



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Mr. Samuel J. Zaffuto, CEO
Christ the King Manor, Inc.
P.O. Box 448
Dubois, Pennsylvania 15801

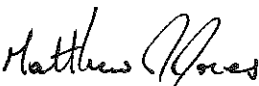
RE: Christ the King Manor
1100 West Long Avenue
Dubois, Pennsylvania 15801
License #: 300070

Dear Mr. Zaffuto:

As a result of the Department of Human Services' annual licensing inspection on January 13, 2016 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 SM

Enclosure
License Inspection Summary

Violation Report: 30007 - 01/13/2016 - Yellenic, Cindy
 PCH Name: CHRIST THE KING 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 1-13-16 at 9:10am the office of the administrator was unlocked. The office is where the resident records are stored and they were unlocked and accessible to unauthorized personnel.

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 files remain in the administrator's office. Doors are shut and locked when not present.

The administrator is in the process of purchasing a new filing system that locks to prevent this from occurring again. Until this is purchased and transitioned, the doors to the office will not be kept open when not present.

The administrator shall monitor and assure ongoing compliance.

m
 3/2/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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
Samuel J. Zaffar	2-23-16

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

The above plan of correction is approved as of <u>3/2/16</u> (Date)	Plan of correction implementation status as of <u>3/2/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30007 - 01/13/2016 - Yellenic, Cindy
 PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The glucometer belonging to Resident #1 had blood on it.

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.

Resident #1 self-administers her own accucheck and insulin per physician's orders.

Added to medication record for staff to request machine - 3x week for inspection and cleaning.

Resident alert and oriented. States she will also clean her machine after each use.

All other glucometer machines have been inspected in addition to Resident #1 and a cleaning schedule added to the MAR to ensure proper cleaning is done after each use.

- The administrator shall monitor and assure ongoing compliance.

m
3/2/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Samuel J Zaffke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Samuel J Zaffke</i>	Date <i>2-23-16</i>
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Violation Report: 30007 - 01/13/2016 - Yellenic, Cindy
 PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 Exits #6 and #11 by 3:00pm had not been cleared of snow. Exit #6 leads to the courtyard of the Secured Dementia Care Unit and the sidewalk to the gate was impassible due to 6 inches or more of snow.

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.

Reviewed with Maintenance Department the regulation on snow removal at all exits.
 All maintenance staff are aware and in agreement with checking this Exit for snow removal.

Added to the daily sheet turned into the office is a shift signing off section that the Exit has been checked and notification to maintenance if Exit requires attention

The administrator shall monitor and assure ongoing compliance - m
 3/2/16

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 (Initials)

Violation Report: 30007 - 01/13/2016 - Yellenic, Cindy
 PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the home's vehicle, used to transport residents, did not contain any gauze pads, or adhesive bandages.

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.

All first aid kits in vehicles were inspected with a note to notify the administrator if anything is removed and used.

Kits will be inspected by transport staff routinely to ensure all items required are present.

The administrator shall monitor and assure ongoing compliance.

m
 3/2/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Samuel J Zaffetto*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Samuel J Zaffetto Date 2-23-16

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Violation Report: 30007 - 01/13/2016 - Yellenic, Cindy
 PCH Name: CHRIST THE KING 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 #3 has a physicians order to have a blood glucose (BG) test administered 4 x day. The resident's BG readings and the numbers listed in the MAR were: on 1-7-16 at 12:33pm the BG# 166, the MAR was 133; 1-11-16 at 6:29am the BG# 187, the MAR as 167; and, 1-12-16 at 7:50pm the BG# 137, the MAR was blank.

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 RN/LPN will do random checks weekly to ensure proper glucometer readings are transcribed to the MAR. If any discrepancies are found, the policy and procedure for medication errors will be followed.

All staff that administer insulin were updated with their insulin training on February 10th and these issues were discussed with them.

The administrator is responsible for monitoring and ongoing compliance. M 3/2/16

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<i>Samuel J Zaffab</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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 PCH Name: CHRIST THE KING MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physicians order for insulin to be administered based on a sliding scale for insulin coverage. On 1-7-16 the blood glucose (BG) reading was #166 and required 3 units of insulin. The resident was given 2 units of insulin.

Resident #4 has a physician's order to have a BG test administered 4 x daily. On 1-11-16 at 4:00pm the resident did not have a BG # in their glucometer, however the MAR had a BG# of 147.

Resident #5 has a physicians order to have a BG test administered 3 x daily. On 1-7-16 at 8:00am the resident did not have a BG # in their glucometer, however the MAR had a BG# of 201. The resident was then given 3 units of insulin based on the sliding scale for insulin coverage, but the glucometer test had not been completed. On 1-7-16 at 12:00pm the resident did not have a BG # in his/her glucometer, however the MAR had a BG# of 199. Resident #5 has a physicians order for insulin to be administered based on a sliding scale for insulin coverage. On 1-10-16 at 12:00pm the BG# 254 required 5 units of insulin and the resident was administered 3 units of insulin.

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.

It cannot be confirmed that these machines accurately store all readings (in talking with the pharmacist). The RN/LPN will do random checks on the machines to ensure readings match the MAR and ensure the machine is functioning properly.

If any inaccuracy is found, the RN/LPN will report any medication errors to the State per regulation and notifications as indicated.

The RN/LPN will do random checks weekly to ensure proper insulin readings are obtained and administered.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 3/2/16

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Samuel J Zaffetto* Date *2-23-16*

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Violation Report: 30007 - 01/13/2016 - Yellenic, Cindy
 PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident's record that were reviewed on the day of this inspection, resident's records #6 thru #11, did not state if the resident has any identifying marks, if any.

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.

This violation has been corrected. The information has been added to the face sheet along with the resident's picture. This violation occurred as a result of changing computer systems.

In the future, the administrator will ensure that all new resident information with identifying marks is entered into the computer upon admission and printed out for their file.

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