



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Mr. Richard W. Wilson, Administrator  
Arbutus Park Manor, Inc.  
207 Ottawa Street  
Johnstown, Pennsylvania 15904

RE: Arbutus Park Manor  
License #: 300060

Mr. Wilson:

As a result of the Department of Public Welfare's licensing inspection on October 30, 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.

Your regular license for the period December 3, 2013 to December 3, 2014 was issued on August 14, 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  
Director

Enclosure  
License Inspection Summary



Violation Report: 30006 - 10/30/2013 - Rosenblat, Dale  
 PCH Name: ARBUTUS PARK MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The home's quality management review did not address staff person training.

**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 have set up a Staff Training committee that will monitor all Trainings. They will check to see who has attended a training + who will need to attend a Training. They will keep track of the hours for each year. (Our year runs from Oct 1, 2013 to September 30, 2014). They will plan the trainings and all sections of DPW Training will be covered. If there is some who don't show the first time it will be offered the 2nd time. If they do not attend at least one of the 2 trainings ~~steps~~ disciplinary Action will be taken.

This committee was formed in January 2014 and will follow through with all inservices held from January 2014 on.

The two attached forms will be what we will use to monitor this activity.

Attached also is a copy of our Quality Assurance Plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lois Padliner Personal Care Director* Date *1-9-14*

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

The above plan of correction is approved as of <u>3/12/14</u> (Date)	Plan of correction implementation status as of <u>3/12/14</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" 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: 30006 - 10/30/2013 - Rosenblat, Dale  
 PCH Name: ARBUTUS PARK MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to Direct Care Staff Person A in the 2012 training year did not include training in the following required topics:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments

**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.

- Instruction on meeting the needs of the residents as described in preadmission screening form, assessment tool, medical evaluation & support plan.

We will conduct training on each resident as we finish their <sup>initial</sup> care plans & update their care plans yearly and for any changes. We will have each person sign that they were educated on each resident that will be kept with their care plans. We will then document monthly on our staff training papers the amount of time spent doing this. We will have our QA Staff training committee check quarterly that all are reading the care plans as instructed. This will start in January 2014

- Care for residents with dementia and cognitive impairments

We will conduct a training on January 23rd - Mandatory for all staff. We will have 4-5 people off on LVA at that time and will offer the training at a later date for those who did not attend. We will document on our training tracking form who did attend and for the amount of time spent in training. I will send you a copy of the Interview hours when it is over and paperwork from the interview. I will offer the training twice a year to insure all staff get trained. The QA Staff training committee will also monitor this and track the hours of training on our training forms for hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lois Pueliner*

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

Lois Pueliner Personal Care Director

Date 1-8-2014

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3/12/14  
 (Date)

Plan of correction implementation status as of

3/12/14  
 (Date)

The above plan of correction was approved by

NSC  
 (Initials)

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

Violation Report: 30006 - 10/30/2013 - Rosenblat, Dale  
PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

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- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Person A in the 2012 training year did not include training in the following required topics:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments

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.

If we come up with something new our staff needs trained on we will have an inservice on this - for example colostomy or catheter care etc.

Direct Care Staff Person A - She will be trained on Dementia care when she returns from her WA for surgery - I will see you get that paperwork when completed she will be of 8-12 wks. So this may not be completed until April. She has been trained on the care of the residents & has read & understands the care of the residents care plans from November, 2013 to Present.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lisa Puller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lisa Puller* Personal Care Director      Date *1-8-2014*

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Violation Report: 30006 - 10/30/2013 - Rosenblat, Dale  
 PCH Name: ARBUTUS PARK MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted on 3/15/2013. The resident's medical evaluation was completed on 10/16/2012, which is more than 60 days prior to admission.

**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.

I am not sure how you want me to correct Resident #1 Form. But we have started a new procedure for any new admissions. It is as follows: We give a letter to the New resident + their family stating that they will need to see their Primary care Doctor 30-60 days prior to admission and also have the Doctor fill out the Medical Evaluation form. Once we get the Paperwork back and it is double checked by 2 LPN's we will admit the New resident to the Manor.

Attached to the letter we will send to the family + resident along with the Med Eval. This went into effect on January 1, 2014

On Resident #1 She was seen by the Physician on 3/23/2013 - She was admitted on 3-1-13. We did not fill out a 2nd Medical Evaluation form.

Questions for you - When a resident changes their PCP to the Inhouse Doctor do we need to have another Medical Evaluation Form filled out by them Also?  
 (This happens sometimes after the resident comes to live here for a while, that they change Doctors.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lois Puddin' Liskell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Person Care Director Lois Puddin'</i>	Date <i>1-8-14</i>
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