found to be dry and odor-free. Nursing staff will be re-educated in regard to making routine rounds to ensure that linens are dry and odor-free and that damp linens are changed and a timely manner. Administrator designee will check three rooms a month for two months to ensure that linens are dry and odor-free. Executive Director will review results of monitoring on a monthly basis.	9/7/11 BE

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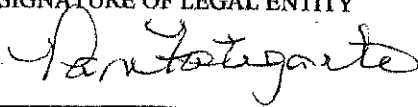
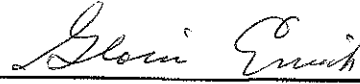
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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There was no bedside table or shelf beside the bed in room #110.	07/26/11	Room #110 now has a bedside table. All resident rooms will be checked to ensure that they have a bedside table. Administrator or designee will check one unit weekly for 4 weeks to ensure that all rooms have a bedside table or shelf. Executive Director will review results of monitoring.	9/7/11 <i>SE</i>


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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	There were no bedside lamps in room #102 and room #110.	07/26/11	Rooms #102 and #110 will have lamps that can be turned on and off at bedside. All residents rooms will be checked to ensure that they have a bedside lamp. Executive Director will review monitoring on a monthly basis.	9/7/11 BE

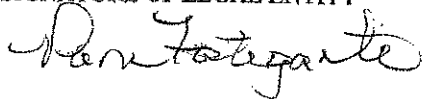
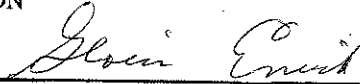
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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There was no exit sign for the dining room door that opened to the outside in the secured dementia care unit.	07/26/11	An exit sign was placed over the dining room door in the secured dementia care unit. All other exits were checked to ensure that exit signs were present. Administrator will monitor signage on an on-going basis.	9-7-11 

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141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1's last medical evaluation was completed on 1/4/10.	07/26/11 <i>ongoing</i>	Resident #1 will have a medical evaluation completed immediately. All residents will be checked to ensure that they have had a medical evaluation within the past year and evaluations will be completed on an annual basis. Administrator will develop a tickler file in order to track the month that the medical evaluation is due for each resident so that they will be completed in a timely manner. Executive Director will monitor medical evaluations on a monthly basis.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/17/11 BE Date Initials (DPW)</p>

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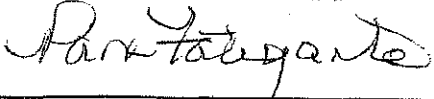
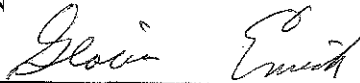
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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's last assessment was completed on 1/4/10.	07/26/11 <i>on going</i>	Resident #1 has had an assessment completed and placed in his medical record. All residents' records will be reviewed to ensure that a current assessment has been completed. Assessments will be completed as required and at least annually. Administrator will monitor resident records on a monthly basis to ensure that assessments are done as required and in a timely manner. Results of monitoring will be reviewed by the Executive Director on an on-going basis.	Steps have been taken to correct violation; full compliance is not verifiable 8/7/11 Date <i>SE</i> Initials (DPW)

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	There were no signatures on the support plan for resident #1, dated 1/15/11.	07/26/11 <i>ongoing</i>	Resident #1's support plan will be signed by the individuals who participated in the development of the support plan. All residents' support plans will be checked to ensure that they are signed by the individuals who participated in the development of the support plan. Administrator will monitor five support plans each month for three months to ensure that signatures are present as required. Results of monitoring will be reviewed by the Executive Director on a monthly basis.	9/7/11 Steps have been taken to correct violation; full compliance is not verifiable Date <i>9/7/11</i> Initials (DPW)

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231h The resident-home contract in 25 shall also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.	The contract for resident #1, admitted 2/6/09, does not disclose services, admission and discharge criteria, change in condition and special programming for the secured dementia care unit.	07/26/11	<p>Specific admission and discharge criteria for the different levels of care will be developed and attached to the admission contracts as well as change in condition policies and special programming for the secured dementia care unit.</p> <p>The contract for Resident #1 will be updated to include services, admission and discharge criteria, change in condition policies and special programming for the secured dementia care unit.</p> <p>All contracts for residents on the Memory Support unit will be reviewed and updated as necessary.</p> <p>Administrator will initiate use of updated contract information for all new admissions.</p> <p>Executive Director will review updated contracts for current residents and monitor paperwork for new admissions to the Memory Support Unit.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/7/11 Date Initials (DPW)</p>

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234e The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.	Resident #1 and/or the designated person was not involved in the development of the support plan, dated 1/15/11.	07/26/11 <i>ongoing</i>	Resident #1's support plan will be provided and discussed with his designated person to ensure that the plan is acceptable to him/her. All resident support plans will be reviewed to ensure involvement of resident and/or designated person in the development of the plan. Administrator or designee will update the policy for the development of the support plan to include involvement of the resident/designated person. Executive Director will monitor support plans to ensure involvement of the resident/designated person on an on-going basis.	<div style="border: 1px solid black; padding: 2px;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/17/11 <i>EE</i></p> <p>Date Initials (DPW)</p> </div>