



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 16 2013

Mr. Samuel Pagano, President
Saint Benedict Manor, Inc.
600 Theater Road, Box 57
St. Benedict, Pennsylvania 15773

RE: Saint Benedict Manor, Inc.
License #: 303420

Dear Mr. Pagano:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 7, 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 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.

Your regular license for the period November 6, 2013 to November 6, 2014 was issued on July 30, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: SAINT BENEDICT MANOR INC		License Number: 30342
Address: 600 THEATER ROAD BOX 57, ST. BENEDICT, PA 15773		County: Cambria
Administrator: Laura Rose Krug		Region: CENTRAL
Legal Entity Name: SAINT BENEDICT MANOR INC		
Legal Entity Address: 600 THEATER ROAD BOX 57, ST. BENEDICT, PA 15773		
Certificate(s) of Occupancy C-2 LP 03/08/1995 Labor and Industry		
Staffing Hours Resident Support: 0		Total Daily Staff: 34 Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/07/2013: OPake, Hope; Riel, Becky		
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: 44 Number of Residents Served: 32 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: 2 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 1

Violation Report: 30342 - 10/07/2013 - OPake, Hope
PCH Name: SAINT BENEDICT MANOR INC

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 #1, who was not evacuated during the fire drill conducted on June 26, 2013, does not have a written certification from a doctor that the resident is actively dying and may 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.

Saint Benedict Manor, Inc. has created and implemented a policy that meets the requirements of 2600.29a(b)(1), 2600.29a(b)(2), 2600.29a(b)(3), 2600.29a(b)(4), 2600.29a(b)(5)(i), 2600.29a(b)(5)(ii), 2600.29a(b)(6), 2600.29a(b)(7), 2600.29a(b)(8), 2600.29a(b)(9), and 2600.29a(b)(10). Please see attached policy "POLICY REGARDING HOSPICE PATIENTS AND FIRE DRILLS".

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Samuel Pagano*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **SAMUEL PAGANO, PRESIDENT** Date **11-8-13**

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

The above plan of correction is approved as of 12-2-13
(Date)

Plan of correction implementation status as of 12-2-13
(Date)

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

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

Violation Report: 30342 - 10/07/2013 - O'Pake, Hope
PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
2600.53(a) - The administrator shall have one of the following qualifications:
(1) A license as a registered nurse from the Department of State.
(2) An associate's degree or 60 credit hours from an accredited college or university.
(3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
(4) A license as a nursing home administrator from the Department of State.
(5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct-care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION
Staff person A, one of the administrators of the home, does not have a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license from the Pennsylvania Department of State as a nursing home administrator.

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 did meet qualifications as spelled out in 2600.53(a), see attached copy of Bachelor of Science degree.

Violation withdrawn - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Samuel Pagano

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

SAMUEL PAGANO, PRES.

Date *11-8-13*

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(Date)

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(Date)

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(Initials)

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Violation Report: 30342 - 10/07/2013 - OPake, Hope
PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
(1) An orientation program approved and administered by the Department.
(2) A 100-hour standardized Department-approved administrator training course.
(3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION
Staff person A, who is one of the home's administrators, has not successfully completed an orientation program approved and administered by the Department; a 100-hour standardized Department-approved administrator training course; and a Department-approved competency-based training test with a passing score.

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 did meet qualifications as spelled out in 2600.64(a), see attached copies of orientation, 100-hour training course, and competency test.

Violation withdrawn SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Samuel Pagano*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **SAMUEL PAGANO** Date **11-8-13**

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 30342 - 10/07/2013 - OPake, Hope
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on August 7, 2013, provides unsupervised ADL services to the residents. The staff person has not successfully completed the Department-approved direct care training course or passed the competency test.

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.

Direct care staff person B has successfully completed the Department-approved direct care staff person training course and competency test, see attached, as of 11-8-2013. -SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Samuel Pagano*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **SAMUEL PAGANO, PRES.** Date **11-8-13**

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 (Initials)

Plan of correction implementation status as of 12-2-13
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 30342 - 10/07/2013 - OPake, Hope
PCH Name: SAINT BENEDICT MANOR, INC

1. REGULATION 55 Pa.Code §2600
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's record of direct care staff training does not include orientation on the home's emergency medical plan for Staff Member B and Staff Member C.

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.

Emergency Medical Plan has been updated, reviewed with staff and included in their files. The Emergency Medical Plan will be part of the initial training for all new employees and documentation of such will be kept in their files. See attached plan and Documentation of Orientation to the General Operation of the Home Including Fire Safety-Regulation 2620.73 (c).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Samuel Pagano*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **SAMUEL PAGANO PRES.** Date **11-8-13**

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Violation Report: 30342 - 10/07/2013 - OPaka, Hope
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's staff training plan for 2013 does not include training in medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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.

Saint Benedict Manor, Inc. staff training plan now includes training on medication self-administration, and instruction on meeting the needs of the Residents as described in the pre-admission screening form, assessment tool, medical evaluation, and support plan. The RASP binder for staff also includes copies of the preadmission screening form, and DME.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Samuel Pagano*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **SAMUEL PAGANO, PRES.**

Date **11-8-13**

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The above plan of correction is approved as of 12-27-13
 (Date)

Plan of correction implementation status as of 12-2-13
 (Date)

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

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented