



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2016

Mr. Samuel Pagano, President
Saint Benedict Manor, Inc.
600 Theatre Road, Box 57
St. Benedict, Pennsylvania 15773

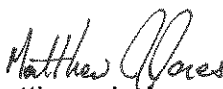
RE: Saint Benedict Manor, Inc.
License #: 303420

Dear Mr. Pagano:

As a result of the Department of Human Services' annual licensing inspection on October 6, 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,


Matthew J. Jones
Director LSH

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PGH Name: SAINT BENEDICT MANOR	License Number: 30342
Address: 600 THEATRE ROAD PO BOX 57, SAINT BENEDICT, PA 15773	County: Cambria
Administrator: Laura Rose Krug	Region: CENTRAL

Legal Entity Name: SAINT BENEDICT MANOR, INC

Legal Entity Address: 600 THEATER ROAD BOX 57, ST. BENEDICT, PA 15773

Certificate(s) of Occupancy

C-2 LP DO
 06/08/1996
 L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 36	Working Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for inspection(s)
 Renewal, Complaint, Indicator

On-Site Inspections Dates and Department Representatives On-Site
 10/06/2015: Hoover, Douglas

Off-Site Inspection Dates and Inspectors, if Applicable

RECEIVED

DEC 1 4 2015

CENTRAL REGION FIELD OFFICE
 Human Services Licensing

Other Details

Partial or Full Triggers: 63a Random Indicators: 122, 130f, 171b2, 185b, 189b

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 44 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: 4 Number of Hospice Residents in past year: 17	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: 5 Have a Physical Disability: 1
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Violation Report: 30342 - 10/06/2015 - Hoover, Douglas
 PCH Name: SAINT BENEDICT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 The home has a census of 30 residents. On 10/3/15 and 10/4/15, from 12:00 am to 6:00 am, no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

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 full-time staff member "A" who was working 10/03/15 and 10/04/15 from 12:00AM to 6:00AM without current certification in CPR/First Aid/Obstructed Airway Technique, received training and certification on 10/12/15.

Eighteen of twenty of our staff members received their CPR/First Aid/Obstructed Airway Technique certification during classes that were held on 10/12/15 and 11/09/15. The two non-certified staff members will be scheduled to work with staff who are certified, until they receive their certification at the next available class.

To prevent this violation from occurring again, we will plan for all staff to receive CPR/First Aid/Obstructed Airway Technique certification as a group during the calendar month preceding the expiry date of the group's current certification, i.e., the next group training is planned for September 2017.

New hires will receive CPR/First Aid/Obstructed Airway Technique certification as early as possible during their ninety day probation period, and will be recertified during the next scheduled group training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Rose Krug, RN, PCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Rose Krug, RN, Administrator	Date 12/10/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-11-16
 (Date)

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

Plan of correction implementation status as of 1-11-16
 (Date)

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