



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: February 22, 2016**

Ms. Vida Glover, Administrator  
Hendorn Inc.  
101 Maple Street  
Coudersport, Pennsylvania 16915

RE: Cole Manor  
License #242631

Dear Ms. Glover:

As a result of the Department of Human Services' licensing inspection on December 18, 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 that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 12-8-15 at 9:00am the administrator's office was unlocked and open and the file cabinet with the resident records was unlocked and accessible.

**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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Vida Glover Amy M Zakel*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *VIDA GLOVER Amy M Zakel* Date *2-5-16*

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

The above plan of correction is approved as of 2/9/16  
 (Date)

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

Plan of correction implementation status as of 2/16/16  
 (Date)

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

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter dated December 28, 2015, pg. 2 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.17

**Violation:** On 12/18/15 at 9:00 a.m. the administrator's office was unlocked and open and the file cabinet with the resident records was unlocked and accessible.

**Plan of Correction:**

**Why is the regulation important?** The importance of the regulation is to ensure the protection of resident confidentiality.

**How was the regulation violated?** Resident records were left unsecured.

**What caused the violation?** Lack of adherence on facility policy on protecting resident records.

**What can be done right away to fix the violation?** On January 26, 2016, the facility Administrator initiated training on confidentiality with staff. On or before February 9<sup>th</sup>, 2016, additional training on using reasonable safeguards to protect resident confidentiality will occur.

\* **What can be done to prevent future violations?** All resident records not in current use will be stored in a locked file cabinet in the facility Administrator's office. In addition, staff of the facility will participate in Charles Cole Memorial Hospital's on-line annual learning modules, which include confidentiality.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

*[Handwritten signature]*  
2/19/16

Dated: 02/05/2016

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION

Staff Person A, who is the administrator, did not have a quality management plan review for 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.

See Attached

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/24/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*VDA Glover Amy Mzakei*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

VDA GLOVER Amy Mzakei

Date

2-5-16

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The above plan of correction is approved as of

2/9/16  
 (Date)

Plan of correction implementation status as of

2/16/16  
 (Date)

The above plan of correction was approved by

M  
 (Initials)

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

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 3 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.26(a)

**Violation:** Staff Person A, who is the administrator, did not have a quality management plan review for 2014.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to maintain a safe, quality environment for residents and staff.

**How was the regulation violated?** The 2014 quality review was not accessible at the time of the survey.

**What caused the violation?** The absence of a defined record keeping process by the Administrator.

**What can be done right away to fix the violation?** The quality management plan for the facility will be developed on or before February 9, 2016. The 2016 quality management review process will be initiated on or before February 29<sup>th</sup>, 2016 and continue on a monthly basis thereafter.

**What can be done to prevent future violations?** The results of the facility's quality management plan review will be reported to the designated quality and/or safety committee of Charles Cole Memorial Hospital (Hendorn, Inc. d/b/a Cole Manor is owned by the Hospital).

**Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

*M*  
2/9/16

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

**Violation Report:** 24263 - 12/18/2015 - Yellenic, Cindy  
**PCH Name:** COLE MANOR

- 1. REGULATION 55 Pa.Code §2600**  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The annual training provided to all direct care staff of the home in training year 2014 did not include the following topics: infection control and general principles of cleanliness and hygiene and areas associated with immobility; and, safe management techniques.

**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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page)

*Kida Glover Amy M Zakei*

**Printed Name and Title of Legal Entity Representative**  
 (Required on EVERY Page)

KIDA GLOVER Amy M Zakei Date 2-5-16

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

The above plan of correction is approved as of <u>2/9/16</u> (Date)	Plan of correction implementation status as of <u>2-16-16</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

## Hendorn, Inc., Cole Manor Plan of Correction

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 4 of 17

**Previous violation:** 09/24/15

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**Regulation:** 2600.65(f)

**Violation:** The annual training provided to all direct care staff of the home in training year 2014 did not include the following topics: infection control and general principles of cleanliness and hygiene and areas associated with immobility; and safe management techniques.

### **Plan of Correction:**

**Why is the regulation important?** The regulation is important to maintain a safe, quality environment for residents and staff.

**How was the regulation violated?** The facility could not demonstrate that direct care staff of the facility completed all aspects of the annual training as outlined in the regulation, within the defined timeframes.

**What caused the violation?** Lack of supporting documentation to demonstrate compliance with staff training.

**What can be done right away to fix the violation?** On January 26, 2016, 12 of 14 staff completed the on-line Pa. Personal Care Home training. The remaining 2 staff will complete the noted training on or before February 9, 2016.

\* **What can be done to prevent future violations?** A 2016 training plan (non-medication related), including the 7 items identified by regulation, will be developed on or before February 9, 2016. The staff training plan will include the following information:

- 1.) The name, position and duties of each direct care staff person, ancillary staff person and substitute personnel and regularly-scheduled volunteers.
- 2.) The required training courses for each person as identified in regulation 2600.65
- 3.) The dates, times and location of the scheduled training for each person identified in #1. for the upcoming year.

The facility's Administrator will be accountable for assuring compliance the training plan.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Survey: 12/18/15, Letter of December 28, 2015, pg. 4 of 17 (continued)

Dated: 02-05-16

Vida Glover  
Vida Glover, Administrator

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Dated:

Amy M. Zakel 02/05/16  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

M  
2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION

The home's direct care staff annual training plan does not have the following required topics: medication self-administration training; and, safe management techniques.

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kida Glover*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

KIDA GLOVER Amy M Zakei Date 2-5-16

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

The above plan of correction is approved as of 2/16/16  
 (Date)

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

Plan of correction implementation status as of 2/16/16  
 (Date)

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

## Hendorn, Inc., Cole Manor Plan of Correction

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 5 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.66(a)

**Violation:** The home's direct care staff annual training plan does not have the following required topics: medication self-administration training and safe management techniques.

### **Plan of Correction:**

**Why is the regulation important?** The regulation is important to maintain the safety and quality of care for residents.

**How was the regulation violated?** As to self-administration of medication, the facility does not allow residents to self-administer medications. As to the safe management technique training, the training was not completed at the time of the survey.

**What caused the violation?** Lack of supporting documentation to demonstrate compliance with staff training.

**What can be done right away to fix the violation?** On January 26, 2016, 12 of 14 staff completed the on-line Pa. Personal Care Home training. The remaining 2 staff will complete the noted training on or before February 9, 2016.

**What can be done to prevent future violations?** A 2016 training plan (non-medication related), including the 7 items identified by regulation, will be developed on or before February 9, 2016. The staff training plan will include the following information:

- 1.) The name, position and duties of each direct care staff person, ancillary staff person and substitute personnel and regularly-scheduled volunteers.
- 2.) The required training courses for each person as identified in regulation 2600.65
- 3.) The dates, times and location of the scheduled training for each person identified in #1. for the upcoming year.

The facility's Administrator will be accountable for assuring compliance the training plan.

**Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 5 of 17 (continued)

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

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Dated:

Amy M. Lake 02/05/2016  
Amy M. Lake, Senior Director  
Post-Acute Care and Rehabilitation  
Services

2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**2a. DESCRIPTION OF VIOLATION**  
 There was no source of lighting outside the emergency exit on the 2nd floor located near room #5.

**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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *VIDA BLOVER*, *Vida Glover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOVER</i>	Date <i>2-5-16</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>2/9/16</u> (Date)	Plan of correction implementation status as of <u>2/16/16</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ey</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 6 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.87

**Violation:** There was no source of lighting outside the emergency exit on the 2<sup>nd</sup> floor located near room #5.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to maintain the safety of residents who may need to exit using the emergency exit and for security purposes.

**How was the regulation violated?**

**What caused the violation?** The work order for the light had been placed but not timely completed.

**What can be done right away to fix the violation?** On January 26, 2016, the light outside the emergency exist on the 2<sup>nd</sup> floor located near room #5 was installed.

\* **What can be done to prevent future violations?** Should the light burn out, the facility Administrator will notify building services for replacement of the bulb.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

M  
2/6/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**

The first aid kit, located in the kitchen, does not include tweezers and scissors.

**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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Vida Glover Amy M Zake*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *VIDA GLOVER Amy M Zake* Date *2-25-15*

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

The above plan of correction is approved as of 2/9/16  
 (Date)

Plan of correction implementation status as of 2/16/16  
 (Date)

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

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

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 7 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.96(a)

**Violation:** The first aid kit, located in the kitchen, does not include tweezers and scissors.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to assure availability of first aid items for residents.

**How was the regulation violated?** The first aid kit in the kitchen did not have all required items, specifically tweezers and scissors.

**What caused the violation?** Oversight in assuring all required items are in the first aid kit.

**What can be done right away to fix the violation?** On December 18, 2015 the tweezers and scissors were placed in the first aid kit in the kitchen.

\* **What can be done to prevent future violations?** A checklist will be prepared by 02/05/16 to use to complete monthly checks of the first aid kit to make sure all items are included. Monitoring of the first aid kit will commence by 02/09/16.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

M  
2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**

The following leftovers were located in the home's Beverage Air Refrigerator, not labeled or dated: 4 plates of butter and a bowl of butter.

**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.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/24/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kida Glover Amy Mlakei*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

KIDA BLOVER Amy Mlakei

Date 2-5-16

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The above plan of correction is approved as of

2/9/16  
 (Date)

Plan of correction implementation status as of

2/16/16  
 (Date)

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

The above plan of correction was approved by

*M*  
 (Initials)

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 8 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.103(e)

**Violation:** The following leftovers were located in the home's Beverage Air Refrigerator, not labeled or dated: 4 plates of butter and a bowl of butter.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to provide healthy and safe meals for residents and support their quality of life at the facility.

**How was the regulation violated?** The regulation was violated because leftover food (butter) was returned to the refrigerator, and was not dated or labeled.

**What caused the violation?** The absence of a current policy governing the food service, with accountability for adherence, was not in effect.

**What can be done right away to fix the violation?** All existing food for resident use will be labeled with the date of purchased and the date to discard on or before February 9, 2016.

\* **What can be done to prevent future violations?** To prevent future violations, a current policy governing the facility's food service (frozen and non-frozen) will be developed by February 4, 2016. The food service policy will include a method to monitor for compliance.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

M  
2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

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

2a. DESCRIPTION OF VIOLATION

There were pizza shells in the Whirlpool Commercial Freezer not labeled or dated. There was a bag of chicken quarters and a bag of fish filets located in the Montgomery Ward Deluxe Freezer not labeled or dated.

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015	10/09/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kida Glover Amy Mlake*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KIDA GLOVER Amy Mlake* Date *2-5-16*

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

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The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 9 of 17

**Previous violation:** 10/09/14, 09/24/15

**Regulation:** 2600.103i

**Violation:** Pizza shells (in Whirlpool freezer), and chicken quarters and a bag of fish fillets (in Montgomery Ward freezer) were not labeled or dated.

**Plan of Correction:**

**Why is the regulation important?** The importance of the regulation prohibiting the use of outdated or spoiled food or dented cans is to provide healthy and safe meals for residents and support their quality of life at the facility.

**How was the regulation violated?** Pizza shells, chicken quarters, and fish fillets were found unlabeled and without a date.

**What caused the violation?** The absence of a current policy governing the food service, with accountability for adherence, was not in effect.

\* **What can be done right away to fix the violation?** All existing food for resident use will be labelled with the date of purchase and the date to discard on or before February 9, 2016.

\* **What can be done to prevent future violations?** To prevent future violations, a current policy governing the facility's food service (frozen and non-frozen) will be developed by February 4, 2016 with training to facility staff to occur on or before February 9, 2016. The food service policy will include a method to monitor for compliance.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02-05-2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zake 02/05/2016  
Amy M. Zake, Senior Director  
Post-Acute Care and Rehabilitation  
Services

2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2a. DESCRIPTION OF VIOLATION**  
 The home's written emergency procedures have not been reviewed, updated or submitted to the municipal emergency management agency for 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.

See Attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kida Glover Amy M Zakei*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

KIDA GLOVER Amy M Zakei Date 2-5-16

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

The above plan of correction is approved as of <u>2/9/16</u> (Date)	Plan of correction implementation status as of <u>2/16/16</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CY</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

## Hendorn, Inc., Cole Manor Plan of Correction

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 10 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.107(d)

**Violation:** The home's written emergency procedures have not been reviewed, updated or submitted to the municipal emergency management.

### Plan of Correction:

**Why is the regulation important?** The regulation is important to ensure the safety of the residents in a time of emergency.

**How was the regulation violated?** The regulation was violated because on September 24, 2015 and December 18, 2015, the written emergency procedures had not been reviewed, updated or submitted to the municipal emergency management, within the previous 12 month period.

**What caused the violation?** The absence of a current policy governing the emergency preparedness plan, with accountability for adherence, was not in effect.

**What can be done right away to fix the violation?** On January 29, 2016, Cole Manor's emergency preparedness policy and floor plans were sent to Potter County Emergency Management Agency at 20 Mockingbird Lane, Coudersport, PA 16915.

\* **What can be done to prevent future violations?** To prevent future violations, the emergency preparedness policy will be reviewed, and revised if necessary, on an annual basis. The current policy will be reviewed and revised by February 9, 2016. Upon review and revision of the emergency preparedness policy, the revised policy will be submitted to the municipal emergency management agency. The facility's Administrator will utilize a calendar to schedule the annual review and submission date of the facility's written emergency management.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02-05-2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Oakel 02/05/2016  
Amy M. Oakel, Senior Director  
Post-Acute Care and Rehabilitation Services

2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**  
 The emergency diagrams located on the 2nd floor hallway and in the elevator, do not include the exit door to the home's fire safe stairwell.

**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.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/24/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Vida Glover Amy M Zakel*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KIDR GLOVER Amy M Zakel* Date *2-5-16*

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

The above plan of correction is approved as of 2/9/16  
 (Date)

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

Plan of correction implementation status as of 2/16/16  
 (Date)

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

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 11 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.123(c)

**Violation:** The emergency diagrams located on the 2<sup>nd</sup> floor hallway and in the elevator; do not include the exit door to the home's fire safe stairwell.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to ensure the safety of the residents in a time of fire emergency.

**How was the regulation violated?** The regulation was violated because on September 24, 2015 and December 18, 2015 the diagrams on the 2<sup>nd</sup> floor and in the elevator did not include the exit door to the home's fire safe stairwell.


**What caused the violation?** The absence of a comprehensive and complete emergency evacuation diagram, showing corridors, line of travel to exit doors and location of the fire extinguishers and pull.

\* **What can be done right away to fix the violation?** On December 18, 2016, the temporary emergency evacuation diagram was modified to indicate the home's fire safe stairwell / area of refuge.

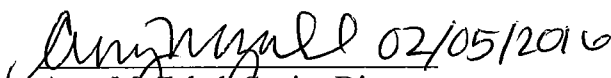
\* **What can be done to prevent future violations?** To prevent future violations, at the time of fire drill, facility staff will review the emergency evacuation diagrams.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

  
Vida Glover, Administrator

Dated:

 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation Services

  
2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The home's menu for the upcoming week (12/20/15 to 12/26/15) was not posted in a public conspicuous area of 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.

See Attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Vida Glover Amy M Zakei*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

VIDA GLOVER Amy M Zakei Date 2-5-16

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

The above plan of correction is approved as of <u>2/9/16</u> (Date)	Plan of correction implementation status as of <u>2/16/16</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 12 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.162(c)

**Violation:** The home's menu for the upcoming week (12/20/15 to 12/26/15) was not posted in a public conspicuous area of the home.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to ensure residents are informed of meal planning and changes to the menu in advance of the meal.

**How was the regulation violated?** The regulation was violated because on December 18, 2015, the posted menu displayed meals through Saturday, December 19, 2015. The following week's menu had not yet been posted.

**What caused the violation?** The absence of a policy governing menus relating to how and when menus are posted, as well as identifying the responsible staff person for posting the menu.

\* **What can be done right away to fix the violation?** The current week, as well as the upcoming week's menu will be posted in the dining room at all times. By February 5, 2016, a Menu Policy will be developed governing how and when menus are posted, as well as identifying the responsible staff person for posting the menu. Facility staff will be trained on the new policy on or before February 9, 2016.

\* **What can be done to prevent future violations?** The Menu Policy will be reviewed, and revised if necessary, annually. The facility's Administrator will complete weekly audits to ensure menus are posted.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

2/9/16

Dated:


Amy M. Bakel 02/05/2016  
Amy M. Bakel, Senior Director  
Post-Acute Care and Rehabilitation Services

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 On 12-18-15, Direct Care Staff Person B, last medication administration recertification was 12-3-14; Direct Care Staff Person C, last medication administration recertification was 11-10-14; Direct Care Staff Person D, last medication administration recertification was 11-14-14; and, Direct Care Staff Person E, last medication administration recertification was 10-5-14. These direct care staff persons have been administering medications to residents and are not properly trained. Direct Care Staff Person(s) B, C, D, and E are not licensed medical staff.

**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.  


Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015	12/09/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page)  


Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)  
 KIDA GLOVER Amy M Zaker Date 2-5-16

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

The above plan of correction is approved as of <u>2/9/16</u> (Date)  The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>2/16/16</u> (Date)  <input checked="" type="checkbox"/> Fully Implemented <u>cy</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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## Hendorn, Inc., Cole Manor Plan of Correction

Page 1 of 2

Survey: 12/18/15, Letter of December 28, 2015, pg. 13 of 17

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**Previous violation:** 12/9/14, 9/24/15

**Regulation:** 2600.182(b)

**Violations:** On 12/18/15, Direct Care staff person B, last medication administration recertification was 12/3/14; Direct Care Staff Person C, last medication administration recertification was 11/10/14; direct care staff person D, last medication administration recertification was 11/14/14; Direct Care Staff Person E, last medication administration recertification was 10/5/14. These Direct Care staff persons have been administering medications to residents and are not properly trained. Direct Care staff person(s) B, C, D, and E are not licensed medical staff.

### Plan of Correction:

**Why is the regulation important?** Medication administration recertification was not completed.

**How was the regulation violated?** Recertification training for facility staff who pass medications was not timely completed.

**What caused the violation?** Recertification was not completed due to illness of the facility's Administrator.

~~\*~~ **What can be done right away to fix the violation?** Facility staff who pass medications have been trained by the facility Administrator and recertification training is current.

\* **What can be done to prevent future violations?** The facility Administrator will ensure that a staff person undergoes training to assist the Administrator in medication recertification. As of February 3, 2016, a 2016 training planner has been developed to track, on a monthly basis, each staff person due for medication recertification training.

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 13 of 17

**Page 2 of 2**

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Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy

PCH Name: COLE 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**

Resident #1 has a physician's order for Zolpidem Tartrate 5mg, to be given daily at bedtime. The resident's MAR was not initialed the medication was given on 12-3-15 and 12-11-15.

Resident #2 has a physician's order for Vitamin B-12 500mg. There is no diagnosis for the medication in the resident's MAR.

Resident #3 has a physician's order for Povidone-Iodine ointment. There is no diagnosis for the medication in the resident's MAR.

Resident #4 has a physician's order for Hydralazine 50mg, to be given 3 xdaily. The resident's MAR was not initialed the medication was given at 2:00pm at 12/3/15.

Resident #5 has a physician's order for Metamucil multigrain wafer, to be given 2 x daily. The resident's MAR was not initialed the medication was given at 5:00pm on 12-11-15.

Resident #6 has a physician's order to have a blood glucose (BG) administered every morning at 8:00am. On 12-11-15 the resident's BG # 182 was recorded in the MAR as 187, on 12-16-15 the resident's BG# 211 was recorded in the MAR as 201, and on 12-17-15 the resident's BG# 184 was recorded in the MAR as 186.

Resident #6 has a physician's order for Spiriva handi haler to be given every day at 10:00am. On 12-13-15 the resident's MAR was not initialed the medication was given. Resident #6 has a physician's order for Clonazepam 1mg to be given 2 x day. On 12-13-15 the resident's MAR was not initialed the medication was given at 12:30pm.

**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.*

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy  
 PCH Name: COLE 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.

See Attached.



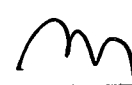
Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
VIDA GLOVER Amy M Baker	02-05-16

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

The above plan of correction is approved as of <u>2/9/16</u> (Date)	Plan of correction implementation status as of <u>2/16/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

## Hendorn, Inc., Cole Manor Plan of Correction

Page 1 of 2

Survey: 12/18/15, Letter of December 28, 2015, pgs. 14 and 15 of 17

Previous violation: 09/24/15

Regulation: 2600.187(a)

**Violation:** Resident #1 has a physician's order for Zolpidem Tartrate 5 mg, to be given daily at bedtime. The resident's MAR was not initialed the medication was given on 12-3-15 and 12-11-15.

Resident #2 has a physician's order for Vitamin B-12 500 mg. There is no diagnosis for the medication in the resident's MAR.

Resident #3 has a physician's order for Povidone-Iodine ointment. There is no diagnosis for the medication in the resident's MAR.

Resident #4 has a physician's order for Hydralazine 50mg, to be given 3-x daily. The resident's MAR was not initialed the medication was given at 2:00pm at 12/3/15.

Resident #5 has a physician's order for Metamucil multigrain wafer, to be given 2-x daily. The resident's MAR was not initialed the medication was given at 5:00pm on 12/11/15.

Resident #6 has a physician's order to have a blood glucose (BG) administered every morning at 8:00am. On 12/11/15 the resident's BG #182 was recorded in the MAR as 187, on 12/16/15 the resident's BG #211 was recorded in the MAR as 201, and on 12/17/15 the resident's BG #184 was recorded in the MAR as 186.

Resident #6 has a physician's order for Spiriva handi haler to be given every day at 10:00am. On 12/13/15 the resident's MAR was not initialed the medication was given. Resident #6 has a physician's order for Clonazepam 1mg to be given 2-x day. On 12/13/15 the resident's MAR was not initialed the medication was given at 12:30pm/

### Plan of Correction:

- ✎ **Why is the regulation important?** The regulation is important to ensure the facility maintains an accurate record of medication administered to each resident.
- ✎ **How was the regulation violated?** The regulation was violated because the facility did not maintain accurate and complete medication administration records (MAR) for each resident.
- ✎ **What caused the violation?** The absence of a current policy governing the required information to be included on the MAR. In addition, the absence of a routine compliance monitoring program.
- ✎ **What can be done right away to fix the violation?** To correct the violation, on or before February 9, 2016, there will be an established medication administration record policy. On or before February 12, 2016, facility staff that administers medications will review the policy. On or before February 29, 2016, a monthly compliance monitoring program will be implemented, including staff observations and documentation audits.

Survey: 12/18/15, Letter of December 28, 2015, pgs. 14 and 15 of 17

Previous violation: 09/24/15

Regulation: 2600.187(a)

**What can be done to prevent future violations?** The facility's Administrator will review the medication administration record policy annually. The Administrator shall counsel staff face to face if deficiencies with the record keeping are identified.

Survey: 12/18/15, Letter of December 28, 2015, pg. 15 of 17 (continued)

\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation Services

W  
2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy

PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff who administer insulin to residents have not been trained by a Certified Diabetes Education since 10-22-2014.

**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.

See Attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2015	10/09/2014
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Vida Glover*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *VIDA GLOVER* Date *02/05/2016*

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

The above plan of correction is approved as of 2/9/16  
(Date)

Plan of correction implementation status as of 2/16/16  
(Date)

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

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

## Hendorn, Inc., Cole Manor Plan of Correction

Page 1 of 2

Survey: 12/18/15, Letter dated December 28, 2015, pg. 16 of 17

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**Previous violation:** 10/09/14, 09/24/15

**Regulation:** 2600.190b

**Violation:** Direct Care Staff who administer insulin to residents have not been trained by a Certified Diabetes Educator since 10/22/14.

### **Plan of Correction:**

**Why is the regulation important?** The importance of the regulation requiring an annual diabetes patient education program is to support safe resident care.

**How was the regulation violated?** The last diabetic education training (1.5 hours) for staff of the facility occurred 10/22/14 by a Certified Diabetic Educator.

**What caused the violation?** A current policy addressing the content and timing of training of facility staff, with accountability for adherence, was not in effect.

**\* What can be done right away to fix the violation?** On February 3, 2016, a Certified Diabetic Educator will conduct a face-to-face diabetes education program for facility staff. Thereafter, a diabetes patient education program will be provided to facility staff on or before the anniversary date of the preceding training. By way of example, on or before February 2, 2017 another diabetes patient education program will occur. The new policy addressing the content and timing of training will be completed by February 4, 2016 and staff will be trained on the noted policy on or before February 9, 2016.

**\* What can be done to prevent future violations?** To prevent future violations, the facility Administrator will be accountable for scheduling the diabetes patient education program for facility staff consistent with the governing regulation and the training policy. The training policy will be reviewed, updated as may be required, and re-training with facility staff will occur on an annual basis.

**\* Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed.

**Hendorn, Inc., Cole Manor Plan of Correction**

**Page 2 of 2**

**Survey:** 12/18/15, Letter dated December 28, 2015, pg. 16 of 17

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The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

Vida Glover  
Vida Glover, Administrator

Dated:

Amy M. Zakel 02/05/2016  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation  
Services

2/9/16

Violation Report: 24263 - 12/18/2015 - Yellenic, Cindy

PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

**2a. DESCRIPTION OF VIOLATION**

Resident #8 did not sign his/her Resident Assessment and Support Plan that was completed on 10/13/15.

**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 Attached.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/24/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Vida Glover Amy Mlakec*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

VIDA GLOVER Amy Mlakec Date 2-5-16

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

The above plan of correction is approved as of

2/9/16  
(Date)

Plan of correction implementation status as of

2/16/16  
(Date)

The above plan of correction was approved by

M  
(Initials)

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

**Hendorn, Inc., Cole Manor Plan of Correction**

**Survey:** 12/18/15, Letter of December 28, 2015, pg. 17 of 17

**Previous violation:** 09/24/15

**Regulation:** 2600.227(g)

**Violation:** Resident #8 did not sign his / her Resident Assessment and Support Plan that was completed on 10/13/15.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to ensure that a resident, or designated person, is encouraged to participate in the development of a support plan. Having all individuals that participate in the development of a support plan sign and date the plan, signifies participation in the development and review of the plan.

**How was the regulation violated?** The resident that participated in the development of the support plan did not sign and date the plan, nor was there a notation of inability or refusal to sign the support plan.

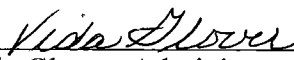
**What caused the violation?** The violation was caused when upon completion of the support plan the resident was not asked to sign the plan within 30 days. This occurred due to a lack of a defined policy regarding the resident's participation in the development of support plan, including that they should sign and date the plan.


\* **What can be done right away to fix the violation?** On December 18, 2015, the resident signed the support plan. On or before February 9, 2016, the Administrator will review all current support plans to determine if other plans are lacking signature or notations of inability or refusal to sign.

\* **What can be done to prevent future violations?** To prevent future violations, on or before February 9, 2016 there will be an established Development of the Support Plan policy. On or before February 12, 2016, facility staff will review the policy. On or before February 29, 2016, a monthly compliance monitoring program will be established and implemented by the facility's Administrator.

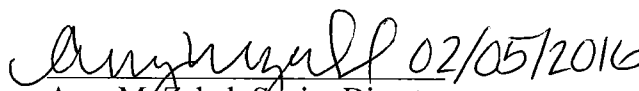
\* **Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Senior Director, Post-Acute Care & Rehabilitation Services. The Senior Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis.

Dated: 02/05/2016

  
Vida Glover, Administrator

  
2/9/16

Dated:

  
Amy M. Zakel, Senior Director  
Post-Acute Care and Rehabilitation Services