



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 13 2017

Ms. Theresa L. Hughes,  
President  
Our Orangeville Manor Inc.  
210 Mill Street, P.O. Box 157  
Orangeville, Pennsylvania 17859

RE: Our Orangeville Manor Personal Care Home  
License #: 223930

Dear Ms. Hughes:

As a result of the Department of Human Services' annual licensing inspection on March 29, 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](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: 22393 - 03/29/2017 - Dumas, Gerald**  
**PCH Name: OUR ORNAGEVILLE MANOR**

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 1 was found unresponsive in the home. Staff began CPR, contacted 911 and the resident was transported to the Emergency Room. The resident expired at the hospital on [redacted] 16 at [redacted]. The home did not submit an incident report to the Department.  
 Resident # 2 appeared to be in distress as staff approached and then slumped over. Staff began CPR, contacted 911, and the resident was transported to the Emergency Room. The resident expired at the hospital on [redacted] 17 at [redacted]. The home did not submit an incident report to the Department.  
 Resident # 3 had a fall and was transported to the hospital. The resident was admitted to the hospital and expired a week later on [redacted] 17 at [redacted]. The home did not submit an incident report to the Department.

**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.

**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 home understands the importance of this regulation in reporting incidents to the department to respond promptly to serious situations, and offer the home the opportunity to provide information that may reduce the need for the department to pursue additional information.

The administrator had a misunderstanding on an unexpected death of a resident. All 3-residents had medical conditions that contributed to their deaths. All 3 were 911 calls, all 3 passed away at the hospital, outside the home, death certificates were obtained for all 3 residents.

The administrator will report all incidents and conditions to the departments personal care home regional office or the personal care homes complaint hotline within 24 hours.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Theresa L Hughes, Administrator		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Theresa L Hughes		5/8/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>5-17-17</u> (Date) <i>upon receipt of their POC, home will send copies of the death certs to the R.O</i>		Plan of correction implementation status as of <u>5-17-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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
ERROR - rec'd.		

Violation Report: 22393 - 03/29/2017 - Dumas, Gerald  
 PCH Name: OUR ORNAGEVILLE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 On 3/29/17 at 3:20 p.m., the first floor common hallway bathroom had a strong urine odor. Owner ,Adminsitrator " A "was unable to determine the prigen of the odor.

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 home understands the importance of this regulation to minimize the risk of resident illness and provide dignified living conditions for residents.

The administrator conducted an in-service on this regulation with environmental and maintenance staff. Staff will report all odor issues to the administrator so that the issue can be addressed with maintenance promptly.

The homes maintenance staff replaced the tile flooring in that main bathroom.

Enclosed please see before and after pictures.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Theresa L Hughes, Administrator

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Theresa L Hughes Date 5/8/17

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

The above plan of correction is approved as of 5-17-17  
 (Date) photos provided.

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

Plan of correction implementation status as of 5-17-17  
 (Date)

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