



NOV 28 2013

Ms. Vida Glover, Administrator
Hendorn Inc.
101 Maple Street
Coudersport, Pennsylvania 16915

RE: Cole Manor
License #: 242630


Dear Ms. Glover:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 10, 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 December 8, 2013 to December 8, 2014 was issued on September 13, 2013. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Acting Director / JH

Enclosure
License Inspection Summary

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

PCH Name: COLE MANOR		License Number: 24263
Address: 101 MAPLE STREET, COUDERSPORT, PA 16915		County: Potter
Administrator: Vida Glover		Region: NORTHEAST
Legal Entity Name: HENDORN INC		
Legal Entity Address: 101 MAPLE STREET, COUDERSPORT, PA 16915		
Certificate(s) of Occupancy C-2 LP 10/21/1987 L & I		
Staffing Hours: Resident Support: 0		Total Daily Staff: 20 Waking Staff: 15
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/10/2018: Harvey, Jason		
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: 30 Number of Residents Served: 20 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: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 20 Have Mental Illness: 1 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 24263 - 10/10/2013 - Harvey, Jason PCH Name: COLE MANOR	
1. REGULATION 55 Pa.Code §2600 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	
2a. DESCRIPTION OF VIOLATION The contract in the record for resident #1 and #2 was not signed by the resident's payer.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p><i>Payer has since signed the contracts. Administrator will make sure from this point on Resident and payer both sign contract.</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Vida Glover, Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER</i>	Date <i>11-5-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/20/13</u> (Date)	Plan of correction implementation status as of <u>11/20/13</u> (Date)
The above plan of correction was approved by <u><i>m</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

Violation Report: 24263 - 10/10/2013 - Harvey, Jason
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home's Quality Management Plan indicates that quarterly meeting will be held to review the reportable incident and condition reporting procedures, compliant procedures, staff person training, licensing violations and plans of correction and resident or family councils. Administrator A stated that the home is not conducting Quarterly Management Meetings quarterly 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.~~

*Quality Management Plan has been updated, see attached
 Administrator will meet yearly to review QI indicators
 with Cole Memorial Administrator. Comment section
 added for monthly notes.*

*The administrator shall be responsible for
 ongoing compliance.*

*M
 11/20/13*

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/28/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Vida A. Glover, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VIDA GLOVER, ADMINISTRATOR* Date *11-05-13*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 11/20/13
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 24263 - 10/10/2013 - Harvey, Jason
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10/10/2013 at approximately 12:45pm the shower mats located in the home's shower room next to resident room #3 contained black mold.

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.

Shower mats removed and thrown away at the time of inspection, new mats put in the shower. Staff was asked to check often to ensure that there is no mold on the bottom of mat.

** The administrator shall monitor Monthly for ongoing compliance.*

*M
11/20/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Blower Administrator

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

VIDA BLOWER, ADMINISTRATOR

Date

11-05-13

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Violation Report: 24263 - 10/10/2013 - Harvey, Jason
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 Resident room #4 did not have the current personal care home compliant hotline number posted.
 The required emergency telephone numbers were not posted in resident room #21.

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.

New tags for all residents phones have been made and placed on all phones

The administrator shall monitor and assure ongoing compliance.

*M
 11/20/13*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blower Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA BLOWER ADMINISTRATOR* Date *11-05-13*

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Violation Report: 24263 - 10/10/2013 - Harvey, Jason
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed 250/50 of Advair Diskus inhaler. The manufacturer directions indicate the inhaler is to be used within 30 days of being opened. The home did not have documentation when the Advair Diskus was opened.
 Resident #4 is prescribed 100/50 of Advair Diskus inhaler. The manufacturer directions indicate the inhaler is to be used within 30 days of being opened. The home did not have documentation when the Advair Diskus was opened.

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 training on Advair Diskus, the use by date is 1 month from opening the pouch

The administrator shall be responsible for staff training, monitoring & ongoing compliance.
11/20/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Vida Glover Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *VIDA BLOVER ADMINISTRATOR* Date *11-05-13*

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Violation Report: 24263 - 10/10/2013 - Harvey, Jason
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the home on 9/5/2013. The home did not develop a support plan for the resident until 10/10/2013, more than 30 days after being admitted to the home.

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.

A new resident tracking sheet was made to ensure all forms are completed on time.

The administrator shall be responsible for monitoring and ongoing compliance.

m
11/20/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/28/2012

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Blauer Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA BLAUER ADMINISTRATOR* Date *11-05-13*

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Violation Report: 24263 - 10/10/2013 - Harvey, Jason
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident #1 did not indicate hair color.
 The record of resident #2 did not indicate identifying marks.
 The record of resident #5 did not indicate identifying marks and had a photograph that expired on 8/30/2013.

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.

All forms have been completed, photographs date will be tracked on Resident Tracking sheet. Administrator will take the time to ensure all information is completed on forms.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Allover Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA ALOVER ADMINISTRATOR* Date *11-05-13*

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