



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 1 0 2013

Sister Mary Andrew, Administrator
Bishop Pelczar Manor
856 Cambria Street
Cresson, Pennsylvania 16630

RE: John Paul II Manor
License #: 303180

Dear Sister Mary Andrew:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 9, 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 January 1, 2014 to January 1, 2015 was issued on September 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". There are some initials or scribbles above the name.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: JOHN PAUL II MANOR		License Number: 07303
Address: 856 CAMBRIA STREET, CRESSON, PA 16630		County: Blair
Administrator: Sister Mary Andrew		Region: CENTRAL
Legal Entity Name: BISHOP PELCZAR MANOR		
Legal Entity Address: 856 CAMBRIA STREET, CRESSON, PA 16630		
Certificate(s) of Occupancy C-2 LP 09/16/2005 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 38 Waking Staff: 29		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/09/2013: Rouse, McKinley; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>NOV 21 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 38 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: 7 Are 60 Years of Age or Older: 35 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 07303 - 10/09/2013 - Rouse, McKinley
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person #1, date of hire 07/31/2013, did not receive training on smoking safety procedures, smoking policy and locations of fire extinguishers and smoking areas until 08/03/2013.

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.

1. New training sheet was designed that clearly defines what is required training on Day 1. (See sample)
2. Administrator's designee will check all new hire's training on Day 1. Documentation of training will be kept. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):	11/20/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Mary Andrew*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **SR. MARY ANDREW** Date **11/15/13**

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

The above plan of correction is approved as of <u>11-25-13</u> (Date)	Plan of correction implementation status as of <u>11-25-13</u> (Date)
The above plan of correction was approved by <u>SE</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

Violation Report: 07303 - 10/09/2013 - Rouse, McKinley
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

See attached fax

Staff Person #2, date of hire, 11/25/2009, and Staff Person #3, date of hire 08/02/2008, did not receive training in falls and accident prevention in the 2012 training year.

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.

Employees will sign off on new form - sign in sheet for all employees on training days which will be used by Administrator or designee for training attendance.

Staff Person # 3 will receive the required training. -EE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Andrew

Printed Name and Title of Legal Entity Representative
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SR. MARY ANDREW

Date 11/15/13

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Violation Report: 07303 - 10/09/2013 - Rouse, McKinley
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The count sheet for Resident #1's Opana ER indicated that there were only 13 tablets of the medication available, but the actual count of the medication was 14 tablets.

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 start using a clearer and more complete sign out sheet for Controlled substances.

Will be checked daily by Administrator or designee for one month then weekly for 2 months.

The home conducted an investigation to account for the discrepancy in the number of tablets recorded of the identified medication. -SE

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St. Mary Andrew

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Violation Report: 07303 - 10/09/2013 - Rouse, McKinley
 PCH Name: JOHN PAUL II 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

Resident #2's non-aspirin 325 mg, take 2 tabs 4 times a day, was not initialed as having been given on 10/03/2013 and 10/06/2013.

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.

Administrator or designee will check daily for a month then weekly for 60 days the M.A.R.S. for signatures at proper times. The home will investigate whether the resident received the medication and provide re-training to staff person(s) responsible. -SE

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Printed Name and Title of Legal Entity Representative
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1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 10/09/2013, the following medications were marked as already having been administered to Resident #3 on 10/10/2013, at 8:00 am:
 *Celebrex 200 mg capsule, take 1 capsule by mouth orally daily for arthritis pain
 *Furosemide 40 mg tablet, take 1 and 1/2 tablet orally daily for edema
 *Glipizide XL tablet, take 1 tablet orally twice daily for diabetes

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.

*Administrator or designee will check daily for 1 month then weekly for 60 days to make sure M.A.R.S. were properly signed.
 Staff will be re-trained by the home to record required information at the time of medication administration by 12/15/13. - EE*

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SR. MARY Andrew* Date *11/15/13*

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1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

-Resident #4's dermadrox ointment was not administered on the following dates:

- 10/06/2013
- 10/07/2013
- 10/08/2013
- 10/09/2013

-The medication administration record for Resident #3 recorded that the resident's blood sugar was 256 on 10/02/2013, from 3:00 pm to 4:00 pm, and that 8 units of Novolog insulin were administered to the resident, but the sliding scale for Resident #3 lists 6 units as the correct amount of insulin for the resident's blood sugar reading.

-The medication administration record for Resident #3 documents that the resident's blood sugar was 142 on 10/04/2013, at 6:30 am, and that 3 units of Novolog insulin were administered to the resident, but the sliding scale for the same resident lists 2 units as the correct amount of insulin for the resident's blood sugar level.

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.

Administrator or designee will randomly audit Physician Orders for a month two times a week then one time a week for 2 months to make sure that doctor orders are being followed as prescribed by Physicians.

The home will provide re-training to staff to ensure that medication is being administered as prescribed, by

12/15/13. - SE

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SR. Mary Andrew

Printed Name and Title of Legal Entity Representative
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SR. Mary Andrew

Date

11/15/13

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