



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

Mr. Richard W. Wilson, Administrator
Arbutus Park Manor, Inc.
207 Ottawa Street
Johnstown, Pennsylvania 15904

RE: Arbutus Park Manor
License #: 300060

Dear Mr. Wilson:

As a result of the Department of Human Services' annual licensing inspection on December 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30006 - 12/13/2016 - Showers, Michael
PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

One unsealed bag containing sixteen Chicken Patties was located in an open box in the walk-in freezer.

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.

Upon identification of the problem, the 16 chicken patties were discarded and immediate inservicing of the staff began to take place at daily employee meetings. Effective 12/13/2016 staff were inserviced on proper procedures for labeling, dating and storage of both perishable and non perishable food items. Procedures call for a proper label including the food item and date the food was opened, proper sealing of the food item either by wrapping it in film wrap or placing it in a sealed bag, and properly storing the item in the refrigerator, freezer or dried storage area. Monitoring of storage areas will be done visually each shift by the looks and daily by the opening and closing Manager on duty. Inservicing was conducted by [redacted] Food Director and [redacted] Food Service Manager between 12/13/2016 and 12/20/2016. Any foods found to be out of compliance will be immediately discarded.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lois Pudliner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lois Pudliner Personal Care Director/LPN Date 12/23/2016

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

The above plan of correction is approved as of 12/28/16 (Date)

Plan of correction implementation status as of 12/28/16 (Date)

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

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

Violation Report: 30008 - 12/13/2016 - Showers, Michael
PCH Name: ARBUTUS PARK 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
A bottle of Super Vitamin D3-100 tablets with an expiration date of 11/30/2016 was in the medication cart and still being administered to Resident 3.

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.

Bottle of Super Vitamin D3-100 was removed from the medication cart and destroyed per Manor Policy and a new bottle of the medication was ordered from the pharmacy. All Medication Nurses (LPN's) and Med. Technicians will be responsible for checking the medications in the cart that are in bottles, boxes, eye drops, refrigerated medications and PRN dosing twice weekly for outdated medications. This will happen on Sunday and Wednesday each week. They will document on the following form that all medications were checked and then ordered if outdated. This process will start on December 25, 2016. All medication nurses and aides were inserviced on this by [redacted] Personal Care Director/LPN and [redacted] Assistant Personal Care Director/LPN. The inservicing will be conducted from 12/14/2016 to 12/23/2016.

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Violation Report: 30008 - 12/13/2016 - Showers, Michael
PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On August 18, 2016, Resident 2 refused the prescribed Lasix 80 mg. tablets. The home did not report the refusal to Resident 2's doctor.

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.

When resident refuses a prescribed medication we will document on the MAR the refusal of the medication and why they are refusing it. We will then notify the prescribing Physician of the refusal of the medication within 24 hours and why it was refused. At this time we will also ask the Physician if he wants notified everytime the resident refuses the same medication or does he want to write a plan of action as to how to handle the refusal of the same medication. We will ask the prescribing Physician to please indicate in their plan of action how often it would be acceptable to refuse the same medication before considering discontinuing this medication. This is so we can ensure the residents safety so that it won't complicate their present health.

Staff will be inserviced on this procedure by [redacted] Personal Care Director/LPN and [redacted] Assistant Personal Care Director/LPN, this will be completed by 12/23/2016

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lois Pudliner Personal Care Director/ LPN Date 12/23/2016

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Violation Report: 30008 - 12/13/2016 - Showers, Michael
PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code 52800

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident 1 was completed on 11/25/2015.

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.

We have assembled three teams consisting of an LPN, an Aide and a 10-6 staff member. One team will be assigned the assessment to do and then the next team will be assigned the care plan to do and the last team will be the review team. They will check over the assessment and care plan to make sure all areas are completed in the allowable time for each section of the RASP. The review team will then go over the care plan with the resident/family. When the assessment team and review team complete this part they will sign off and then the care plan team and review team will complete their part and sign off that all was completed in the correct time frame. We will rotate the teams so the same team is not always doing assessments or care plans or the review.

The assessments and care plans will be done annually, or if the condition of the resident significantly changes prior to the annual assessment. Or at the request of the Department upon cause to believe that an update is required. We will have a sign off sheet that keeps track of when each assessment and care plan are due. We will educate all the care plan committees on how this process will work and work with them to understand the whole process of the RASP. This will take us approximately two weeks to complete. From 12/22/2016 to 01/05/2017.

Please see attached form.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lois Pudliner Personal Care Director/ LPN Date 12/23/2016

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