



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 17 2014

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

RE: Arbutus Park Manor
License #: 300060

Dear Mr. Wilson:

As a result of the Department of Public Welfare's 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 3, 2014 to December 3, 2015 was issued on August 15, 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: ARBUTUS PARK MANOR		License Number: 30006
Address: 207 OTTAWA STREET, JOHNSTOWN, PA 15904		County: Cambria
Administrator: Lois Pudliner		Region: CENTRAL
Legal Entity Name: ARBUTUS PARK MANOR INC		
Legal Entity Address: 207 OTTAWA STREET, JOHNSTOWN, PA 15904		
Certificate(s) of Occupancy C-1 01/04/1985 PA Dept. of Health		
Staffing Hours Resident Support: NM Total Daily Staff: 30 Waking Staff: 23		
Type of Inspection: Ind - Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/09/2014: McCloskey, Jason; Rouse, McKinley		
Off-Site Inspection Dates and Inspectors, if Applicable		<p>RECEIVED</p> <p>NOV 13 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>
Other Details Partial or Full Triggers: 224a - 225c Random Indicators: 15D - 20B7 - 105C - 128A - 231H		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 35 Number of Residents Served: 30 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: 0 Are 60 Years of Age or Older: 30 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 30006 - 10/09/2014 - McCloskey, Jason
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home's quality management plan specifies a bi-annual review of staff training which is to occur in February and August. The home did not conduct a review of staff training in February or August of 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.

We conducted a review on 10-14-14, the minutes from this meeting are attached. The Staff Training Committee will conduct their meetings bi-annually the second Tuesday in February and August each year and minutes will be written up. They will continue to monitor all training with staff through out the year and if there are any problems they will be addressed immediately.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Pudliner</i>	Date <i>11-07-14</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>11-13-14</u> (Date)	Plan of correction implementation status as of <u>11-13-14</u> (Date)
The above plan of correction was approved by <u>SE</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 - 10/09/2014 - McCloskey, Jason
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephones in Bedrooms 113, 129 and 132 did not have emergency service numbers posted nearby.

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 replaced all the missing Emergency Service Numbers by the resident's beds on 10-10-14. As of the third of November we are checking weekly on Saturdays each residents's room to make sure the Emergency Service Numbers are posted by the resident's phone. They will document on the attached form and if any are missing they will be replaced immediatly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Pudliner</i>	Date <i>11-07-14</i>
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The above plan of correction is approved as of 11-13-14
 (Date)

Plan of correction implementation status as of 11-13-14
 (Date)

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

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

Violation Report: 30006 - 10/09/2014 - McCloskey, Jason
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 10/9/14, there was an accumulation of lint in the lint traps of the two large commercial dryers in the main laundry room.

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.

Laundry workers have been advised to clean lint traps after EVERY load is completed. Supervisor will check throughout the day.

Please note that this violation was answered by the Department Head /Supervisor for Laundry and Housekeeping. Please let me know if there is anything else you need for this violation.

Thank-You,
 Lois Pudliner
 Personal Care Director

Lois Pudliner 11/7/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda R. Gacka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda R. Gacka Supervisor</i>	Date <i>11-4-14</i>
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The above plan of correction was approved by <u>LG</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: 30006 - 10/09/2014 - McCloskey, Jason
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The current medical evaluation for Resident #1 was completed on 11/19/13. The previous medical evaluation was completed on 10/18/12.

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.

(Administration) - AE

We are going to monitor this more closely by the date the resident was evaluated by the doctor and not by when the form was completed. We were using the date the form was completed to decide when the next one was due. We will keep track on the attached form so we don't miss the next date the resident should be evaluated.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Radliner</i>	Date <i>11-07-14</i>
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The above plan of correction is approved as of 11-13-14
 (Date)

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

Plan of correction implementation status as of 11-13-14
 (Date)

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

Violation Report: 30006 - 10/09/2014 - McCloskey, Jason
 PCH Name: ARBUTUS PARK 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 forms for Residents #2 and #3 do not contain dates when the determinations were completed.

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.

(Administrators) - 22

We will do a triple check of the Pre-Admission Screening before putting it into the chart. When a Pre-Admission Screening is completed we will have the Administrator and the Assistant Administrator (Designee) double Check that all of the blanks are filled in on the form. Then when the Pre-Admission Screening is put into the chart we will have the Charge Nurse double check the Administrator and Assistant Administrator to make sure we filled in all the blanks on the form.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Loris Rudliner* Date *11-07-14*

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The above plan of correction was approved by <u>22</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: 30006 - 10/09/2014 - McCloskey, Jason
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 -The current assessment for Resident #1 was completed on 12/12/13. The previous assessment was completed on 11/6/12.
 -The current assessment for Resident #4 was completed on 12/19/13. The previous assessment was completed on 11/25/12.

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.
(Administration) - BE
 We will have a chart of all the annual assessments that are due and will have the care plan committee keep a check on when they will be due again so that we do not go over the 380 days.
 We will continue to update the assessment when there is any significant changes.
 Attached is the form we will be using.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Redliner</i>	Date <i>11-07-14</i>
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