



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Laura Rose Krug,
Owner, President, RN, PCHA
Saint Benedict Manor, Inc.
600 Theatre Road, Box 57
St. Benedict, Pennsylvania 15773

RE: Saint Benedict Manor, Inc.
License #: 303420

Dear Ms. Krug:

As a result of the Department of Human Services' annual licensing inspection on November 29, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30342 - 11/29/2016 - Rosenblat, Dale
PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive annual training in Fire Safety during training year 2015.

Direct care staff person B, did not receive annual training on Resident Rights and The Older Adults Protective Services Act during training year 2015.

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.

1.) I have reviewed Fire Safety with staff person A. Our Fire Safety Expert provides yearly Fire Safety training for our staff every spring. Our next scheduled Fire Safety training with the Fire Safety Expert is March 14, 2017 at 8:45AM. I have requested, and our Fire Safety Expert has agreed to train me on March 14, 2017 so that I may provide the training to any staff who are unable to attend the yearly training.

2.) I have reviewed the training on Resident Rights and the Older Adult Protective Services Act with staff person B. We provide yearly training on these topics. Next scheduled training is January 11, 2017.

To help ensure that our staff receive all mandatory training and other appropriate topics to meet or exceed the required 12 hours we will do the following:

- ✓ During the month of January, post the entire training schedule for the year.
- ✓ Use a spreadsheet to track staff training to allow us to provide repeat sessions for any staff members who are unable to attend the initial presentation of a topic.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Laura Rose Krug, RN, PCHA

Date

01/10/2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 1-18-17
(Date)Plan of correction implementation status as of 1-18-17
(Date)

The above plan of correction was approved by



(Initials)

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

Violation Report: 30342 - 11/29/2016 - Rosenblat, Dale
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a bolster mattress and bed rails. The resident's support plan (RASP), completed on 12/1/2015, does not reflect the need for the assistive device attached to the bed.

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's RASP has been updated to reflect the need for the assistive devices attached to the bed, on 11/30/16.

See attached RASP. The administrator will periodically audit a sample of resident support plans to ensure that all services/needs are reflected on each resident's RASP, and accurately identify how the home plans to meet each resident's needs. - *LR*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Laura Rose Krug, RN, PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Laura Rose Krug, RN, PCHA

Date 01/10/2017

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