



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

Ms. Judy Lee, Administrator
North Penn Manor, Inc.
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

RE: North Penn Manor
License #: 220320

Dear Ms. Lee:

As a result of the Department of Human Services' annual licensing inspection on August 11, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22032 - 08/11/2016 - Yellenic, Cindy
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was transferred to a skilled facility on [redacted] 16. The home sent a refund check to the family of the resident on [redacted] 16, however; the check did not include a final itemized account as to how the home determined the amount to be refunded.

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 Administrator gave a verbal explanation of the refund to the resident and resident family member on the date of discharge. Per regulation 28(f)(1), the administrator will ensure that the residents and resident family members additionally receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. The Administrator will ensure ongoing compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee Administrator* Date *8/30/16*

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

The above plan of correction is approved as of *8/31/16*
 (Date)

Plan of correction implementation status as of *8/31/16*
 (Date)

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

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

Violation Report: 22032 - 08/11/2016 - Yellenic, Cindy
 PCH Name: NORTH PENN 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

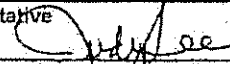
The annual 2015 training provided to Direct Care Staff Person A did not include the topic: Care of residents with Mental Illness or an Intellectual Disability.

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.

Staff Person A received training on the topic Care of residents with Mental Illness or an Intellectual Disability on 8/22/2016. Documentation is attached. Per regulation 65 (f), the administrator will ensure that all direct care staff receive training on all topics required by this regulation. The Administrator will ensure ongoing compliance.

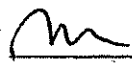
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Judy Lee, Administrator	Date 8/30/16
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Violation Report: 22032 - 08/11/2016 - Yellenic, Cindy
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There is a trash can located off the deck outside of the dining room. The trash can did not have a lid 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.

A new trash can with a lid was replaced at the time of inspection. Per regulation 85 (e), maintenance will ensure that all trash cans outside the home be kept in covered receptacles. The Administrator will ensure ongoing compliance with this regulation.

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 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee, Administrator</i>	Date <i>8/30/16</i>
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Violation Report: 22032 - 08/11/2016 - Yellenic, Cindy
 PCH Name: NORTH PENN 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

Direct Care Staff Person B's initial medication administration training was completed on 8-21-13. The staff person's current medication training was completed in August 2015, however, the training documentation was not signed and dated when it was 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.

The training documentation was properly signed and dated on 8/12/2016 by the medication certified trainer. A copy of this documentation is attached. Per regulation 182(b), all medication certified trainers will ensure that all certification documentation is complete. The Administrator will ensure ongoing compliance with this regulation.

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Violation Report: 22032 - 08/11/2016 - Yellenic, Cindy
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a physician's order for an Advair 250/50 inhaler. The medication was not dated when it was opened and has a shelf life of 30 days.

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 advair inhaler was dated at the time of inspection using the delivery date of the medication. Per regulation 183 (d), the medication certified staff will ensure that all inhalers requiring documentation of an open date will be properly dated. All medication certified staff were in-serviced on proper documentation for the inhalers on 8/12/2016.. The Administrator will ensure ongoing compliance with this regulation.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/11/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee, Administrator* Date *8/30/16*

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Violation Report: 22032 - 08/11/2016 - Yellenic, Cindy
 PCH Name: NORTH PENN 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 medication policy states that at the end of every shift, two staff persons count the narcotics and sign off on the narcotic sheet indicating that the count is correct. On 7-30-16, 8-5-16, and 8-6-16 the narcotic sign off sheet was not signed at the 11:00pm (off) shift.

Also, documentation at 2:00pm on 8-11-16, Staff Person C signed the narcotic sheet for 7:00am(on) and had already signed for 3:00pm(off) prior to the end of the staff person's shift.

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 missing signatures on the narcotic sign off sheets were completed on 8/12/2016 by the individual staff persons. A copy of this documentation is attached. Per regulation 185(a), the medication certified staff will ensure that all narcotic sign off sheets are properly signed and also at the proper time. The medication certified staff were in-serviced on this documentation on 8/12/2016. The Administrator will ensure ongoing compliance with this regulation.

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 (Required on EVERY Page) *Judy Lee*

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