



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2015

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 Human Services' licensing inspection on October 9, 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 December 8, 2014 to December 8, 2015 was issued on September 3, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: Z4263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE 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 facility's quality management plan does not include Licensing Violations and plans of correction.

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 Quality Management Plan has been changed to ensure all areas have been included. (See attached)

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


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA GLOVER, Adm.* Date *11-12-14*

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

The above plan of correction is approved as of 12/29/14
 (Date)

Plan of correction implementation status as of 12/29/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Administrator A has completed 12 of the required 24 hours of training related to job duties for the 2013 training year.

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 will be completing 12 hrs online courses to cover these hours. Plan is to have these all completed with in this week. I will send verification of completed class hours.

4 hours have been completed by 12/29/14. The Admin will complete the additional 8 hours of approved training by 01-31-15 & submit to the regional office for review & to maintain on file. All hours earned between 10/09/14 & 01-31-15 will be marked as earned for 2013 Training Year. Q - 12/29/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Alover, Admin

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

VIDAALOVER, ADMIN

Date

11-12-14

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The above plan of correction is approved as of 12/29/14
 (Date)

home to follow up w/NERO by 01-31-15.

The above plan of correction was approved by

QA
 (Initials)

Plan of correction implementation status, as of 12/29/14
 (Date)

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

Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed near the door in resident room #7 does not have a bed side lamp or other source of illumination.

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.

Room #7 has been rearranged so the night stand with a lamp back beside the head of the bed
 The Adm or Designee will make periodic checks of the home's bedrooms to ensure ongoing compliance. CP
 12/29/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Glover, Adm.

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

VIDA GLOVER, ADM.

Date

11-12-14

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Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The upright freezer in the home's kitchen contained the following items that were previously opened but not dated:
 1 bag of mixed vegetables
 1 bag of corn
 2 bags of potato wedges
 The chest freezer located in the basement also contained a large bag of chicken strips opened but not dated.

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.

Kitchen staff have all reviewed regulations 2600.103(a) thru 2600.103(j) to ensure this does not happen again. See attached

The Administrator or Designee will periodically check the home's perishable foods to ensure ongoing compliance.

Op. 12/29/14
 14

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Vida Glover, Adm.

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

VIDA GLOVER, Adm.

Date

11-12-14

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[Signature]
 (Initials)

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Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:
 (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
 (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
 (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
 (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
 (5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

2a. DESCRIPTION OF VIOLATION

The resident - home contract does not indicate whether firearms or weapons are permitted in the home and if so under what conditions.

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.

Resident - home contract has been changed to include Firearms, Weapons, and Ammunition are not permitted on the premises of the manor, No exceptions. (See attached)

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Vida Glover, Adm.</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER, ADM.</i>		Date <i>11-12-14</i>

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The above plan of correction was approved by <u><i>OP</i></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: 24263 - 10/09/2014 - Hummel, Jesse

PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The facility most recently conducted a fire drill during sleeping hours on 7/23/14 at 5:00am. The previous fire drill conducted during sleeping hours was on 12/13/13 at 12:15am, which was more than 6 months prior.

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 have marked a yearly fire drill record for 2015 to show the night time drills are done. This will help to ensure that they are done within the 6 month time frame.

The Administrator or Designee will review the home's monthly fire drill logs to ensure ongoing compliance and to leave enough time to address any issues that are time sensitive. CP. 12/29/14

Repeat Violation: No

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Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Glover, Admin

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

VIDA GLOVER, ADMIN

Date

11-22-14

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 (Date)

Plan of correction implementation status as of 12/29/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The facility's Emergency Medical Plan does not include an emergency staffing plan.

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.

Cole Manor's Emergency Medical Plan Policy has been revised to include emergency staffing (See attached)

Adm or Designee will review home's Emergency Medical Plan periodically to address any changes or Lennet needs. CP 12/29/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Glover, Adm.

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

VIDA GLOVER Adm.

Date:

11-12-14

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- Not Implemented

Violation Report: 24263 - 10/09/2014 - Hummel, Jesse:
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION
 The resident - home contract/home rules states "smoking is not permitted on the premises at the home." "No exceptions." The home's policy on smoking states "smoking is allowed out of doors on the cement patio only." "Residents must use proper safeguards to ensure safety". The home's smoking policy has not been clearly established in the home's policies and procedures or home rules.

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.

Cole Manor's Smoking Policy has been revised to say Smoking is not permitted on the premises at Cole Manor. No exceptions. (See attached)

This will be performed with changes to home rules in mind - all residents have a 30 day time period to review & comply or look for alternate placement. Documentation shall be maintained by the Home. Q. 12/29/14

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA GLOVER, Adm.* Date *11-12-14*

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Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa. Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the vehicle utilized to transport resident's does not include adhesive tape.

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 day of inspection I did put a new roll of adhesive tape into the cars first aid kit
 Adm or Designee will periodically check the vehicle's first aid kit to insure ongoing compliance. CP, 12/29/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Glover, Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA GLOVER Adm.</i>	Date <i>11-12-14</i>
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Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B regularly administers medications. Staff person B last completed an annual practicum including 4 Medication Administration Record Reviews as well as 2 Medication Administration observations on 12/12/12. A medication administration annual practicum is required once annually in order to continue administering medications.

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.

On 11-10-14 I did have [redacted] do four medication passes, in which I did observe. We have talked that 3rd shift workers will come on to 1st shift every three months for observation of medication administration (see attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vida Blover, Adm.

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

VIDA BLOVER, Adm.

Date: *11-12-14*

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[Signature]
 (Initials)

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Violation Report: 24263 - 10/09/2014 - Hummel, Jesse
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
 Staff administering medications including insulin were last trained in the Department approved diabetes patient education program on 2/2/2012. This training is required annually in order to administer insulin.

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.

Diabetic Education Instructor from Cole Memorial Hospital was here on 10-22-14 to update all staff. This will be scheduled quarterly from now on.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA BLOWER Adm.* Date *11-12-14*

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 (Initials)

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