



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 3 0 2013

Mr. Edward Cauley, Co-Owner
William's Manor LLC
William's Manor
164 Baron Road
Wind Gap, Pennsylvania 18091

Dear Mr. Cauley:

As a result of the Department of Public Welfare's licensing inspection on September 17, 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 29, 2013 to October 29, 2014 was issued on August 5, 2013. Your regular license remains in good standing.

Sincerely,

Matthew Jones
Acting Director ^{SH}

Enclosure
License Inspection Summary

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

PCH Name: WILLIAM'S MANOR		License Number: 20731
Address: 164 BARON ROAD, WIND GAP, PA 18081		County: Northampton
Administrator: COLLEEN BROOKS		Region: NORTHEAST
Legal Entity Name: WILLIAMS MANOR L.L.C.		
Legal Entity Address: 164 BARON ROAD, WIND GAP, PA 18081		
Certificate(s) of Occupancy C-3 SP 03/29/1988 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/17/2013: Dumas, Gerald		
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: 8 Number of Residents Served: 5 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 5 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 20731 - 09/17/2013 - Dumas, Gerald
POH Name: WILLIAM'S MANOR

1. REGULATION 55 Pa.Code §2600

2800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The last six fire drills all occurred near the end of the month: 3/27/13, 4/23/13, 5/29/13, 6/29/13, 7/30/13 and 8/28/13. The home will need to vary the fire drills to include a variety of dates throughout the month.

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 HAS BEEN NOTIFIED VERBALLY AND BY MEMORANDUM THAT IS DISPLAYED THROUGHOUT THE BUILDING AND IN THE ~~MEMORANDUM~~ THAT FIRE DRILLS WILL BE
FIRE LOG

HELD ON DIFFERENT DAYS OF THE WEEK AND AT DIFFERENT TIMES OF THE DAY AND NIGHT.

Adm or designee will review on a monthly basis to insure on-going compliance.

OP 10-15-13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Colleen Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Colleen Brooks Administrator Date 10/10/13

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

The above plan of correction is approved as of 10-15-13 (Date)

Plan of correction implementation status as of 10-15-13 (Date)

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

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

Violation Report: 20731 - 09/17/2013 - Dumas, Gerald
PCH Name: WILLIAM'S MANOR

1. REGULATION 55 Pa. Code §2600
2600.187(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
The medications for the following residents did not indicate diagnosis or purpose:

Resident # 1 Caltrate Calcium . Take 1 tab daily at 9:00 a.m

Resident # 2. Senokot Take 2 tabs 1x a day but no more than 4 tabs 2x a day.
Imodium . Take 2 tabs at 1st loose stool p.r.n.

Resident # 3 Omeprazole 20 mg. 1 tab daily by mouth at 9 a.m. before morning time pills.

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 HAS BEEN NOTIFIED BY MEMORANDUM AND VERBALLY - AND A NOTICE APPEARS IN THE MAR - THAT ALL MEDICATIONS WILL BE ACCOMPANIED BY PAPERWORK INDICATING THE PURPOSE FOR THE DOSAGE AND THE DIAGNOSIS THAT MAKES IT NECESSARY. Adm or designee will monitor MARS on a weekly basis to insure ongoing compliance.

10-15-13

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

Colleen Brooks

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Colleen Brooks Administrator	Date 10/10/13
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<p>The above plan of correction is approved as of <u>10-15-13</u> (Date)</p> <p>The above plan of correction was approved by <u><i>QP</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>10-15-13</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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