



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Sr. Joachim Anne Ferenchak,
Administrator/CEO
Garvey Manor Nursing Home
1037 South Logan Boulevard
Hollidaysburg, Pennsylvania 16648

RE: Our Lady of the Alleghenies Residence
License #: 316410

Dear Sr. Ferenchak:

As a result of the Department of Human Services' annual licensing inspection on June 21, 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: 31641 - 06/21/2017 - Hoover, Douglas
 PCH Name: OUR LADY OF THE ALLEGHENIES RESIDENCE

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

On 9/27/16 at 11:08 am, one resident, who was actively dying, was not evacuated during the fire drill, nor did the home simulate the evacuation of the resident.

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.

Immediate Correction:

06/22/2017 A review of the 09/27/2016 staff fire drill worksheet indicates only one resident secured in their room. Facility director did instruct staff not to vacate the resident and an employee stayed with the resident during the fire drill. No documentation was completed to indicate a simulated evacuation occurred.

Fire drill logs were reviewed and confirmed that this was an isolated incident

Education: July 2017 all staff will be educated on 2600.132 and 2600.29a. (See Attached Packet)

At the July 3, 2017 Resident House Meeting residents were reminded that participation in monthly fire drills, including evacuation, is a requirement for continued residence.

Ongoing Monitoring:

The facility director will review all fire drill worksheets and logs to determine total evacuation occurred. If total evacuation did not occur, resident and staff education will occur and another drill will be conducted.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Joachim Anne Ferenczak*

Printed Name and Title of Legal Entity Representative Administrator
 (Required on EVERY Page) *Sister Joachim Anne Ferenczak* Date *7/14/2017*

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

The above plan of correction is approved as of 7-26-17
 (Date)

Plan of correction implementation status as of 7-26-17
 (Date)

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

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

Violation Report: 31641 - 06/21/2017 - Hoover, Douglas
 PCH Name: OUR LADY OF THE ALLEGHENIES RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There was no date on the pre-admission screening form for Resident #1 who was admitted on [REDACTED] 17.

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.

Immediate Correction:

06/22/2017 Resident #1 pre-admission screen was corrected after confirming completion date from office records.

Conducted review of 41 remaining charts, no other errors were noted.

Ongoing:

July 3, 2017 Admission Paper Tracking Form was revised to include Review of Pre-Admission Screening. (See Attached)

Director will review pre-admission screen for proper completion prior to placing on the resident chart.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Joachim Anne Ferenczak*

Printed Name and Title of Legal Entity Representative *ADMINISTRATOR*
 (Required on EVERY Page) *SISTER JOACHIM ANNE FERENCZAK* Date *07/14/2017*

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

The above plan of correction is approved as of <u>7-26-17</u> (Date)	Plan of correction implementation status as of <u>7-26-17</u> (Date) <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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 31641 - 06/21/2017 - Hoover, Douglas
PCH Name: OUR LADY OF THE ALLEGHENIES RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
The support plans, dated 5/26/16 and 4/27/17, were not signed by Resident #2. There were no notations of refusal or inability to sign by Resident #2.

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.

- Immediate Correction:
06/22/2017 Resident Services Coordinator, met with Resident #2 and support plans were signed.
Review of 41 remaining charts indicated no other missing signatures or errors.
- Ongoing Correction:
Resident Services Coordinator will review RASP for signatures or notation of refusal or inability to sign before placing RASP on the chart.
- Ongoing Monitoring:
Facility director will complete quarterly chart audit on RASP signatures as part of the Quality Assurance study through next survey.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister Joachim Anne Ferenczak*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *SISTER JOACHIM ANNE FERENCZAK* *07/14/2017*

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The above plan of correction is approved as of 7-26-17
(Date)

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

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