



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 21 2013

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 August 20, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations 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 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 8, 2013 to October 8, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(e) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home is currently serving 68 residents and does not have an emergency supply of water on-hand. The current letter from 3 Springs Water Company (dated 2/11/09) does not guarantee that the water will be delivered immediately upon request or that the water will be delivered as a priority even in the event of a regional general emergency.

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.

The 3 Springs Water original letter only stated that 3 gallons of water would be provided for each resident for three days during an emergency. The Administrator has received an updated letter from 3 Springs Water Company on 8/28/2013, which includes the statements that the emergency supply of water will be delivered immediately upon request and that the water will be delivered as a priority even in the event of a regional general emergency. A copy of the new updated letter is attached and has been filed in the North Penn Manor Policies binder. The Administrator will review all future DPW manual updates for this regulation 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)

Judy Lee

Date 9/2/13

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The above plan of correction is approved as of 9/4/13
 (Date)

Plan of correction implementation status as of 9/4/13
 (Date)

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

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

Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa. Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home conducted an observed fire drill at 8:30am on 4/4/13 with the local fire department and with the assistance of 17 staff persons. All present staff was informed in advance that the drill would be occurring. The fire drill was also utilized as part of the home's annual fire safety training. The home conducted no other fire drill during the month and therefore an unannounced drill was not conducted during the month of April 2013.

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.

For the month of April 2013, since the fire drill was a scheduled drill it did not count for the monthly unannounced fire drill. Per regulation, the Administrator will ensure that for all future fire drills that are scheduled, there will be an additional unannounced fire drill conducted for that same month.

The Administrator shall be responsible for ongoing compliance.
m
9/4/13

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* Date *9/2/13*

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Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The current medical evaluation in the record of resident #1 (completed 8/24/13) did not indicate if the resident is able to self-administer medication.

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.

The medical evaluation for resident #1 has been updated by the resident's physician on 8/21/2013 to indicate that the resident is unable to self-administer medication. The physician's authorized date and signature is documented next to the updated field. A copy of the updated medical evaluation is attached. All future medical evaluations will be double checked by either the Administrator or designee to ensure all fields have been completed.

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Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A, who routinely administers medication did not complete the Annual Practicum to be completed by 7/15/13 and is therefore not properly trained to administer medication.

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.

Staff person A was out on maternity leave when her Annual Practicum was due. When she came back the next month her certification had already expired. Staff person A was immediately withdrawn from passing medication on the date of inspection. She has now completed and passed the medication certification on 8/21/13 and is now able to administer medications (documentation is attached). The Administrator will review the Medication Certification binder quarterly to ensure that all certifications are up to date.

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Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

A bottle of Metformin 1,000mg prescribed to resident #2 was not labeled with a pharmacy label.

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.

There was a bottle of prescribed Metformin for Resident #2 that did not have a proper pharmacy label on it. A new pharmacy label was immediately ordered by the supervising PCA and placed on the Metformin bottle the day of the inspection. A copy is attached. All staff were in-serviced on the protocol for pharmacy labels on 8/28/13. The supervisor from each shift will review all delivered medications daily to ensure that a proper pharmacy label is attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

[Handwritten Name: Judy Lee]

Date

[Handwritten Date: 9/2/13]

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 (Initials)

Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

It is the home's policy that all narcotic medication be counted by two staff persons at the beginning and end of each shift and that the final count be documented as well as the signatures of the staff persons who counted the medication.

Resident #3 is prescribed Kolonopin .5 mg 1/2 tablet to be administered twice daily. The narcotic count sheet as well as the staff signature sheet indicates that at 8:00am on 8/20/13, 69 tablets were present. When counted at the time of the inspection, it was determined 68 tablets were present. A review of documentation indicates the staff person who administered the medication at 8:00am on 8/19/13 did not document on the count sheet having administered the medication. In addition, the staff signature sheet indicates staff from the second shift on 8/19/13 until the afternoon of 8/20/13 did not notice the discrepancy and incorrectly counted the remaining medication.

The home also keeps additional narcotic medication not being currently used in a separate locked cabinet that only the administrator and designee have access to. These medications are not being routinely counted at the beginning and end of each shift as specified in the home's policy.


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.

The staff did not correctly document the narcotic medication according to policy for Resident #3. The incorrect documentation was immediately errored out on the narcotic sheet the day of inspection. A copy is attached. All medication certified staff were in-serviced on 8/28/13 regarding this policy. Supervisors from each shift will monitor the narcotic documentation daily to ensure accuracy. The narcotics policy has also been updated on 8/21/13 which states that the narcotics that are kept in the locked storage area separate from the medication carts are not to be included the daily narcotic count. The new policy is attached.

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Violation Report: 22082 - 08/20/2013 - Patton, Leslie

PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa. Code §2600

2600.157(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed sliding scale insulin to be administered as needed at 8:00am, 12:00pm, 5:00pm, and 8:00pm. Based upon the resident's blood sugar readings from 8/1/13 - 8/20/13, the resident would have received insulin 54 times during this timeframe. The staff did not initial or sign the resident's Medication Administration Record to indicate insulin was administered any of the 54 times insulin administration would have been required.

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.

Blood sugar readings for Resident #4 indicated that insulin was to be given 54 times based on a sliding scale during the period 8/1/13 to 8/20/13. The insulin was given but not documented on the MAR. An entry for insulin was immediately added to this resident's MAR on the day of inspection and documentation began on the next medication pass. A copy of the MAR is attached. All medication certified PCA's were in-serviced on 8/28/13 on the proper documentation for sliding scale entries on the MAR. The supervising PCA will check all future sliding scale orders to make sure that they are properly documented.

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

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Violation Report: 22032 - 08/20/2013 - Patton, Leslie
 PCH Name: NORTH PENN MANOR

1. REGULATION 65 Pa.Code §2600

2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening completed for resident #5 (dated 5/3/13) and resident #6 (dated 4/1/13) did not indicate if the home is able to meet the resident's 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.

The preadmission screening for resident #5 and resident #6 did not have the box checked "yes" indicating that the needs of the resident can be met by the services provided by the home. This was a clerical error. An updated preadmission screening for resident #5 and resident #6 have been completed by the Administrator on 8/21/2013 and are attached. All future preadmission screening forms will now be double checked by the Administrator or supervising PCA to ensure that all fields have been completed.

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</i>	Date <i>9/2/13</i>
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