



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2017

Mr. Christopher S. Lehmann,
Managing Member
Plymouth Manor Personal Care Center LLC
144 North Main Street
Old Forge, Pennsylvania 18518

RE: Plymouth Manor Personal Care Center
120 Martz Manor
Plymouth, Pennsylvania 18651
License #: 225870

Dear Mr. Lehmann:

As a result of the Department of Human Services' annual licensing inspection on January 26, 2017 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER		License Number: 22587
Address: 120 MARTZ MANOR, PLYMOUTH, PA 18651		County: Luzerne
Administrator: Charlene Adamchick		Region: NORTHEAST
Legal Entity Name: PLYMOUTH MANOR PERSONAL CARE CENTER LLC		
Legal Entity Address: 144 NORTH MAIN STREET, OLD FORGE, PA 18518		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/26/2017: 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: 40 Number of Residents Served: 39 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: 1		Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 36 Have Mental Illness: 12 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 22587 - 01/26/2017 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person "A" completed the 24 hours of annual administrators training for 2016. However, all training was completed on-line.

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.

Administrator will complete the 24 hours of training per regulation – 12 hours online and 12 hours contact session for current training year 1/17 – 12/17.

Training year 1/17 to 12/17 will be completed of the 12 hour contract hours at the fall PALA conference October 9, 2017 along with completing 12 online hours by December 2017.

The 2016 Administrator contact 12 hours will be made up and completed at the spring PALA conference May 15-17, 2017.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman, Managing Member* Date *2/24/17*

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

The above plan of correction is approved as of 3/13/17
 (Date)

Plan of correction implementation status as of 3/13/17
 (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: 22587 - 01/28/2017 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log indicated that on the following dates and times, the home used the same exits which included exits # 1,2,3 4 and 5. The home did not alternate exits.

- 9/1/16 at 12:50 p.m. 4 minutes 12 seconds
- 10/19/16 at 11:00 a.m. 5 minutes 12 seconds
- 11/14/16 at 5:20 p.m. 7 minutes 12 second
- 12/22/16 at 9:21 a.m. 8 minutes 42 seconds
- 1/12/17 at 4:20 p.m. 8 minutes 42 seconds.

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 fire drill logs will clearly indicate which exits were used for that fire drill and which exits were not used for that fire drill. The fire drill log will clearly indicate the alternating exits used and alternating exits not used.

The administrator shall monitor and assure ongoing compliance -

M
 3/3/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann, Managing Member* Date *2/24/17*

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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

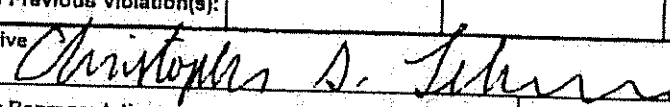
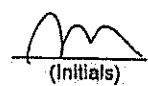
Violation Report: 22587 - 01/26/2017 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

- 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 following medications for Resident #1 did not have a diagnosis or purpose listed for the medication.
 Cephalexin 500 mg. capsule, take 1 cap orally four times a day.
 Bometanide 1 mg. tablet, take one tablet orally one time a day.

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.

PCA training will be provided on proper information to be on MAR's including diagnosis for each medication. Training will be provided 2/22/17.
 Administrator will monitor MAR's weekly for new med orders with diagnosis.

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)		Date
Christopher S. Lehmann, Managing Director		2/24/17
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Violation Report: 22587 - 01/26/2017 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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

Za. DESCRIPTION OF VIOLATION

Resident #2 did not receive his /her Novolog insulin coverage on the following dates and times. On 01-22-17 at 7:00AM the resident had a blood glucose reading was 228 which required 2 units of Novolog insulin. The resident received 0 units. On 01-26-17 the resident had a blood glucose reading of 250 at 11:00AM, 2 units of Novolog was required 0 was administered.
 Resident #3's Glucose Gel, give 1 Dextrose applicator orally if needed for Hypoglycemia was not on hand.

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 did not have insulin signed out on MAR for 1/22/17 & 1/26/17. Insulin given was noted in resident chart for both dates and for correct units, but not signed out on MAR.

PCA training will be provided 2/22/17 on correct procedures to sign insulin injections as coverage correctly on MAR's.

PCA training will be provided on 2/22/17 on proper medication ordering on all meds, diabetic supplies, and PRN meds.

Administrator will monitor diabetic residents Accu check, coverages, & medications on hand monthly.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman, Managing Member* Date *2/24/17*

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

Violation Report: 22587 - 01/26/2017 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's initial Resident Assessment and Support Plan (R.A.S.P.) dated [redacted] 16, didn't include the diagnosis of Schizoaffective Disorder and Depressed State and/or how the home will address these diagnoses on page 8. Resident #4's mental health needs page is blank.

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.

Residents RASP's will include all diagnosis and how facility will provide resident with any special care or any special needs to be addressed by facility. Mental Health needs will be written on mental health needs page of the RASP.

The administrator shall monitor and assure ongoing compliance

M
3/3/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehman, Managing Member* Date *2/24/17*

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