



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAR 01 2016**

Mr. Michael B. Laign, President/CEO  
Holy Redeemer Health System  
1616 Huntingdon Pike  
Meadowbrook, Pennsylvania 19046

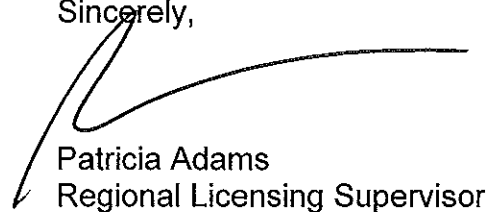
RE: Holy Redeemer St. Joseph Manor  
License #: 127940

Dear Mr. Laign:

As a result of the Department of Human Services' licensing inspection on August 13, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Adams", written over a horizontal line.

Patricia Adams  
Regional Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 12794 - 08/13/2015 - Colon, Lissette  
 PCH Name: HOLY REDEEMER - ST. JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 The assessment and support plan for resident #1, indicates that the resident requires assistance being escorted to and from any area of the home. On 7/5/15 and 8/12/15, the resident did not receive this assistance as 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.

**Corrective Action:**

Resident was transferred to a higher level of care where supervision needs can be adequately provided. (Transfer to SJM-Skilled Dementia Unit 8/15/15 – post observation hospitalization)

**To Ensure this Violation Does Not Recur:**

1. All staff involved in creating/writing/implementing Assessment & Support Plan will be reeducated on Reg 2600.23(a)
  - a. Emphasis – accurate capturing of what resident needs and what staff can provide.
  - b. Accurate depiction of how the need will be met.
  - c. Adjust Assessment & Support Plans as resident's needs change.
 (Responsible Staff: Nurse Manager) (Completion Date: November 15, 2015)
2. Review all RASP to assure service needs and the services provided to meet these needs are accurately depicted.  
 (Responsible Staff: Nurse Manger & LPN's) (Completion Date: December 2, 2015)
3. Random audits of RASP will be conducted – service needs identified will be compared with services rendered.  
 (Responsible Staff: Administrator) (Completion Date: October 23, 2015 & Ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Regan* Date *10/13/15*

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

The above plan of correction is approved as of <u>10/20/15</u> (Date)	Plan of correction implementation status as of <u>10/20/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12794 - 08/13/2015 - Colon, Lissette  
 PCH Name: HOLY REDEEMER - ST. JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 8/12/15, between the hours of 6:15 pm – 7:30 pm, the home’s administrator conducted a staff meeting with all staff with the exception of one person covering two floors. At 7:28 pm resident # 1, wander guard triggers the front lobby door alarm. The resident proceeded to walk out the front lobby door unsupervised and unnoticed by any staff members. A few minutes before 7:28 pm ancillary staff member A who is in charge of watching the monitor, left the area of the lobby to reset an alarm that was triggered at the courtyard door by another resident entering into the lobby area. Upon hearing the front door alarm, ancillary staff member A, believed it was the resident that just entered the area from the courtyard. Ancillary staff member A did not check the monitor to verify if it was the same resident that was allowed back in from the courtyard and triggered the front lobby door. Staff member B then came into the lobby area a few minutes after searching for the resident. Ancillary staff member A reported they did not see the resident in the lobby area. Procedures were initiated to locate the resident throughout the home and the community to no avail. The resident was found the following day by a small group of volunteers at approximately 4:00 pm. The site of the resident finding was less than a quarter mile from the home in a grassy area that rolls into a creek bed beside a house. Resident #1 was found to be alert and responsive to conversation and was taken to the hospital for evaluation and later transferred to the home’s locked skilled dementia unit.

However, the home staff neglected to perform the proper procedure to ensure the safety of the resident, as well as, the other residents that were left with one staff to monitor two floors during staff training. The home failed to follow resident #1’s support plan, which requires supervision moving to and from any area of the home. The resident was placed in the elevator with other residents without any staff supervision, by the activity aide, after a bingo game between 6:45 pm – 7:00 pm and prior to eloping from the home. There is no documentation indicating the resident was accounted for upon exiting the elevator. The only documentation occurred at 7:30 pm, when Staff member C was unable to locate the resident to administer medication.

Furthermore, on numerous occasions the resident had left or attempted to leave the home unsupervised. On 5/18/15, the home determined that it could not meet the needs of the resident and on 8/12/15 resident #1 eloped. The home failed to refer the resident to a local assessment agency other than the dementia unit area of the home, which had no vacancy. Instead of searching for other available options to secure the safety of the resident, resident #1 was placed on a waiting list in the home’s locked skilled dementia unit. The bed finally became available after the resident was release from the hospital on 8/15/15.

**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.

See Attachment – 2 pages

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Regan* Date *10/13/15*

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The above plan of correction is approved as of 10/20/15 (Date)

Plan of correction implementation status as of 10/20/15 (Date)

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

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

Regulation 55 Pa.Code 2600.42(b) – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation – see previous page

**Corrective Action:**

- A. Resident was transferred to a higher level of care where supervision needs can be adequately provided. (Transfer to SJM-Skilled Dementia Unit 8/15/15 – post observation hospitalization)
- B. Representatives from Roam Alert Technology System (Symtech) were contacted to review the functioning of the system of all aspects (identifying residents moving around or through doors; historical storage of information related to these residents). Functioning was verified from offsite location and then onsite. (8/12/15 & 8/13/15) System was found to be functioning properly.
- C. Administrator reevaluated the meeting plan for the evening of the event. (8/13/15)

**To Ensure this Violation Does Not Recur:**

A1.

1. All staff will be educated on Reg 2600.42(b)  
(Responsible Staff: Administrator) (Completion Date: November 15, 2015)

A2.

1. All staff involved in creating/writing/implementing Assessment & Support Plan will be reeducated on Reg 2600.23(a)
  - a. Emphasis – accurate capturing of what resident needs and what staff can provide.
  - b. Accurate depiction of how the need will be met.
  - c. Adjust Assessment & Support Plans as resident's needs change.(Responsible Staff: Nurse Manager) (Completion Date: November 15, 2015)
2. Review all RASP to assure service needs and the services provided to meet these needs are accurately depicted.  
(Responsible Staff: Nurse Manager & LPN's) (Completion Date: December 2, 2015)
3. Random audits of RASP will be conducted – service needs identified will be compared with services rendered.  
(Responsible Staff: Administrator) (Completion Date: October 23, 2015 & Ongoing)

A3.

1. When it is identified by the care team that the needs identified in the resident's RASP can no longer be met by the care team, a family meeting will be arranged to present findings.  
(Responsible Staff: Administrator) (Completion Date: October 12, 2015 & Ongoing)
2. If family challenges care team decision, resident will be referred to the local assessment agency for assessment/determination of proper placement and guidance for placement.  
(ie. Montgomery County Agency on Aging)  
(Responsible Staff: Administrator) (Completion Date: October 12, 2015 & Ongoing)
3. Safe discharge to an appropriate level of care will be coordinated with the family. (ie. Memory Care Unit, Skilled Nursing Unit, Hospice Unit)  
(Responsible Staff: Social Worker) (Completion Date: October 12, 2015 & Ongoing)

*Julia Regan, Julia Regan 10/13/15*

Violation Report: 12794 - 08/13/2015 - Colon, Lissette  
 PCH Name: HOLY REDEEMER - ST. JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 On 8/12/15, Resident #1, did not receive supervision as required by their assessment and support plan. These services could not be provided due to lack of available direct care staffing in the home at the time. The home's administrator conducted a staff training with all staff; with the exception of one person covering two floors and an ancillary staff person to monitor the alarm and redirect wandering residents back into the home.

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.

**Corrective Action:**  
 Administrator reevaluated the meeting plan for the evening of the event and recognized that the coverage plan for this meeting did not allow for all of the possible challenges that could occur based on the identified needs of the residents.

**To Ensure this Violation Does Not Recur:**

- When staff meetings/trainings are conducted, adequate staffing coverage will be in place on each resident floor to match residents needs as identified in residents RASP.  
 (Responsible Staff: Administrator/Nurse Manager) (Completion Date: 8/13/15 & Ongoing)
- A listing of staff covering resident floors during meeting time will be created/kept.  
 (Responsible Staff: Administrator/Nurse Manager) (Completion Date: 10/13/15 & Ongoing)
- A list of staff attending meeting will be created/kept.  
 (Responsible Staff: Administrator/Nurse Manager) (Completion Date: 8/13/15 & Ongoing)

**Comment:**  
 Note: When the administrator planned the meeting identified in the above violation, the plan listed below was in place. The administrator believed at the time that this plan was adequately meeting the residents needs.

- The meeting occurred on the floor where the residents live.
- The role of the person doing the oversight is to be rounding on both floors ongoing during the time of the meeting.
- The person doing the rounding is equipped with a walkie-talkie telephone which puts them in constant touch with the staff in the meeting and this person is wearing a beeper that receives messages from any resident who alarms for help.
- The persons who are and were in the staff meeting were all equipped with their walkie-talkies which put them in constant touch with the person doing the rounding and this staff is also wearing a beeper that alarms as soon as a resident pushes it.
- All of these communication tools connect the staff in an instant. Response to the requests for help comes immediately from the staff in the meeting.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Julia Regan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Julia Regan*      Date *10/13/2015*

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The above plan of correction is approved as of *10/20/15*  
 (Date)

Plan of correction implementation status as of *10/20/15*  
 (Date)

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

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

Violation Report: 12794 - 08/13/2015 - Colon, Lisette  
 PCH Name: HOLY REDEEMER - ST. JOSEPH MANOR

- 1. REGULATION 55 Pa.Code §2600**  
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following:
    - (i) Safe management techniques.
    - (ii) ADLs and IADLs.
    - (iii) Personal hygiene.
    - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
    - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
    - (vi) Implementation of the initial assessment, annual assessment and support plan.
    - (vii) Nutrition, food handling and sanitation.
    - (viii) Recreation, socialization, community resources, social services and activities in the community.
    - (ix) Gerontology.
    - (x) Staff person supervision, if applicable.
    - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
    - (xii) Safety management and hazard prevention.
    - (xiii) Universal precautions.
    - (xiv) The requirements of this chapter.
    - (xv) Infection control.
    - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff member A, reports they provides routinely direct care services in the lobby area of the home as per their duties. However, ancillary staff member A has not successfully completed and passed the Department-approved direct care training course and competency test.

**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.*

**See Attached**

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 (Required on EVERY Page) *Julia Regan*

Printed Name and Title of Legal Entity Representative  
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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa.Code 2600.65(d) – Direct care staff person training

Description of Violation – see previous page

**Corrective Action:**

Ancillary staff member A has been educated on the responsibilities of her position related to safe management of residents and hazard prevention (focus: Roam Alert System, communication techniques, techniques for handling resident behaviors, proper and timely communication to Direct Care Personal Care Staff)  
(Responsible Staff: Personal Care Administrator) (Completion Date: October 14, 2015)

**To Ensure this Violation Does Not Recur:**

- All ancillary staff working at the St. Joseph Manor lobby reception desk will be educated on safety management and hazard prevention.
- Holy Redeemer St. Joseph Manor presently uses Relias Learning System online courses to accomplish its mandatory education.
- All employees of St. Joseph Manor are mandated to complete specific courses.
- Three of the mandated courses are: Preventing, Recognizing, and Reporting Resident Abuse; Alzheimer's – Managing Challenging Behaviors; Overview of Aging and the Aging Process - these courses address the topics covered in the Department modules for safety management and hazard prevention, Care of Residents with Dementia, Normal Aging.
- All ancillary staff performing the role of front desk receptionist will be required to complete the Direct Care Staff Training Course and Competency.  
(Responsible Staff: Personal Care Administrator) (Completion Date: January 20, 2016 & Ongoing)
- Relias Education identified on Page 5 of 7 in the report of 10/13/15 will continue.

*Julia Regan, Julia Regan 10/13/15*

Violation Report: 12794 - 08/13/2015 - Colon, Lissette  
 PCH Name: HOLY REDEEMER - ST. JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:  
 (1) The scope and general description of the services and activities that the home provides.  
 (2) The criteria for admission and discharge.  
 (3) Specific services that the home does not provide, but will arrange or coordinate.

**2a. DESCRIPTION OF VIOLATION**  
 The home's current written description of services does not include the following elements,  
 - The criteria for admission and discharge.  
 - The specific services that the home does not provide, but will arrange or coordinate.

**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.

**Corrective Action:**

- The criteria for admission and discharge which had been previously developed are now included in the policy and procedure book (See Attachment) (August 2013)
- A listing of services provided and services not provided but can be arranged or coordinated has been developed. (See Attachment) (October 12, 2015)

**To Ensure this Violation Does Not Recur:**

1. Copies of criteria for admission & discharge will be included in the Policy & Procedure manual. (Responsible Staff: Administrator) (Completion Date: October 12, 2015 & Ongoing)
2. Copies of services provided and not provided will be included in the Policy & Procedure manual. (Responsible Staff: Administrator) (Completion Date: October 12, 2015 & Ongoing)
3. Admission & discharge criteria and services provided and not provided will be included in the marketing materials presented to prospective residents/families. (Responsible Staff: Admission Coordinator & Outreach Coordinator) (Completion Date: October 12, 2015 & Ongoing)
4. A sign-off sheet identifying services provided will be completed on Day of Admission by Resident & Responsible Party. (Responsible Staff: Admission Coordinator & Outreach Coordinator) (Completion Date: October 12, 2015 & Ongoing)
5. A copy of services provided and not provided will be sent to all current residents & responsible parties. (Responsible Staff: Administrator) (Completion Date: November 2, 2015)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Julia Regan</i>	<i>10/13/15</i>

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The above plan of correction was approved by <u><i>[Signature]</i></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: 12794 - 08/13/2015 - Colon, Lissette  
 PCH Name: HOLY REDEEMER - ST. JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(b) - An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency.

**2a. DESCRIPTION OF VIOLATION**  
 On 5/18/15, according to resident #1's progress notes, the home determined that it could not meet the needs of the resident. The home did not refer the applicant to a local assessment agency.

**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.

**Corrective Action:**

- Resident was transferred to a higher level of care where supervision/care needs can be adequately met (Transferred to SJM-Skilled Dementia Unit 8/15/15-post observation hospitalization)

**To Ensure this Violation Does Not Recur:**

- When it is identified by the care team that the needs identified in the resident's RASP can no longer be met by the care team, a family meeting will be arranged to present findings. (Responsible Staff: Administrator) (Completion Date: October 12, 2015 & Ongoing)
- If family challenges care team decision, resident will be referred to the local assessment agency for assessment/determination of proper placement and guidance for placement. (ie. Montgomery County Agency on Aging) (Responsible Staff: Administrator) (Completion Date: October 12, 2015 & Ongoing)
- Safe discharge to an appropriate level of care will be coordinated with the family. (ie. Memory Care Unit, Skilled Nursing Unit, Hospice Unit) (Responsible Staff: Social Worker) (Completion Date: October 12, 2015 & Ongoing)

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Regan*      Date *10/13/15*

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*2*