



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAILING DATE: December 5, 2013

Ms. Veronica Ginithan, Administrator
Rebekah Manor Wellness Community, Inc.
97 Carson Heights Drive
Duncansville, Pennsylvania 16635

RE: Rebekah Manor Wellness Community
1912 Philadelphia Avenue
Northern Cambria, Pennsylvania 15714

Dear Ms. Ginithan:

As a result of the Department of Public Welfare's Human Services licensing inspection on July 25, 2013 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as the violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure(s)

Violation Report: 31289 - 07/25/2013 - Hoover, Douglas
 PCH Name: REBEKAH MANOR WELLNESS COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in the 2nd floor bathroom, across from room #24, was full of soiled adult briefs and was uncovered.

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 can not be completed immediately, include dates by which the steps will be completed.

On 7/30/13, a staff meeting was held to review the preliminary findings of the complaint visit.
 All staff was instructed / reminded to not remove trash can lids until they are in the physical act of changing the trash bag; and that once the lid is removed, they may not leave the trash can until the bag is changed, and the lid replaced. Periodic checks will be done Administrative Staff to ensure this is followed.
 A reminder note was posted in each Med room, as well as the kitchen.
 See Attachments (2A and 2B)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
		<i>John Fry</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			
		John Fry	Date 8-16-13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 31289 - 07/25/2013 - Hoover, Douglas
PCH Name: REBEKAH MANOR WELLNESS COMMUNITY

1. REGULATION 65 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 6/1/13, there was a syringe filled with clear liquid in the bedroom of resident #1 that was unlocked.

On 6/11/13, there was a bottle of aspirin in the bedroom of resident #4 that was unlocked. Resident #4 was sent to the hospital on 6/11/13 due to "slurred speech and was off-balance." Resident #4 was sent to the ER and was diagnosed with "acute salicylate poisoning with the presumed injection of 10 g aspirin". Resident #4 was discharged from the hospital on 6/17/13.

Both residents were assessed as incapable of medication self-administration.

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 can not be completed immediately, include dates by which the steps will be completed.

On 8/6/13, a Medication Training Update was held for all staff who administer medications. Handouts, as well as regulations and policies were reviewed in detail.

(See Attachments 3A - 3H)

Due to the fact that Resident #4's family had given the bottle of Aspirin to Resident #4, an insert was sent to all responsible parties in their August 2013 invoice, regarding bringing medications into the facility.

(See Attachment 3I)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John Fry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 8-16-13
John Fry

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

The above plan of correction is approved as of 12/4/13
(Date)

Plan of correction implementation status as of 12/4/13
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 31289 - 07/25/2013 - Hoover, Douglas PCH Name: REBEKAH MANOR WELLNESS COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	
2a. DESCRIPTION OF VIOLATION Physical and occupational therapy was prescribed for resident #3 as a result of a leg fracture on 5/22/13 and the resident received services from 6/21/13 to 7/11/13. The support plan, dated 6/25/13, does not document the resident's need for physical and occupational therapy.	
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 can not be completed immediately, include dates by which the steps will be completed.	
<p>On 7/30/13, a staff meeting was held to review the preliminary findings of the complaint visit.</p> <p>The Regulations related to RASPs were reviewed with staff, along with implementation of a new policy and resident communication form. The policy was implemented related to updating the RASPs, to ensure the RASPs reflect the residents' current condition and services received, along with a new "Resident Change Communication Form". Handouts of the new policy, the regulations and the "Resident Change Communication Form" were given to all staff members at that time.</p> <p>Administrative and Support staff will review the "Resident Change Communication Form" and ensure the appropriate changes are made to the residents' RASPs.</p> <p>(See Attachment 4A - 4D)</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>John Fry</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Fry</i>	Date <i>8-16-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12/4/13</u> (Date)	Plan of correction implementation status as of <u>12/4/13</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented