



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 05 2014

Ms. Theresa L. Hughes, President
Our Orangeville Manor Inc.
P.O. Box 157, 210 Mill Street
Orangeville, Pennsylvania 17859

RE: Our Orangeville Manor Personal Care Home
License #: 223930

Dear Ms. Hughes:

As a result of the Department of Public Welfare's licensing inspection on April 7, 2014, 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 June 14, 2014 to June 14, 2015 was issued on February 14, 2014. 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: OUR ORANGEVILLE MANOR		License Number: 22393
Address: 210 MILL STREET, ORANGEVILLE, PA 17859		County: Columbia
Administrator: THERESA L. HIGHER Hughes		Region: NORTHEAST
Legal Entity Name: OUR ORANGEVILLE MANOR INC.		
Legal Entity Address: PO BOX 157, 210 MILL STREET, ORANGEVILLE, PA 17859		
Certificate(s) of Occupancy C-2 LP 12/30/1982 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Types of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2014: Dumas, Gerald; O'Haire, Anne		
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: 36 Number of Residents Served: 36 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: 11 Are 60 Years of Age or Older: 21 Have Mental Illness: 36 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22393 - 04/07/2014 - Dumas, Gerald
 PCH Name: OUR ORANGEVILLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person "A" DOH 06-21-13 had been in the United States Army for the 5 years prior to his employment at the facility. Staff person "A" reported they returned to Pennsylvania in April 2013 and had been stationed in Texas, California and Kentucky during their military service. The home completed only a Pennsylvania State Police background check and no FBI background was completed. This employee was provisionally retained beyond 30 days. This is not in compliance with the Older Adult Protective Service Act.

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.

The home understands the importance of this regulation is to ensure that employee's with prohibitive offenses do not work in Personal care homes.

Administrator will closely monitor and ensure criminal history checks including FBI background checks are completed for all new employees not residing in the state of Pennsylvania for two consecutive years.

Administrator completed and mailed a FBI background check on staff person A on 4/15/14.

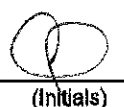
Proof of the same is enclosed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Theresa L Hughes Administrator</i>	Date <i>4/24/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-1-14</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5-1-14</u> (Date) <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
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Violation Report: 22393 - 04/07/2014 - Dumas, Gerald
 PCH Name: OUR ORANGEVILLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

The home did not obtain a FBI criminal background check within 90 days of employment of staff person "A" DOH 06-21-13. Staff person "A" reported they returned to Pennsylvania in April 2013 and had been stationed in Texas, California and Kentucky during their military service. Under the Older Adult Protective Services Act the home is required to have a FBI background check finding within 90 days of employment.

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.

The home understands the importance of this regulation, to ensure that employees with prohibitive offenses do not work in personal care homes.

Administrator will closely monitor and ensure criminal history checks including FBI background checks are completed within the required timeframes and that no individuals with prohibitive offenses be retained. 30 days for PSP check, 90 days for FBI

Administrator completed and mailed a FBI background check on staff person A on 4/15/2014.

Proof of the same is enclosed


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes Administrator* President & Date *4/24/14*

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Plan of correction implementation status as of 5-1-14 (Date)

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

Violation Report: 22393 - 04/07/2014 - Dumas, Gerald
 PCH Name: OUR ORANGEVILLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

Exterior lighting is not provided from resident room #8's emergency exit, including the pathway along the east side of the home. The lack of lighting poses a potential fall risk for residents and staff exiting the home in a nighttime emergency.

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.

The home understands the importance of this regulation is to ensure a rapid evacuation in the event of an emergency and it minimizes the risks of falls or other injuries due to inadequate illumination.

The home will ensure that all rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes will be illuminated and marked to ensure that all residents can safely move through the home and safely evacuate.


Maintenance staff placed lighting fixtures outside the entryway near room #8 emergency exit. Lighting fixtures were also installed to illuminate the outside emergency exit east of the building to ensure that residents can move through the home and safely evacuate. date completed 4/14/14.
 Proof of the same is enclosed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes Administrator* President Date *4/24/14*

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Violation Report: 22393 - 04/07/2014 - Dumas, Gerald
 PCH Name: OUR ORANGEVILLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

Interviews with staff and residents indicated that portable space heaters were used on days when the temperatures this past winter fell below 0 degrees. The portable space heaters were used in resident rooms #1 and #2. Staff showed Department Representative the location of the stored portable space heaters.

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.

The home understands the regulation with portable space heaters, and that they are frequent Cause of fire and burn injuries to residents who came in contact with them. Residents are protected from fire and injury by this regulation.

In January during the sub zero temperatures rooms 1 and 2 dropped below the required 70°. Maintenance staff placed a call to our emergency contact for service with our furnace. Young's plumbing and heating. While waiting for the service tech to arrive staff offered residents extra blankets and allowed them to rest on the furniture in the sitting rooms where it was much warmer. Maintenance staff used a portable space heater in rooms 1 and 2 to help regulate the heat while waiting for the repair to be made. Both portable heaters were constantly under the staffs watchful eye. Upon Young's arrival and heat being restored to rooms 1 & 2, the portable space heaters were immediately removed from the building. Administrator held a meeting with the maintenance staff informing them of this regulation and the importance of it. Proof of the same enclosed.

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

Printed Name and Title of Legal Entity Representative. (Required on EVERY Page)	Date
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Theresa Hughes Our Orangeville Manor.
2600.127(a) 4/24/2014

Continued plan of corrections.

On 4/29/14 the home will permanently install 2 - 4 foot electric baseboard heaters that will be hard-wired with permanent connectors in room # 1 and 2.

This will be a secondary heating source to use in the event of a heating emergency.

Proof of the same will follow.

Og. ~~4-1-14~~ 5-1-14

Violation Report: 22393 - 04/07/2014 - Dumas, Gerald
 PCH Name: OUR ORANGEVILLE MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #1's following diabetic medications, administered by the home, were outdated.

1. Insulin Aspart Human 100 unit vial, to be given Subcutaneously 3 times a day with each meal was labeled opened on 03-06-14. The manufactures direction states to discontinue use after 28 days of being opened.
2. Insulin glorgine 100 unit vial, 15 units to be administered subcutaneously at bed time was opened on 03-06-14. The insulin was in use and the manufactures directions indicates, discontinue the use of this medication after 28 days of being 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.

The home understands the importance of the regulation is to ensure that residents receive their medications and treatments as ordered by a physician

Administrator held a meeting with all DCS reminding them of the importance of this regulation.

Staff created a flow chart as a reminder of outdated vials so this regulation is not repeated.

This violation was corrected at the time of inspection. 4/7/14
 Staff member pulled the outdated vials (2) of insulin and replaced with updated vials. The outdated vials were properly disposed of and documented by 2 staff members

Proof of the same enclosed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Theresa L Hughes

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

Theresa L Hughes Administrator

Date

4/24/2014

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[Signature]
 (Initials)

Violation Report: 22393 - 04/07/2014 - Dumas, Gerald
 PCH Name: OUR ORANGEVILLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #2 was not dated. It could not be determined if the prescreening was completed timely prior to resident # 2's admission to the home on 1/14/2014

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.

The home understands the importance of this regulation is to ensure that the home can safely meet the residents needs prior to their admission.

The administrator will monitor and ensure that all the pre-admission screenings for future admissions are dated.

The administrative assistant will be reviewing the pre-admission screenings for all future admissions to ensure they are dated.

This violation was corrected at time of inspection 4/7/14
 Adm or designee will audit all existing resident records to insure current compliance. ☉

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Theresa L Hughes

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

Theresa L Hughes Administrator

President

Date

4/24/2014

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