



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 17 2014

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

RE: John Paul II Manor
License #: 303180

Dear Sr. Andrew:

As a result of the Department of Public Welfare's licensing inspection on September 16, 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 January 1, 2015 to January 1, 2016 was issued on September 4, 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**

10-2-14
Sr. Mary Andrew

PCH Name: JOHN PAUL II MANOR		License Number: 30318
Address: 856 CAMBRIA STREET, CRESSON, PA 16630		County: Cambria
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 Labor & Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/16/2014: McCloskey, Jason; Minnich, Ron		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>OCT 07 2014</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: 34 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: 2		Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 31 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

SR. MARY ANDREW ADMIN.

Violation Report: 30318 - 09/16/2014 - McCloskey, Jason
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 9/16/2014, the home had 34 residents, but only 42 gallons of emergency drinking water. The water containers had an expiration date of 8/2014.

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.

150 gal. of Water ORDERED, Delivered
 and Stored.

The home will maintain 3 gallons of emergency drinking water for each resident at all times. *Be*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sr. Mary Andrew*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sr. Mary Andrew ADMIN* Date *10-2-14*

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

The above plan of correction is approved as of 10-24-14
 (Date)

The above plan of correction was approved by Be
 (Initials)

Plan of correction implementation status as of 10-18-14
 (Date)

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

Violation Report: 30318 - 09/16/2014 - McCloskey, Jason
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION

The gas fireplace at the front reception area does not have a protective guard in place. When the fireplace was ignited, the glass panel covering the flames reached more than 160 degrees Fahrenheit.

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.

Fireplace screen bought and put
 in front of fireplace that has
Never been used.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jr. Mary Andrew

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

JR. MARY ANDREW ADMIN

Date 10-2-14

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The above plan of correction is approved as of 10-14-14
 (Date)

Plan of correction implementation status as of 10-14-14
 (Date)

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

The above plan of correction was approved by JE
 (Initials)

Violation Report: 30318 - 09/16/2014 - McCloskey, Jason
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last supervised fire safety inspection and fire drill observed by a fire safety expert were conducted on 8/12/2014. The previous inspection and drill were conducted on 7/23/2013.

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
 1 Will make sure when fire safety expert cancels the date of training - new training will be scheduled before
LAST TRAINING DATE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *S. Mary Andrew*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SR. MARY Andrew ADMIN* Date *10-2-14*

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The above plan of correction is approved as of 10-14-14
 (Date)

Plan of correction implementation status as of 10-14-14
 (Date)

The above plan of correction was approved by be
 (Initials)

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

Violation Report: 30318 - 09/16/2014 - McCloskey, Jason
 PCH Name: JOHN PAUL II 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

The following medications were found in the home's medication refrigerator:

- an open vial of Lantus insulin with an opened date of 7/19 and an expiration date of 8/17
- an open vial of Humulin-R insulin with an opened date of 7/21 and an expiration date of 8/20

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 vial of Lantus and Humulin-R was ordered and delivered on 9/16/14.

Staff will check monthly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>SR. MARY ANDREW ADMIN</u>	Date <u>10-2-14</u>
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The above plan of correction is approved as of <u>10-14-14</u> (Date)	Plan of correction implementation status as of <u>10-14-14</u> (Date)
The above plan of correction was approved by <u>JE</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: 30318 - 09/16/2014 - McCloskey, Jason
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a half tablet of 25 mg of "Comp Allergy Tab," to be taken every six hours as needed. The home did not have the medication available.

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.

PRN was ordered and delivered on 9/16/14.

Staff will check monthly to make sure all meds are on cart.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SR. MARY ANDREW ADMIN Date 10-2-14

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The above plan of correction was approved by <u>SA</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: 30318 - 09/16/2014 - McCloskey, Jason
 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
 The medication administration record does not include the name and initials of Staff Person A, who administered medications from 9/2/2014 through 9/10/2014.

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.

*STAFF Person's Name was added to Perm. Key Record.
 Administrator will complete periodic checks of Key Record to ensure all persons administering medications have names/initials included. -EE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *St. Mary Andrew*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SR. MARY Andrew ADMIN* Date *10-2-14*

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The above plan of correction was approved by <u>EE</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