



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 3 0 2015

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 Human Services' licensing inspection on August 11, 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 October 8, 2015 to October 8, 2016 was issued on June 19, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 22032 - 08/11/2015 - Rushin, Julianne  
 PCH Name: NORTH PENN MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #7 's Resident Contract signature page dated 01-02-15 was signed by the resident's POA but not by the resident.

**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 25B, on 8/12/15 the administrator documented on the resident contract page that the resident was unable to sign her contract. (contract page is attached) All resident contracts were checked for proper documentation in the event that the resident could not sign. The administrator will ensure that all future contracts will have proper notation if the resident is unable to sign the contract.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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, Administrator* Date *8/26/15*

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

The above plan of correction is approved as of 8/28/15  
 (Date)

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

Plan of correction implementation status as of 8/28/15  
 (Date)

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

Violation Report: 22032 - 08/11/2015 - Rushin, Julianne  
 PCH Name: NORTH PENN MANOR

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 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Two -6lbs. cans of Sunfire brand diced pears that were found in the dry foods storage that were dented.  
 One 64 oz. jar of Mott's brand of apple sauce was found in the main kitchen refrigerator that did not have a date when the item was opened.

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 103i, on 8/11/15 the kitchen manager disposed of the dented cans and applesauce. The kitchen staff were in-serviced on making sure that all food products opened in the refrigerator are properly dated. The kitchen manager will monitor all future deliveries to ensure that no canned items are accepted if dented. She will also monitor on an ongoing basis the dry goods storage closet for dented cans and will monitor items in the refrigerator to ensure that they are properly dated.

*The administrator shall monitor and assure ongoing compliance*

*M  
8/28/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee Administrator</i>	Date <i>8/26/15</i>
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Violation Report: 22032 - 08/11/2015 - Rushin, Julianne  
 PCH Name: NORTH PENN MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The home's front parking lot area near the main entrance had evidence of smoking in a non-designated smoking area. Approximately 30 extinguished cigarette butts was observed degraded in stone landscape.

**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 144ci, on 8/12/15 the housekeeping staff removed all of the cigarette butts from the facility parking lot. Residents, staff and visitors were reminded of the facility's policy on smoking and to use the receptacles placed in the front of the building to properly dispose of their cigarette butts if they were smoking in their car as they parked. The housekeeping staff will check the parking lot daily to remove any discarded cigarette butts. The Administrator will monitor for compliance on an ongoing basis.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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, Administrator* Date *8/26/15*

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Violation Report: 22032 - 08/11/2015 - Rushin, Julianne  
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The following expired, single dose packets of OTC medications were found in the first aid kit located in the home's medication room: 2- aspirin (exp. 11/2011); 2- Motrin (exp. 4/2011); 2- antacid (exp. 5/2011); 1- Tylenol (exp. 5/2012); 1-non-aspirin (exp. 10/2011) and 1- Imodium (exp. 7/2011).

The home's "office" first aid kit contained one .33oz tube of Triple Antibiotic Ointment that expired on 01/2015.

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 183d, on 8/11/15, the administrator disposed of an expired ointment that was in the current first aid kit. A new ointment was purchased on 8/12/15 and placed in the first aid kit. The "old" first aid kit containing the OTC expired medications was discarded. This kit was not in use and was found in the back of the cabinet in the nurse station by one of the staff. The administrator will monitor the first aid kit on an ongoing basis to ensure that all supplies are within the expiration date.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee, Administrator</i>	Date <i>8/26/15</i>
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Violation Report: 22032 - 08/11/2015 - Rushin, Julienne  
 PCH Name: NORTH PENN 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 small black refrigerator located in the home's medication room where insulin is stored, did not have a thermometer.

**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 183e, the missing thermometer was located and placed back in the diabetic refrigerator on 8/11/15 by the administrator. The administrator will monitor the diabetic refrigerator on an ongoing basis to ensure compliance.

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 (Required on EVERY Page) *Judy Lee, Administrator* Date *8/26/15*

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Violation Report: 22032 - 08/11/2015 - Rushin, Julianne  
PCH Name: NORTH PENN 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**

Cont. →  
pg 8.

Violation Report: 22032 - 08/11/2015 - Rushin, Julienne  
 PCH Name: NORTH PENN 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.

According to the medication administration record (MAR) for resident #1, they are to receive Cephalexin 500mg 4 times daily (8am, 12pm, 4pm, 8pm). The MAR was not initialed by staff on 8/7/15 at 4:00pm to indicate that the Cephalexin was administered as directed.

The following medications for resident #1 did not have a corresponding diagnosis written on the MAR: Ducosate Sodium 100mg and Cephalexin 500mg.

The home's MAR for the front hall medication cart did not have a staff key code indicating the medication technicians' names and corresponding initials.

Review of resident #3's MAR and glucometer indicates their blood sugar levels were improperly documented on the following dates and times:

- On 8/10/15 at 5:46am, the glucometer reads 203; 136 was documented.
- On 8/10/15 at 10:39am, the glucometer reads 125; 126 was documented.
- On 8/10/15 at 3:37pm, the glucometer reads 117; 246 was documented.
- On 8/10/15 at 7:42pm, the glucometer reads 221; 212 was documented.
- On 8/07/15 at 10:49am, the glucometer reads 106; 100 was documented.
- On 8/07/15 at 6:26pm, the glucometer reads 98; 90 was documented.
- On 8/05/15 at 10:37am, the glucometer reads 185; 189 was documented.
- On 8/04/15 at 3:35pm, the glucometer reads 102; 120 was documented.

Review of resident #4's MAR and glucometer indicates their blood sugar levels were improperly documented on the following dates and times:

- On 8/09/15 at 10:10am, the glucometer reads 351; 202 was documented.
- On 8/08/15 at 12:26pm, the glucometer reads 413; 315 was documented.
- On 8/07/15 at 10:39pm, the glucometer reads 365; 280 was documented.
- On 8/06/15 at 10:06am, the glucometer reads 378; 325 was documented.
- On 8/05/15 at 4:45am, the glucometer reads 361; 305 was documented.
- On 8/04/15 at 9:58am, the glucometer reads 364; 288 was documented.

Review of resident #5's MAR and glucometer indicates their blood sugar levels were improperly documented on the following dates and times:

- On 8/10/15 at 12:42pm, the glucometer reads 148; 158 was documented.
- On 8/10/15 at 6:43am, the glucometer reads 197; 126 was documented.
- On 8/07/15 at 12:33pm, the glucometer reads 278; 283 was documented.
- On 8/07/15 at 6:00pm, the glucometer reads 195; 153 was documented.
- On 8/06/15 at 8:33pm, the glucometer reads 137; 176 was documented.
- On 8/05/15 at 12:57pm, the glucometer reads 142; 176 was documented.
- On 8/05/15 at 5:48pm, the glucometer reads 105; 106 was documented.
- On 8/05/15 at 8:12pm, the glucometer reads 157; 156 was documented.

Review of resident #6's MAR and glucometer indicates their blood sugar levels were improperly documented on the following dates and times:

- On 8/10/15 at 6:15am, the glucometer reads 123; 114 was documented.
- On 8/09/15 at 9:10pm, the glucometer reads 144; 166 was documented.
- On 8/08/15 at 9:12pm, the glucometer reads 133; 136 was documented.
- On 8/07/15 at 9:53pm, the glucometer reads 141; 144 was documented.
- On 8/06/15 at 9:50pm, the glucometer reads 149; 145 was documented.
- On 8/05/15 at 9:45pm, the glucometer reads 115; 155 was documented.

Resident #8's Glucometer had a reading on 08-06-15 at 5:58 am of 125 and resident #8's MAR's was document with a reading of 79.

Violation Report: 22032 - 08/11/2015 - Rushin, Julianne  
 PCH Name: NORTH PENN 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.

Resident #8's Glucometer did not have a reading for 5:00pm on 08-10-15 but Resident #8's MAR's stated that the resident's blood sugar level was 217.  
 Resident #8's glucometer reading on 08-10-15 at 6:43pm the evening reading was 137 on the meter and Resident #8's MAR's was documented 316.

**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 187a the following steps have been completed to ensure compliance. All medication certified personal care staff were in-serviced on proper MAR documentation. The in-service included proper initials of the staff person administering the medication, proper corresponding diagnosis, medication key, and glucometer readings. A new medication key was completed and placed in the MAR for the front hall cart. (Medication key is attached). The diagnosis for resident #1 was documented on the MAR by the supervising PCA on the day of inspection. (MAR is attached). All resident glucometers have been calibrated with the current date and time. Resident #4's glucometer was replaced because it was malfunctioning. The administrator and supervising PCA will monitor the MAR on an ongoing basis to ensure compliance. The glucometer reading form provided by DHS will be utilized for monitoring.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Judy Lee, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Judy Lee Administrator* Date *8/26/15*

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The above plan of correction is approved as of 8/28/15  
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Plan of correction implementation status as of 8/28/15  
 (Date)

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

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

Violation Report: 22032 - 08/11/2015 - Rushin, Jullienne  
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 indicates the resident is prescribed Eucerin lotion to be applied daily. The lotion was not on hand.

The MAR for resident #3 indicates they are on a sliding scale for Novolog insulin. Review of resident #3's MAR and glucometer indicates staff did not follow the prescriber's order and administered the wrong amount of insulin on the following dates and times: On 8/10/15 at 7am, 2 units were needed; "0" were given and on 8/9/15 at 12pm, 2 units were needed; "0" were given.

The medication administration record for resident #4 indicates they are on a sliding scale and are to have their blood sugar level (BSL) tested 4 times daily (7am, 12pm, 5pm, and 8pm). Review of resident #4's glucometer indicates that BSL testing was not done on the following dates and times: 8/11/15 at 7am; 8/10/15 at 7am, 12pm, 5pm and 8pm; 8/9/15 at 7am, 5pm and 8pm; 8/8/15 at 7am, 5pm and 8pm; 8/7/15 at 7am, 12pm and 5pm; 8/6/15 at 5pm and 8/5/15 at 5pm.

The MAR for resident #4 indicates they are on a sliding scale for Novolog insulin. Review of resident #4's MAR and glucometer indicates staff did not follow the prescriber's order and administered the wrong amount of insulin on the following dates and times: On 8/9/15 at 12pm, 8 units were needed; 2 were given; on 8/6/15 at 7am, 8 units were needed; 4 were given; on 8/6/15 at 12pm, 4 units were needed; 8 were given; on 8/6/15 at 8pm, 4 units were needed; 2 were given; on 8/5/15 at 12pm, 2 units were needed, 8 were given; on 8/4/15 at 7am, 8 units were needed; 4 were given and on 8/4/15 at 8pm, 8 units were needed and "0" were given.

Resident # 8 had a glucometer reading of 137 on the glucometer for the reading taken on 08-10-15 for 5:43pm for the 8:00pm coverage. Resident # 8's MARs has a reading of 316 and 6 units of Humalog Insulin was administered when no insulin was required.

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 187d, the following steps have been taken to ensure compliance.

The Eucerin lotion was delivered and administered to the resident on 8/11/15. Please note that the lotion was for resident #1 not #2. (label & MAR attached). All medication certified direct care staff were in-serviced on following the directions of the prescriber with specific emphasis on glucometer readings and documentation. The resident glucometers have all been calibrated with current date and time. Resident #4's glucometer was replaced with a new one because it was malfunctioning. The administrator and supervising PCA will monitor the MAR on an ongoing basis to ensure compliance. The forms provided by DHS will be utilized for the ongoing monitoring.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Judy Kee Administrator* Date *8/26/15*

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