



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 13 2017

Mr. Samuel J. Zaffuto,
CEO
Christ the King Manor, Inc.
P.O. Box 448
Dubois, Pennsylvania 15801

RE: Christ the King Manor
1100 West Long Avenue
Dubois, Pennsylvania 15801
License #: 448640

Dear Mr. Zaffuto:

As a result of the Department of Human Services' annual licensing inspections on February 8, 2017 and February 9, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CHRIST THE KING MANOR		License Number: 30007 448640
Address: 1100 WEST LONG AVENUE, DUBOIS, PA 15801		County: Clearfield
Administrator: Angifa Amundson, RN		Region: WEST
Legal Entity Name: CHRIST THE KING MANOR INC		
Legal Entity Address: P.O. BOX 448, DUBOIS, PA 15801		
Certificate(s) of Occupancy C-2 LP 04/16/1997 L&I		RECEIVED JUN 22 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/08/2017: McConnell, Deb; Park, Beth 02/09/2017: McConnell, Deb; Park, Beth		
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: 60 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: Rooms 601 - 620 Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 58 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

448640 (B)

JUN 28 2017

Violation Report: 30007 - 02/08/2017 - McConnell, Deb
PCH Name: CHRIST THE KING MANOR

WEST BUCKLEFIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 2/8/17, the posted violation report for the home had the resident privacy coding document attached, containing resident names.

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. VIOLATION CORRECTED IMMEDIATELY WHEN FOUND BY THE INSPECTOR.
2. ALL FUTURE VIOLATION REPORTS WILL BE REVIEWED FOR CONFIDENTIALITY BEFORE POSTING ON THE BULLETIN BOARD.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/13/2016
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Angela L. Amundson Rwl Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Angela L. Amundson Rwl Administrator	2-19-17

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

The above plan of correction is approved as of 6/28/17
(Date)

Plan of correction implementation status as of 6/28/17
(Date)

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

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

448640 (Handwritten)

JUN 22 2017

Violation Report: 30007 - 02/08/2017 - McConnell, Deb
PCH Name: CHRIST THE KING MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for fire drills conducted on 2/16/16, 4/19/16, 5/24/16, 8/25/16, 10/31/16, and 12/7/16 indicate that all residents in the home evacuated to a fire safe area during the fire drills. However, residents of the Secured Care Dementia Unit (SDCU) did not evacuate to the fire safe area when the designated area was in the personal care section of the home.

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. VIOLATION REVIEWED WITH ADMINISTRATOR & SAFETY DIRECTOR WHO CONDUCTS FIRE DRILLS.
NEW POLICY PUT INTO EFFECT. SEE ATTACHMENT #1.
2. IMMEDIATELY FOLLOWING THE INSPECTION, FIRE DRILLS HAVE BEEN CONDUCTED FOLLOWING THE NEW POLICY.
ALL RESIDENTS ARE EVACUATED TO DESIGNATED AREA EVEN WHEN IN A "FIRE SAFE" AREA.
3. THE ADMINISTRATIVE, MAINTENANCE, SAFETY DIRECTOR AND ALL PERSONAL CARE STAFF HAVE BEEN INSERVICED ON THE NEW POLICY CHANGE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson R/W Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson R/W Administrator* Date *2-19-17*

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The above plan of correction is approved as of 6/28/17 (Date)

Plan of correction implementation status as of 6/28/17 (Date)

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

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

448640 (B)

RECEIVED

JUN 22 2017

Violation Report: 30007 - 02/08/2017 - McConnell, Deb
PCH Name: CHRIST THE KING MANOR

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
Residents of the SDCU did not evacuate to the designated fire safe area during fire drills conducted on 2/16/16, 4/19/16, 5/24/16, 8/25/16, 10/31/16, and 12/7/16. On these dates, the designated area was located in the personal care section of the home.

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. THE NEW POLICY INSTRUCTS STAFF TO EVACUATE SPCU RESIDENTS OUT OF THEIR ROOM TO THE ADULT DAY CARE ROOM EVEN WHEN THE DESIGNATED AREA OF THE FIRE DRILL IS LOCATED IN THE PERSONAL CARE SECTION OF THE HOME. NEW POLICY WENT INTO EFFECT IMMEDIATELY AFTER THE INSPECTION.
2. THE ADMINISTRATIVE, MAINTENANCE, SAFETY DIRECTOR AND ALL PERSONAL CARE STAFF WREE INSERVICED ON NEW POLICY CHANGE.

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

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

Plan of correction implementation status as of 6/28/17
(Date)

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

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

448640 (12)

RECEIVED

JUN 22 2017

Violation Report: 39007 - 02/08/2017 - McConnell, Deb
PCH Name: CHRIST THE KING MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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, began receiving physical therapy services on 11/15/16, 3 times a week, for a knee injury, and also requires use of a wheelchair for long distances. The resident's support plan, dated 9/13/16, does not address how the home will meet these needs.

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. THE RESIDENT SUPPORT PLAN WAS CORRECTED UPON INSPECTOR'S REVIEW INDICATING HOW STAFF WERE GOING TO MEET THE NEEDS OF RESIDENT #1.
2. THERAPY DOCUMENTATION IS BEING REVIEWED WEEKLY BY NURSING FOR ALL RESIDENTS RECEIVING THERAPY TO ENSURE SUPPORT PLAN ADDRESSES RESIDENT NEEDS.
3. RN HAS REQUESTED THERAPY TO WRITE ORDERS IN THE FUTURE FOR ANY MOBILITY DEVICES RESIDENT REQUIRES IF IT'S A CHANGE IN CARE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson RN Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson RN Administrator* Date *2-19-17*

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

The above plan of correction is approved as of <u>6/28/17</u> (Date)	Plan of correction implementation status as of <u>6/28/17</u> (Date)
The above plan of correction was approved by <u><i>JA</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