

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTH PENN MANOR, INC.

LEGAL ENTITY

To operate NORTH PENN MANOR

NAME OF FACILITY OR AGENCY

Located at 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702

(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 80
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 October 8, 2012 until October 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 220320

Robert E. Robinson

ISSUING OFFICER

R. C. King

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 06 2012

Ms. Judy Lee, Administrator
North Penn Manor, Inc.
North Penn Manor
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

Dear Ms. Lee:

As a result of the Department of Public Welfare's licensing inspection on July 17, 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 Human Services 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 read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PGH Name: NORTH PENN MANOR		License Number: 220320
Address: 240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702		County: Luzerne
Adminlstrator: Judy Lee		Region: NORTH
Legal Entity Name: NORTH PENN MANOR INC		
Legal Entlty Address: 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702		
Certificate(s) of Occupancy I-2 02/09/2011 City of Wilkes-Barre Code t		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/17/2012: Rushin, Julienne; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 59 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 22032 - 07/17/2012 - Rushin, Julienne
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION
 The contract in the records of resident's #2 and #3 were not signed by the residents.

 The contract in the record for resident #4 was not signed by the resident's payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

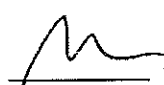
Resident contracts should be signed by both the resident and the payer and also by the designated person, if any, if the resident agrees. Signing the contract constitutes a pledge by both parties to abide by the specified terms. The contracts for resident #2 and #4 were signed by the resident's Power of Attorney, but not by the resident. The residents have now signed the contracts. Resident #4 did not have the resident payer signature. The payer signed the contract on 7/19/12. Copies of the revised contract pages are attached. The Administrator has gone through the contracts of all residents and has made sure all applicable signatures were there. The Administrator will ensure that all future contracts will be signed by all necessary parties.
 Completed 7/19/2012.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Judy Lee, Administrator	7/23/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/29/12</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8/29/12</u> (Date) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22032 - 07/17/2012 - Rushin, Julianna
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

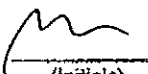
2a. DESCRIPTION OF VIOLATION
 Resident Room #18 is shared by three mobile residents, but two of the residents use wheelchairs. The room measures 231 square feet, which does not allow the necessary space needed to meet the resident's mobility needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents need sufficient space in their rooms to ambulate in the event of an emergency. Resident room #18 had 3 mobile residents but 2 of the residents used wheelchairs which didn't give them enough space to meet their mobility needs. One of the residents using a wheelchair was transferred to another room on 7/20/12. All rooms were checked by the administrator to ensure compliance. The administrator will make sure that any new residents or residents switching rooms have the necessary space needed to meet the resident's mobility needs.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Judy Lee, Administrator		7/23/12

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 (Initials)			

Violation Report: 22032 - 07/17/2012 - Rushin, Jullenne
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bedside lamp in room #4 did not contain a light bulb.
 The bedside lamp in double occupancy room #10 was taken apart and did not contain a light bulb.

3: PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Each resident must have an operable lamp or source of lighting that can be turned on at bedside to provide sufficient light to move safely around their room in the dark, reducing the risk of falls and injury. The bedside lamp in room #4 did not contain a light bulb and the lamp in room #10 was taken apart and did not contain a light bulb. Both light bulbs were replaced and the lamp in room 10 was put back together at the time of inspection. All rooms were inspected by the Administrator to make sure that all lamps were operable. The housekeeping staff will do periodic inspections to make sure that all lamps are operable.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Judith Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judith Lee Administrator</i>	Date <i>7/23/12</i>
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Violation Report: 22032 - 07/17/2012 - Rushin, Juliene
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The ground below the dryer duct located in the front of the building was covered in dryer lint approximately 5ft wide and 2ft in length causing a potential fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Lint should be cleared from the outside vent to reduce the chance of fire in the home. Lint was found below the dryer duct located in the outside front of the building. Lint was cleared on the day of inspection. Maintenance has covered the area with a metal sheet on 7/21/2012 so that the lint could pass freely over the sheet instead of getting stuck in the mulch. Picture of the metal sheet is attached. Maintenance will continue to log monthly lint checks in the maintenance book.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee, Administrator</i>	Date <i>7/23/12</i>
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Violation Report: 22032 - 07/17/2012 - Rushin, Julienne
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Approximately 18 cigarette butts were found in the mulch and dried leave around the benches outside of the home's main entrance. Resident #2 was found smoking in the bathroom of the resident's room by staff on 6/16/2012 and 6/17/2012. The incident was documented in the resident's progress notes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed:

Proper safeguards inside and outside of the home must be maintained to prevent fire hazards. This greatly reduces the risk of fire associated with unsafe smoking. The facility has a designated smoke area outside of the facility in the back of the building, however, there were cigarette butts found near the home's main entrance and a resident was found smoking in the bathroom of [redacted] resident room, both areas not designated as smoke areas. The cigarette butts were cleaned up the day of the inspection. Pictures attached. A larger "No Smoking" sign was placed at the front entrance on 7/22/2012. Picture attached. On 7/22/2012, a smoking receptacle was placed at the main entrance for visitors who are unaware of the no smoking policy so they have a place to discard their cigarette. Picture is attached. Staff will monitor the main entrance area and redirect visitors if they smoke in that area. Housekeeping will do periodic checks to make sure there are not any cigarette butts in that area. The resident who was smoking in [redacted] bathroom has agreed to ask for cigarettes as [redacted] wants one and the staff make sure that [redacted] goes directly to the smoke area to smoke it. [redacted] cigarettes are kept in the Administrator Office. This process was started the date that the resident was found smoking in [redacted] bathroom.

The administrator will monitor for ongoing compliance.
M 8/29/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee, Administrator* Date *7/23/12*

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Violation Report: 22032 - 07/17/2012 - Rushin, Julianna
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication Administration Record for resident # 1 indicates that resident is to take ½ 6 mg. tablet of Amlodipine Besylate by mouth once daily for HTN. The prescription label on the medication bottle indicates resident is to take 1 -5 mg. tablet by mouth once daily. Staff person "A" was unable to produce the physicians order on the day of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents should receive medications as ordered by a physician. Resident #1 had a prescription label that did not match the medication administration record for the dosage. A copy of the physician order on the day of inspection was not available. The attached physician order and new label was faxed to the regional office the following day. The physician order and new label are also attached to this report. On 7/19/2012, the supervising personal care assistant has checked all medication labels with the medication administration record to ensure that they all matched. The supervising personal care assistant will do periodic checks to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee, Administrator</i>	Date <i>7/23/12</i>
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