



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

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

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

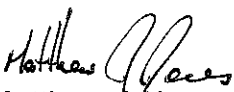
Dear Ms. Hughes:

As a result of the Department of Human Services' licensing inspection on March 31, 2015 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, 2015 to June 14, 2016 was issued on March 11, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director (S)

Enclosure
License Inspection Summary

Violation Report: 22393 - 03/31/2015 - O'Haire, Anne
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A clear zip lock package of mozzarella sticks was stored in the home's upright refrigerator. The package was not zipped closed allowing for contamination.

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 food is stored safely and protected from spoilage or infestation by insects or rodents.

Administrator conducted a retraining on this regulation to ensure all dietary staff understand that all food must be stored in sealed containers.

Administrator will monitor all freezers to ensure that dietary staff are keeping all food stored in sealed containers.

Enclosed please find documentation of the staff's retraining

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 4-16-2015

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

The above plan of correction is approved as of 4/17/15
 (Date)

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

Plan of correction implementation status as of 4/17/15
 (Date)

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

Violation Report: 22393 - 03/31/2015 - O'Haire, Anne
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, DME, for resident #1 who was admitted to the home on 6-20-14, did not include the date the resident was evaluated.

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 benefit of this regulation is to ensure accurate medical information is being provided to the home to determine if a residents needs can be met by the home. It also helps the home develop an accurate assessment and support plan and ensures that our residents medical needs can be met. Administrator conducted a meeting with the LCSW and discussed the importance of this regulation. Please see the enclosed documentation to ensure assistance with the home so that all DME forms are being completed by the doctor in its entirety prior to admission. Administrator will closely review each DME form upon all new admissions to ensure they are completely filled out.

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 *4-16-2015*

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Violation Report: 22393 - 03/31/2015 - O'Haire, Anne
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid, (white out), was used on resident # 2's medical evaluation dated 2/12/15.

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 all information provided to the home on the resident record is detailed, accurate, and unaltered.

Administrator conducted a meeting with the home's LCSW and discussed the importance of this regulation.

Please see enclosed documentation to ensure assistance with the home so that all DME forms are detailed, accurate and not altered with correction fluid by the doctors.

Administrator will closely review all DME forms upon admission to ensure they are detailed, accurate and unaltered.

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 Date 4-16-2015

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 (Date)

The above plan of correction was approved by *TH*
 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented