

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMMANUEL HOME

LEGAL ENTITY

To operate EMMANUEL HOME

NAME OF FACILITY OR AGENCY

Located at 800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 38
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 May 10, 2012 until May 10, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **200530**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

APR 26 2012

Mr. Peter Pachuski, Secretary
Emmanuel Home
800 Priestly Avenue
Northumberland, Pennsylvania 17857

Dear Mr. Pachuski:

As a result of the Department of Public Welfare's licensing inspection on March 14, 2012 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMMANUEL HOME, 800 PRIESTLEY AVENUE NORTHUMBERLAND, PA 17857		CURRENT LICENSE NUMBER 200530	
INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE Betty Bloch, Jesse Hummel	
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>Robert J. Dell</i>	DATE 3-30-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mogralczyk</i>	DATE 4/13/12

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
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person A, the home's administrator, completed only 18 hours of the required 24 hours of Department-approved annual training in 2011. The training year was identified as 1/1/11 - 12/31/11 by staff person A.	3-21-12	May 31, 2012 & Ongoing The administrator will have 6 hours of the required 24 hours of training from a source approved by the Department for the training year 1-1-11 thru 12-31-11. Documentation of the completed 6 missing hours of training for the training year 2011 shall be completed by May 31, 2012 and sent to the Department for review. In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year.	<i>Steps have been taken to correct violation; full compliance by 5/31/12</i> Date: 5/31/12 Initials: (DPW)

RECEIVED
APR 04 2012
SCRANTON FIELD OFFICE
Adult Residential Licensing

1. What specific change will be made? May 31, 2012 and ongoing, administrator will have 6 hours of the required 24 hours of training from a source approved by the Department for the training year 1-1-11 thru 12-31-11. Documentation of the completed 6 missing hours of training for the training year 2011 shall be completed by May 31, 2012 and sent to the Department for review.
2. Who will make the change? Robert Delbo, Administrator has made the change.
3. When will the change be made? Change was made 3-21-12
4. How will the change be made? Change has been made by attending a 7-hour training using a source approved by the Department.
5. What system have you implemented to make sure that same violation will not occur again and what training will be provided to your staff? In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year.
6. Supporting documentation. Copy of training for 7 credit hours, Program approval # 2132012-8.00-8725-in.
7. What is the reason for the regulation? To make sure administrators will be trained using a source approved by the Department related to their job duties.
8. What is the root cause of the violation? The root cause of the violation was assuming in house training was an acceptable source of training.
9. How can we fix the immediate problem? Problem was fixed by attending a 7-hour training on 3-21-12, from a source approved by the Department.
10. Once corrected, how can we be sure the problem does not happen again? All training for administrator will be done using only sources approved by the Department related to their job duties.
11. Who is responsible to fix the problem? Administrator.
12. By what dates can each step in the plan be completed? All steps were completed 3-21-12.
13. How will we monitor to be sure the plan is followed? The plan is to attend all training courses using only Department approved sources and to attend more courses than is required to assure full compliance.

Compliance is not verifiable
Date 3/30/12 Initials (DPW) RD

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMMANUEL HOME, 800 PRIESTLEY AVENUE NORTHUMBERLAND, PA 17857		CURRENT LICENSE NUMBER 200530	
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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>Robert J. Wells</i>	DATE 3-30-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mozgaleczyk</i>	DATE 4/13/12

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
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The pull signals were not indicated on the home's evacuation diagrams which were posted throughout the home.	3-14-12	See Attached	MM 4/13/12

1. What specific change will be made? Day of inspection 3-14-12, pull signals were added to the evacuation diagram and posted throughout the facility.
2. Who will make the change? Robert Delbo, Administrator has made the change.
3. When will the change be made? Change was made day of inspection 3-14-12.
4. How will the change be made? Change has been made by adding pull signals to evacuation diagram and posting them throughout facility.
5. What system have you implemented to make sure that same violation will not occur again and what training will be provided to your staff? Anytime changes are made to evacuation diagram, DPW regulations will be reviewed to assure compliance.
6. Supporting documentation. Copy of emergency evacuation diagram is attached showing pull signals.
7. What is the reason for the regulation? The regulation makes the public aware of the locations of pull signals in facility if there is an emergency.
8. What is the root cause of the violation? The root cause of the violation was an error deleting pull signals on emergency evacuation diagram.
9. How can we fix the immediate problem? Problem was corrected by adding the pull signals to the emergency evacuation diagram the day of the inspection 3-14-12.
10. Once corrected, how can we be sure the problem does not happen again? Anytime changes are made to evacuation diagram, DPW regulations will be reviewed to assure compliance.
11. Who is responsible to fix the problem? Administrator.
12. By what dates can each step in the plan be completed? The correction was completed 3-14-12.
13. How will we monitor to be sure the plan is followed? The plan is to review regulations any time the emergency evacuation diagram is altered.

MW
4/13/12

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMMANUEL HOME, 800 PRIESTLEY AVENUE NORTHUMBERLAND, PA 17857		CURRENT LICENSE NUMBER 200530	
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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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>Resident #1 is prescribed Novolin N. The bottle of insulin was not labeled with the date it was opened. The manufacturer's instructions state "Discard unused insulin 28 days after opening the container."</p> <p>Resident #2 is prescribed Novolin 70-30. The bottle of insulin was not labeled with the date it was opened. The manufacturer's instructions state "Discard unused insulin 28 days after opening the container."</p> <p>Resident #3 is prescribed Advair Diskus 250/50. The inhaler was not labeled with the date the package was opened. The manufacturer's instructions state "Discard 30 days after opening the packaged medication."</p>	<p><i>CORRECTED DAY OF INSPECTION</i></p> <p><i>UPDATED POLICY & PROCEDURES 3-15-2012</i></p>	<i>See Attached</i>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>Initials (DPW)</i></p>

RAMJ. W. 3-15-12

Plan of Correction
State Inspection of Emmanuel Home
March 14, 2012

1. What is the reason for the regulation?

55Pa Code 2600.183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

The regulation would prevent the continued use of expired medication and directed by the manufacturer which may result in harm or diminished effect beneficial to the resident.

2. What is the root cause of the violation?

Label from Emmanuel Home was missing on the vial. Accountability to update information broke down.

3. How can we fix the immediate problem?

Establish greater and diverse accountability

4. Once corrected, how can we make sure the problem does not happen again?

Establish the accountability in Emmanuel Home's policy and procedures. Train staff to review all medication including insulin vials for expiration dates. Establish two staff persons (day & evening shift) to review medications for proper labeling.

5. Who is responsible to fix the problem?

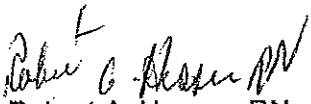
Resident Care Manager – Establish policy and procedures, establish & train medication technicians to do checks, and establish two other (day & evening) shift persons to double check the process.

6. By what dates can each step in the plan be completed?

Immediately. Policies and procedures have been updated. Staff has been trained. Accountability process with all medication technicians has been implemented.

7. How will we monitor to be sure the plan is followed?

Two medication technicians (day and evening shift) will be responsible to check on other staff members. They will also check the labels. The Resident Care Manager will oversee the process to ensure accountability and proper labeling of medication or disposal of expired medication.


Robert A. Hesser, RN,
Resident Care Manager

Steps have been taken to
correct violation; full
compliance is not verifiable
4/11/12
Date Initials (DPW)

Attachment:

- Emmanuel Home Policy & Procedure -- Update Metered Dose Inhalers
- Emmanuel Home Policy & Procedure - Update Subcutaneous Insulin Injections

Robert J. Wall 3-16-12

Plan of Correction
State Inspection of Emmanuel Home
March 14, 2012

1. What is the reason for the regulation?

55Pa Code 2600.227a A resident requiring personal care services shall have a written support plan developed and implemented within 30days of admission to the home. The support plan shall be documented on the Department's support plan form.

Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established.

2. What is the root cause of the violation?

Doctor's assessment of the individual varies from the home's assessment of the individual.

3. How can we fix the immediate problem?

Those individuals cited on the inspection were evaluated on the old Medical Evaluation form. The problem has been fixed by using the new forms which permit the input of the home's caregiver (Registered Nurse). Doctors did not understand the old medical evaluation form. Emmanuel Home erred by not confronting the erroneous entries which created an incongruity with the Medical Evaluation, Support Plan, and Personal Care assessment.

4. Once corrected, how can we make sure the problem does not happen again?

The problems should be corrected by using the new Medical Evaluation form. Upon receipt from the doctor, we will prepare our Resident Assessment-Support Plan (RASP). All of these elements will be in agreement. There will be a consistency with the Medical Evaluation and Resident Assessment-Support Plan (RASP).

5. Who is responsible to fix the problem?

The Resident Care Manager will monitor all Medical Evaluation entries along with the Administrative Assistant to ensure proper entry and congruity with the RASP.

6. By what dates can each step in the plan be completed?

Emmanuel Home waited to use the new Documentation of Medical Evaluation form until proper training was completed. The Administrator and the Resident Care Manager were trained on March 8, 2012 regarding "Introduction to the RCG and the RASP, Pre-Screening and DME" by state officials. We have now begun to use the new forms. Issues with mobility will be addressed with each DME and proper documentation will follow. Changes in mobility either improved or declined will be monitored and addressed as they occur. Our fire evacuation and notification will be updated accordingly.

7. How will we monitor to be sure the plan is followed?

Resident Care Manager and the Administrative Assistant will monitor each DME signed by a Medical Professional after an in-person evaluation was completed. We will be in consult with the medical professional personnel if there are inaccuracies documented on the DME. Emmanuel Home nursing care attendants will be involved in the process to inform management regarding mobility that does not match the support plan.


Robert A. Hesser, RN
Resident Care Manager

Steps have been taken to correct violation; full compliance is not verifiable
4/13/12
Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magrinalczyk</i>	DATE <i>4/13/12</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
			<i>— Previous page</i>	