



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 1 1 2014

Ms. Judy Lee, Administrator
North Penn Manor, Inc.
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

RE: North Penn Manor
License #: 220320

Dear Ms. Lee:

As a result of the Department of Public Welfare's licensing inspection on August 19, 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 October 8, 2014 to October 8, 2015 was issued on June 20, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

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

PCH Name: NORTH PENN MANOR		License Number: 22032
Address: 240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702		County: Luzerne
Administrator: Judy Lee		Region: NORTHEAST
Legal Entity Name: NORTH PENN MANOR INC		
Legal Entity Address: 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702		
Certificate(s) of Occupancy I-2 02/08/2011 City of Wilkes Barre		
Staffing Hours Resident Support: 0 Total Daily Staff: 70 Waking Staff: 53		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/19/2014: Harvey, Jason; Dumas, Gerald		
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: 80 Number of Residents Served: 68 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: 33 Are 60 Years of Age or Older: 60 Have Mental Illness: 15 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 22032 - 08/19/2014 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The bathroom in room #33, does not have an operable window or ventilation fan.

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.

Per regulation 86B, a bathroom that does not have an operable outside window shall be equipped with an exhaust fan for ventilation. Room 33 had an inoperable fan that was in the process of being replaced. Parts were ordered two days before the inspection but did not come in yet. The parts were shipped the day of the inspection (receipt attached). The exhaust fan was installed on 8/21/14 by maintenance and is fully operable. (Photo attached) All bathroom fans have been checked by maintenance and are fully operable. Maintenance and the administrator will continue to check all exhaust fans to ensure that all bathrooms are in compliance with regulation 86B.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee* Date *9/5/14*

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

The above plan of correction is approved as of *9/5/14*
 (Date)

Plan of correction implementation status as of *9/5/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 22032 - 08/19/2014 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 There is no bedside table or shelf beside the bed in room #22.

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.

Per regulation 101j5, each resident shall have the following in the bedroom: a bedside table or a shelf. Room 22 had a night stand but it was not located next to the resident's bed. A bed side table was placed next to the resident's bed on 8/21/14 by maintenance (photo attached). The administrator has checked all resident rooms, and will continue to monitor all rooms, to ensure compliance with regulation 101j5.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Judy Lee

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

Judy Lee

Date

9/5/14

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

The above plan of correction is approved as of

9/5/14
 (Date)

Plan of correction implementation status as of

9/5/14
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

Violation Report: 22032 - 08/19/2014 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment Support Plan (R.A.S.P.) for resident #1 (dated 10/4/13), did not include physical therapy services from a home health agency.

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.

Per regulation 227D each home shall document in the resident's RASP, the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. It was not documented in the RASP for resident #1, that she was receiving home health services. Her RASP was updated on 8/20/14 to reflect this information. (RASP is attached). The administrator has added this information for 2 other residents (RASPs are attached) who were also receiving home health services and did not have this information documented on their RASP. These were completed on 8/20/2014. The administrator will ensure that all future residents receiving home health services will have this information included on their RASP.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Judy Lee

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

Judy Lee

Date

9/5/14

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

The above plan of correction is approved as of

9/5/14
(Date)

Plan of correction implementation status as of

9/5/14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)