

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARBUTUS PARK MANOR INC
LEGAL ENTITY

To operate ARBUTUS PARK MANOR
NAME OF FACILITY OR AGENCY

Located at 207 OTTAWA STREET, JOHNSTOWN, PA 15904
(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 35
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 December 3, 2012 until December 3, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 300060

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



DEC 20 2012

Mr. Richard W. Wilson, Administrator
Arbutus Park Manor, Inc.
Arbutus Park Manor
207 Ottawa Street
Johnstown, Pennsylvania 15904

Dear Mr. Wilson:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 5, 2012 and November 9, 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 "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

The contracts for Resident #1, dated 12/30/11; Resident #2, dated 5/2/12; and Resident #3, dated 5/3/12, do not specify the party responsible for payment.

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.

Change was made to contract to show who the responsible party is. This is found on page three of the enclosed contract.

It includes their name address and phone number.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Lois D. Rollins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois D. Rollins - Personal Care Director</i>	Date <i>11/28/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-28-12</u> (Date)	Plan of correction implementation status as of <u>11-28-12</u> (Date)
The above plan of correction was approved by <u>LR</u> (Initials)	<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

Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION

Resident #4, who was not evacuated during the fire drill conducted on 9/13/12, did not have a written certification from a doctor that the resident was actively dying and would be injured or suffer a hastened death as the result of participating in a fire drill.

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.

Will have the doctor sign on the new form we established for a hospice resident that is actively dying so we have the proper documentation. This document will be filed under physicians orders and will serve as the written order.

We will educate the charge personel to make sure this form is signed if we have a hospice resident that is actively dying.

Form attached

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lois D. Rudliner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lois D. Rudliner, Director of Personal Care* Date *11/28/12*

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The above plan of correction is approved as of 11-28-12
 (Date)

The above plan of correction was approved by LR
 (Initials)

Plan of correction implementation status as of 11-28-12
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There was no statement of informed consent regarding Resident #4 not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 9/13/12.

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.

We will have the resident (if able) and the power of attorney for health care, resident's legal guardian or health care representative sign the attached document in the event that the hospice resident is actively dying. This document after it is signed will be filed under the physicians orders.

We will educate the charge personnel to make sure this form is signed if we have a hospice resident actively dying.

Form Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lois D. Radlauer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lois D. Radlauer Personal Care Director

Date *11/28/12*

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(Date)

The above plan of correction was approved by LR
(Initials)

Plan of correction implementation status as of 11-28-12
(Date)

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- Not Implemented

Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

During the fire drill on 9/13/12, staff did not simulate the evacuation for Resident #4.

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.

Will inform all staff of what is to be done when we have a fire drill and an actively dying hospice resident.

Will teach them how to simulate a fire drill for an actively dying hospice resident.

We will document on the residents chart about the fire drill and how we simulated it and the time it took to do so. We will also document on our fire log when we have a hospice resident.

This will be completed by December 1, 2012 with all staff.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Lois D. Redline*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lois D. Redline - Personal Care Director* Date *11/28/12*

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Plan of correction implementation status as of 11-28-12 (Date)

- Fully Implemented
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The above plan of correction was approved by *Lois* (Initials)

Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire safety letter, dated 9/13/11, specified a safe evacuation time of 10 minutes. The 8/22/12 fire drills for "Personal Care West" and "Personal Care Doerr" exceeded the safe evacuation time. The evacuation time for "Personal Care West" was 10 minutes and 35 seconds and the evacuation time for "Personal Care Doerr" was 10 minutes and 2 seconds.

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.

All staff was re-educated on the specified safe evacuation time. A copy of the letter from the fire department was given to each staff member along with a copy of the DPW 2600.132(a) to 132(d) fire regulations. We went over the regulations again with all staff. We purchased 4 stop watches for the timing of the drills to be more consistent.

If the drills continue to run over we will conduct several in one month till we improve on the times.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Louis D. Redlin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Louis D. Redlin Personal Care Director</i>	Date <i>11/28/12</i>
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 (Date)

The above plan of correction was approved by *LR*
 (Initials)

Plan of correction implementation status as of 11-28-12
 (Date)

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Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Resident #5 did not evacuate during the 4/30/12 fire drill.

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.

All residents will be re-educated on the fact that they have to evacuate when an alarm goes off no matter what. This will be done at our resident council meeting on December 4, 2012. In the event that a resident will not evacuate we will document and then hold another fire drill to see if the resident evacuates. This drill will be held the same month as the previous drill. If at this time the resident does not evacuate we will give a thirty day notice and help them find a new home.

Staff was also educated on the importance of evacuating all the residents from the building and that more than one drill will be conducted in one month if all residents do not evacuate.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Louis D. Padlinier

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Louis D. Padlinier Personal Care Director Date 11/28/12

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The above plan of correction is approved as of 11/28/12 (Date)

The above plan of correction was approved by LP (Initials)

Plan of correction implementation status as of 11/28/12 (Date)

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Violation Report: 30006 - 11/05/2012 - Hoover, Douglas
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 88 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Brimonidine Tartrate 0.2%, expired 07/12, and Dorzolamide/Timolol Solution 21.5%, expired 10/12, were in the medication cart for Resident #6.

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.

New eye drops were ordered immediately. The expired medications identified were discarded. - SE

When a new resident comes we will check the dates on the medications by two staff before they are put into the med cart.

When the drug order is done twice a week we will check all the dates on all the medication.

All medication nurses were educated on this.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lois D. Rollins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois D. Rollins Personal Care Director</i>	Date <i>11/28/12</i>
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 (Date)

The above plan of correction was approved by SE
 (Initials)

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 (Date)

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- Not Implemented