



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HENDORN INC
LEGAL ENTITY

To operate COLE MANOR
NAME OF FACILITY OR AGENCY

Located at 101 MAPLE STREET, COUDERSPORT, PA 16915
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 9, 2016 until August 9, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242630

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

Ms. Vida Glover, Administrator
Hendorn Inc.
1001 East Second Street
Coudersport, Pennsylvania 16915

RE: Cole Manor
101 Maple Street
Coudersport, Pennsylvania 16915
License #: 242630

Dear Ms. Glover:

As a result of the Department of Human Services' licensing inspection on June 9, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: COLE MANOR		License Number: 24263
Address: 101 MAPLE STREET, COUDERSPORT, PA 16915		County: Potter
Administrator: Vida Glover		Region: NORTHEAST
Legal Entity Name: HENDORN INC		
Legal Entity Address: 101 MAPLE STREET, COUDERSPORT, PA 16915		
Certificate(s) of Occupancy C-2 LP 10/21/1987		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 06/09/2016: O'Haire, Anne; Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 24 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 23 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 24283 - 06/09/2016 - O'Hara, Anne
PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2800
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The home's boiler certificate issued from the Department of Labor and Industry expired on 1/31/16.

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

See attached →

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

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 *7-15-16*

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

The above plan of correction is approved as of <u>7/20/16</u> (Date)	Plan of correction implementation status as of <u>7/20/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 2 of 9

Regulation: 2600.18

Violation: The home's boiler certificate issued from the Department of Labor and industry expired on 01/31/16.

Plan of Correction:

Why is the regulation important? The regulation is important to ensure the facility complies with applicable Federal, State and local laws, ordinances and regulations to maintain the safety of the residents.

How was the regulation violated? The facility did not have a valid and current boiler certificate displayed in the facility.

What caused the violation? The boiler was inspected on 01/28/2016. See attached letter from Travelers Risk Control, dated 01/29/16. A certificate was to be provided after the installation, but has not yet arrived. The previous certification was displayed, waiting for the new certificate.

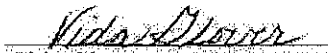
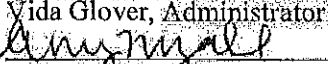
What can be done right away to fix the violation? The inspector was telephone requesting the certificate. Photographs of the emergency stop installation were sent to the inspector for review, per inspection request. See attached photos. Email documentation from the boiler inspector, dated 07/14/16, to [redacted] of Cole Memorial Maintenance Department, states "certificates will be issue at the end of the month." See attached email.

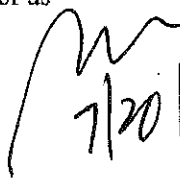
What can be done to prevent future violations? Facility Administrator will note expiration date on calendar, and request to schedule inspection 3 months prior to expiration date to ensure adequate time to obtain certificate.

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, or as otherwise directed.

Dated:

Dated: 07/15/2016


Vida Glover, Administrator

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


7/20/16

Violation Report: 24263 - 06/09/2016 - OHaire, Anne
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Two half bed rails were attached to the bed in room # 9. The rails measured 18" long with a 3 1/2 inch rail spacing between the horizontal rails. The half bed rails posed a potential for a serious injury to the resident's limbs.

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: No	Date(s) of Previous Violation(s):		
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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) <i>VIDA GLOVER</i>	Date <i>7-15-16</i>
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Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 3 of 9

Regulation: 2600.81(b)- Page 1 of 2

Violation: Two half bed rails were attached to the bed in room #9. The rails measured 18" long with a 3 1/2" rail spacing between the horizontal rails. The half bed rails posed a potential for a serious injury to the resident's limbs.

Plan of Correction:

Why is the regulation important? The regulation is important to maintain wheelchairs, walkers and prosthetic devices and other apparatus used by resident in good repair and free of hazards to ensure resident safety.

How was the regulation violated? The facility could not demonstrate that the bed rail used by the resident in room #9 was free from hazards which could potentially cause injury.

What caused the violation? Resident and family provided two half bed rails as an assistive device to improve independence with bed mobility. The facility failed to recognize the potential hazard.


What can be done right away to fix the violation? On June 9, 2016, at the time of the survey, a barrier was placed around the bed rail to prohibit the resident's limbs from fitting in between the horizontal rails.

What can be done to prevent future violations? Facility Staff will be educated, on or before July 31, 2016, on the need to ensure the all resident equipment is maintained in good working order, clean and free from hazard. Starting August 1, 2016, the Administrator, or designee, will complete monthly audits on all wheelchairs, walkers, prosthetic devices and other apparatus used by residents, including but not limited to bedrails, to ensure they are clean, in good repair and free of hazards. See form titled: Resident Device Safety Audit. Any item identified to be in need of repair or cleaning will be completed at time of identification. If a request must be made to the maintenance department for a repair, the item will not be utilized until the repair has been completed and documented on the audit log. At a minimum, this audit will be conducted monthly for a six month period starting August 1, 2016 through February 1, 2016. At that time, if deemed appropriate, audits may be reduced to quarterly (every 3 months). Audit review findings will be reported during the facility's monthly Quality Assurance Meeting, and recorded in the minutes. In addition, all wheelchairs, walkers, prosthetic devices or other apparatus used by residents will be inspected by facility staff within 24 hours from when they are brought into the facility for resident use.

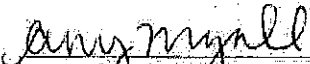
Regulation: 2600.81 (b) – Page 2 of 2

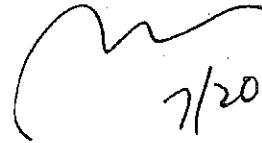
Who will be responsible for preventing future violations? The day to day responsibility for adherence to this Plan of Correction is the responsibility of the facility's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility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

Dated: 07/15/2016


Vida Glover, Administrator

Dated: 07/15/2016


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


7/20/16

Violation Report: 24263 - 06/09/2016 - O'Haire, Anne
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(2) - if the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION
 A second exit sign was not displayed above or near the egress doorways of both the living room and dining room to indicate a second means of egress in the event of a fire or emergency.

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: No	Date(s) of Previous Violation(s):		
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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) <i>VIDA GLOVER</i>	Date <i>7-15-16</i>
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>pic</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 4 of 9

Regulation: 2600.133(a)(2)

Violation: A second exit sign was not displayed above or near the egress doorways of both the living room and dining room to indicate a second means of egress in the event of a fire or emergency.

Plan of Correction:

Why is the regulation important? This regulation is important to ensure the safety of the residents, visitors, and staff in the event of an emergency exit.

How was the regulation violated? The regulation was violated because the way to reach the exit is not immediately visible from certain areas in the living room and dining room, and the access to the exits were not marked with readily visible signs indicating the direction to travel.

What caused the violation? Although all exits are clearly marked and visible, the facility failed to display signs indicating the direction to travel from the living room and dining room.

What can be done right away to fix the violation? On July 14, 2016, additional exit signs were placed in the dining room and living room to indicate a second means of egress in the event of a fire or emergency. See attached image of photographs.

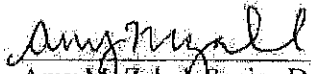
What can be done to prevent future violations? Starting on July 17, 2016, during each monthly emergency evacuation drills, the facility Administrator or designee will complete an exit sign assessment to ensure all exit signs are visible and in good condition.

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, or as otherwise directed.

Dated: 07/15/2016


Vida Glover, Administrator

Dated: 07/15/2016


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


7/20/16

Violation Report: 24263 - 08/09/2016 - O'Haire, Anne
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The annual medical evaluation (D.M.E.), for resident # 1 did not include the "evaluation date" or "date completed."

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: No	Date(s) of Previous Violation(s):		
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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) <i>VIDA GLOVER</i>	Date <i>7-15-16</i>
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 5 of 9

Regulation: 2600.141(a)(2) – Page 1 of 2

Violation: The annual medical evaluation (D.M.E.) for resident #1 did not include the “evaluation date” or “date completed”.

Plan of Correction:

Why is the regulation important? This regulation is to ensure that medical record documentation is complete and accurate.

How was the regulation violated? The annual medication evaluation for resident #1 was completed by the physician, and dated by the physician near the signature line. It failed to include the “evaluation date” or “date completed” at the top of the form.

What caused the violation? The physician failed to document in each field of the evaluation form, and facility staff failed to recognize and notify the physician of the omission.

What can be done right away to fix the violation? On July 14, 2016, the date of the survey, all other resident’s annual medical evaluation forms were reviewed by the Administrator to ensure there were no additional documentation omissions. Audit findings were unremarkable, demonstrating overall compliance with the regulation.

What can be done to prevent future violations? Starting on 07/14/16, the Administrator or designee, will review each annual medical evaluation upon receiving the form from the physician, to ensure documentation is completed in full. Any identified issues will be immediately reported to the evaluating physician and an addendum will be completed by the physician. Findings will be tallied and reported to staff at the monthly Quality Assurance meeting, and documented in the meeting minutes.

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, or as otherwise directed.


Dated: 07/15/2015



Vida Glover, Administrator


7/20/16

Regulation: 2600.141(a)(2) – Page 2 of 2

Dated: 07/15/2016


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


7/20/16

Violation Report: 24263 - 06/09/2016 - O'Haire, Anne
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home's procedures did not include the safe storage, access, security and use of medical equipment such as oxygen tanks, oxygen concentrators, nebulzers and wheelchairs.

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 Blover*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *VIDA BLOVER* Date *7-15-16*

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

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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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 6 of 9

Regulation: 2600.185(a)

Violation: The home's procedures did not include the safe storage, access and security and use of medical equipment such as oxygen tanks, oxygen concentrators, nebulizers and wheelchairs.

Plan of Correction:

Why is the regulation important? This regulation is important to ensure that medications and medical equipment isare stored and utilized in a safe manner.

How was the regulation violated? The facility failed to have a policy to address the storage, access and security of medical equipment.

What caused the violation? The facility did not have a written policy to address the regulation, specifically to medical equipment storage, access and security.

What can be done right away to fix the violation? On July 14, 2016, a policy was completed titled "Medication and Medical Equipment Administration, Storage and Documentation". See attached policy.

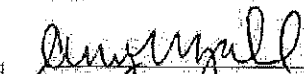
What can be done to prevent future violations? On or before July 31, 2016, facility staff will review and receive education regarding the policy "Medication and Medical Equipment Administration, Storage and Documentation". This policy will be reviewed and revised if necessary on an annual basis. Monitoring staff adherence to the policy is the responsibility of the facility 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, or as otherwise directed.

Dated: 07/15/2016


Vida Glover, Administrator

Dated: 07/15/2016


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

	Shared Point Folder: Cole Manor	
	Title: Medication & Medical Equipment Administration, Storage and Documentation	
Policy Owner: Administrator of Cole Manor (Director)	Original Date: 07/14/2016 Review Date: Revised Date:	Review Cycle: Annually
State/Federal Regulation/Statute: 55 Pa Code 2600.182, 2600.183, 2600.184, 2600.185, 2600.186, 2600.188, 2600.189, 2600.191	Joint Commission Standard: None	

Purpose: To define Cole Manor's process for administering, storing, and documenting resident's prescribed, over the counter (OTC), complementary & alternative medicines (CAM) and medical equipment supplies.

Definitions: None.

Implementation:

1. Prescription medication will be administered to the resident by a state approved individual.
2. All medications shall be kept in their original labeled containers.
3. All prescription medication, OTC medication, CAM and syringes shall be kept in an area or container that is locked.
4. All prescription medication, OTC medication, CAM stored in a refrigerator shall be kept in an area or container that is locked.
5. Only current prescriptions, OTC, and CAM for individuals living in the home may be kept in the home.
6. All medications shall be stored under proper condition of sanitation, temperature, moisture and light, and in accordance with the manufacturer's instruction.
7. All medications that are discontinued, expired or for residents no longer served at the facility, shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State Regulations. Any questions regarding proper disposal of a medication should be addressed by the Cole Memorial pharmacy staff. If a resident permanently leaves the home, the resident's medication may be given to the resident.
8. All prescription medication shall be labeled with a pharmacy label.
9. All OTC and CAM that belong to a resident shall be identified with the resident's name.
10. Only staff approved to administer medications will have access to medication storage areas.
11. Medication errors shall be immediately reported to the resident, the resident's designated person and the prescriber. Documentation of the medication error shall be documented in the resident's error. All medication errors will be reported the facility's Administrator and investigated to assess patterns of error.
12. Adverse drug reactions shall be immediately reported to a physician or seek emergency medical treatment, depending on the severity. The resident's designated person shall be notified. Any adverse drug reaction shall be documented in the resident's chart.
13. Medical equipment supplies, including but not limited to oxygen tanks and concentrator, nebulizers and wheelchairs, shall be stored in a clean, secure location when not in use.
14. Medical equipment supplies shall be cleaned prior to resident use, and after resident use.
15. Residents have the right to questions or refuse a medication. Residents shall be educated of this right. Documentation of the education shall be kept.

Monitoring: Cole Manor Administrator is responsible to monitor adherence to this policy through random staff observations and chart audits.

Related Policy/Procedure: None
Job Aids: None

Authoritative Reference(s): None

Approval Signature(s):

Vida Hoover
Director/ Cole Manor Administrator

07/14/2016
Date

Angie Myall
Senior Director of Post-Acute Care & Rehab Services

07/14/2015
Date

Violation Report: 24283 - 06/09/2016 - O'Haire, Anne
 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

The Summary and Determination section of the Resident's Assessment and Support plans (RASP) for resident #1,#3,#4,#5 and #6 were not completed.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>VIDA GLOVER</i>	Date <i>7-13-16</i>
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The above plan of correction is approved as of 7/20/16
 (Date)

Plan of correction implementation status as of 7/20/16
 (Date)

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

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

Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 7 of 9

Regulation: 2600.187(a) – Removed per telephone conversation with Michele Moskalczyk, Regional Licensing Administrator on 07/13/2016 at 1:05pm.

Violation:

Plan of Correction:

Why is the regulation important?

How was the regulation violated?

What caused the violation?

What can be done right away to fix the violation?


What can be done to prevent future violations?

Who will be responsible for preventing future violations?

Dated: 07/15/2016


Vida Glover, Administrator

Dated: 07/15/2016


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

Violation Report: 24263 - 06/09/2016 - O'Haire, Anne
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The resident contracts for residents #1, #3, #4, #5, and #6 did not include the resident's right to refuse medications if he/she believes that there may be a medication error.

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 Blower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOWER</i>	Date <i>7-15-16</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>7/20/16</u> (Date)	Plan of correction implementation status as of <u>7/20/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 8 of 9

Regulation: 2600.191 – Page 1 of 2

Violation: The resident contracts for resident #1, 3, 4, 5, and 6 did not include the resident's right to refuse medications if he / she believe that there may be a medication error.

Plan of Correction:

Why is the regulation important? The regulation is important to ensure residents are educated and aware of their right to refuse or question a medication if he / she believe that there may be a medication error.

How was the regulation violated? The facility could not produce documentation which reflected that residents #1, 3, 4, 5 were educated on their right to refuse or question a medication.

What caused the violation? Failure to document education of a resident's right to question or refuse a medication if the resident believes there may be a medication error.

What can be done right away to fix the violation? On June 9, 2016, the day of the survey, each resident received education regarding their right to refuse or question a medication that they believe may be a medication error. This education was signed by the resident and attached to their admission contract documentation.

What can be done to prevent future violations? On or before July 31, 2016, facility staff will review and receive education regarding the policy "Medication and Medical Equipment Administration, Storage and Documentation", which addresses that residents will be educated on their right to question or refuse a medication. This policy will be reviewed, and revised if necessary, on an annual basis. Documentation indicating that a resident can question or refuse a medication will be posted in a public, common area of the facility on or before July 31, 2016. On or before July 14, 2016, upon admission a resident will be educated on their right to question or refuse a medication as part of the Admission Contract Review process. Within 30 days from a resident's admission to the facility, a chart audit will be conducted by the facility's Administrator, or designee, to assess compliance with this regulation. Results will be reported at facility Quality Assurance Meetings, and documented within the meeting minutes.

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.


7/20/16

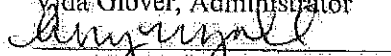
Regulation: 2600.191- Page 2 of 2

Dated: 07/15/2016

Dated: 07/15/2016



Vida Glover, Administrator



Amy Zittel, Senior Director Post-Acute & Rehab Services


7/20/16

Violation Report: 24263 - 06/09/2016 - OHaire, Anne
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2800

2600.227(f) - A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

2a. DESCRIPTION OF VIOLATION

The Summary and Determination section for the following Resident's Assessment and Support plans (RASPS) for the following residents were not completed: Resident #3 RASP dated 05-26-16; Resident #4 RASP dated 05-09-16; Resident #1 RASP dated 03-10-16; Resident #5 RASP dated 04-27-16 and Resident #6 RASP dated 08-12-15

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: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vida Alonza*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOWER</i>	Date <i>7-15-16</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>7/20/16</u> (Date) The above plan of correction was approved by <u><i>M</i></u> (Initials)	Plan of correction implementation status as of <u>7/20/16</u> (Date) <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
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Hendorn, Inc., Cole Manor Plan of Correction

Survey: June 9, 2016, Letter of July 7, 2016, page 9 of 9

Regulation: 2600.227(f) – Page 1 of 2

Violation: The Summary and Determination section for the following Resident's Assessment and Support plans (RASPS) for the following residents were not completed: Resident #3, dated 05/25/16; Resident #4 RASP dated 05/09/16; Resident #1 RASP dated 03/10/16; Resident #5 RASP dated 04/27/16 and Resident #6 RASP dated 08/02/15.

Plan of Correction:

Why is the regulation important? The regulation is important to ensure that the RASPS have all necessary information that may impact the care the resident receives.


How was the regulation violated? Upon chart audits of the RASPS, the RASPS were lacking documentation for residents #1, 3, 4, 5, and 6 for the Summary and Determination section.

What caused the violation? The violation occurred due to misunderstanding of the Summary and Determination field. The Summary and Determination section states "other relevant information not captured above". Staff interpreted this statement on the RASPS that documentation was optional and as needed.

What can be done right away to fix the violation? On or before July 14, 2016, all current RASPS have been reviewed to ensure completion of the Summary and Determination section. All current RASPS, including Residents #1, 3, 4, 5, and 6, are in compliance. On or before July 31, 2016, all facility staff that participates in RASPS will be educated on regulation 2600.227(f).

What can be done to prevent future violations? Beginning on July 17, 2016, each RASPS completed will have the Summary and Determination completed. Starting on or before August 1st, each month for a 6 month period, the facility's Administrator will review each RASPS completed the prior month to ensure documentation is complete, including but not limited to the Summary and Determination section. No section will be left blank. If a section of the RASPS is observed to have been omitted, a late entry addendum will be entered, signed and dated. Audit review findings will be reported during the facility's monthly Quality Assurance Meeting, and recorded in the minutes.

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.


7/20/16