



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Theresa Hughes, Administrator
Our Orangeville Manor Inc.
210 Mill Street, P.O. Box 157
Orangeville, Pennsylvania 17859

RE: Our Orangeville Manor Personal Care Home
License #: 223930

Dear Ms. Hughes:

As a result of the Department of Human Services' annual licensing inspection on March 30, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 22393 - 03/30/2016 - Yellenic, Cindy
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The home's 2nd floor shared shower had a brown rusty, blackish substance along the caulked seam of the tub/shower.

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 home understands the importance of this regulation to ensure the home maintains sanitary conditions.

Administrator conducted a refresher training with all the environmental service staff to ensure that our facility maintains sanitary conditions.

*Administrator will monitor the shower room to ensure it maintains sanitary conditions. Administrator created a cleaning schedule that all staff must initial upon cleaning the shower room.

Enclosed please find documentation of the refresher training conducted to the staff, a copy of the cleaning schedule holding staff accountable for cleaning the shower room and a photo showing that the maintenance staff cleaned the shower and caulked the seam around the tub and shower.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes / Administrator* Date *4/8/2016*

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

The above plan of correction is approved as of 4/18/16
 (Date)

Plan of correction implementation status as of 4/18/16
 (Date)

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

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

Violation Report: 22393 - 03/30/2016 - Yellenic, Cindy
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

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 to have a blood glucose (BG) test administered 4 x day. On 3-27-16 at 7:30am the BG#197 was recorded in the MAR as 190.

Resident #2 has a physician's order to have a blood glucose (BG) test administered as a PRN. On 3-24-16 at 7:30am the BG#93 was recorded in the MAR as 97.

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 home understands the importance of documenting in the MAR for each resident to ensure all medications are being administrated as prescribed.

Administrator conducted a refresher training with all Medication Technicians reviewing the medication record and the medications kept by the home to ensure all residents receive all medication as prescribed.

The homes medication train the trainer will conduct a back log on all glucose meters to ensure that all BS #'s are being recorded correctly on the blood glucose monitoring sheet weekly

Enclosed please find documentation of the refresher training for all medication technician that was completed. * The administrator shall monitor and assure

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

Signature of Legal Entity Representative (Required on EVERY Page) Theresa L Hughes 4/18/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa L Hughes/Administrator Date 4/8/2016

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

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

Violation Report: 22393 - 03/30/2016 - Yellenic, Cindy
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for a blood glucose (BG) test to be administered 4 x day and for insulin to be administered according to a sliding scale for insulin coverage. On 3-27-16 at 7:30am the BG#197 was recorded in the MAR as 190. The resident should have received 4 units of insulin according to the sliding scale and was only given 2 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.

The home understands the importance of this regulation to ensure that each resident receives their medications and treatments as prescribed by their physicians.

Administrator conducted a refresher training with all medication technicians on prescription orders, medications and medication records to ensure the directions of the prescriber is being followed.

The homes medication train the trainer will conduct a back log on all glucose meters to ensure that all BS #'s are being documented correctly on the blood glucose monitoring sheet weekly.

Enclosed please find documentation of the staff refresher training.

The administrator shall monitor and assure ongoing compliance
 m
 4/18/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Theresa L Hughes Administrator* Date *4/8/2016*

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Violation Report: 22393 - 03/30/2016 - Yellenic, Cindy
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident # 3's most recent Resident Assessment Support Plan (RASP) was completed on 2-9-16. The resident did not sign the document and there was no notation regarding the resident's inability or refusal to sign the RASP.
 Resident # 4's most recent Resident Assessment Support Plan (RASP) was completed on 2-8-16. The resident did not sign the document and there was no notation regarding the resident's inability or refusal to sign the RASP.


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 home understands the importance of noting in the record if a resident and/or designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan.

Administrator had resident # 3 and resident # 4 sign their support plans upon discovering that their signatures were missing. Both resident's participated in the development of their support plan, a signature was mistakenly forgotten upon completion of the support plan.

Both signatures were obtain and this violation was corrected at the time of our inspection 3/30/2016

Enclosed please find copies of the signed support plans

The administrator shall monitor and assure ongoing compliance.

 4/18/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Theresa L Hughes/Administrator	4/8/16

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