



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Ms. Judy Lee,
Administrator
North Penn Manor, Inc.
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

RE: North Penn Manor
License #: 220320

Dear Ms. Lee:

As a result of the Department of Human Services' annual licensing inspection on July 27, 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: NORTH PENN MANOR		License Number: 22032
Address: 240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702		County: Luzerne
Administrator: Judy Lee		Region: NORTHEAST
Legal Entity Name: NORTH PENN MANOR INC		
Legal Entity Address: 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702		
Certificate(s) of Occupancy		
I-2 02/09/2011 city of Wilkes Barre		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/27/2017: Deluca, Amy; Harvey, Jason		
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: 80	Number of Residents who:	
Number of Residents Served: 62	Receive Supplemental Security Income: 18	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 52	
Area:	Have Mental Illness: 15	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 22032 - 07/27/2017 - Deluca, Amy
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home's previous Licensing Inspection Summary (LIS) dated 8/11/2016 and Chapter 2600 book were posted to the left of the entrance door in an area that was completely concealed by a potted tree. The home did not post these required documents in a public and conspicuous place that is easily visible and accessible to residents and visitors.

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 artificial tree had fallen down by the wind when the lobby door was opened and when it was picked back up it was inadvertently placed in front of the document holder containing the LIS and Chapter 2600 book. The tree was moved at the time of inspection on 7/27/17 by the Administrator to its original place enabling the LIS and Chapter 2600 book to be easily visible and accessible. The Administrator will monitor the placement of the tree decoration and will ensure that the document holder remains easily visible and accessible. The Administrator will ensure ongoing compliance with this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Judy Lee, Administrator	Date 8/9/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/15/17</u> (Date)	Plan of correction implementation status as of <u>8/15/17</u> (Date)
The above plan of correction was approved by <u>M</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: 22032 - 07/27/2017 - Deluca, Amy
 PCH Name: NORTH PENN MANOR

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
 The home's previous LIS dated 8/11/2016 contained the resident privacy coding sheet attached. The privacy coding document exposes confidential resident information.

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 resident privacy coding sheet was removed at the time of inspection on 7/27/17 by the Administrator. The Administrator inadvertently left the privacy coding sheet attached to the LIS. The Administrator will ensure that when posting the LIS that the privacy coding sheet is not included in the posting and will also ensure ongoing compliance with this regulation.

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Violation Report: 22032 - 07/27/2017 - Deluca, Amy
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 Located in the home's freezer was a large package of hot dogs that was not labeled and dated when the package was opened.

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 hot dogs that were not labeled and dated were just opened and served as an alternate at lunch. The cook was not finished cleaning up from lunch and didn't get a chance to put the label and date on the hot dogs. The label was put on and dated during the time of inspection on 7/27/17 by the cook. The cooks will ensure that all future opened packages are labeled and dated. The Administrator will monitor that any opened food packages are properly labeled and dated to ensure ongoing compliance with this regulation.

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 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 22032 - 07/27/2017 - Deluca, Amy
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 dated 01/6/17 did not indicate the resident's mechanical soft diet.
 The medical evaluation for resident #2 dated 1/11/17 does not include information on the resident's allergies or body positioning.
 Resident #2 does have allergies to 3 medications.

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 medical evaluations for resident #1 and #2 were updated by the resident's physicians on 7/28/17. They are attached. The PCA supervisor will ensure that all fields on the medical evaluation are properly completed. The Administrator will review and monitor all medical evaluations to ensure ongoing compliance for this regulation.

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Violation Report: 22032 - 07/27/2017 - Deluca, Amy

PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3 has an order for Clonazepam .5 mg to be taken once daily at bedtime. The resident's bottle of Clonazepam was in the medication cart and the Medication Administration Record (MAR) indicates the medication has been administered daily since the bottle was filled on 7/3/2017, however, there was no narcotic count sheet for this prescription. The home's policy is to count every narcotic daily at each shift change and to count all new narcotics when they arrive from the pharmacy. Staff were not counting resident #3's Clonazepam .5mg pills as per the home's policy.

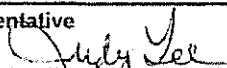
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 narcotic count sheet for resident #3 for clonazepam could not be located at the time of inspection because it was put aside with resident #3's MAR that was pulled for this resident's diabetic check for the inspectors. It was put back in after the inspection on 7/27/17 by the supervising PCA. A copy of the narcotic count sheet is attached. The PCA supervisor will ensure that there is a narcotic count sheet for all narcotics and the Administrator will monitor to ensure ongoing compliance for this regulation.

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Judy Lee, Administrator

Date 8/9/17

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(Date)

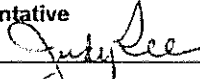

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(Date)

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(Initials)

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Violation Report: 22032 - 07/27/2017 - Deluca, Amy	
PCH Name: NORTH PENN MANOR	
1. REGULATION 55 Pa.Code §2600 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.	
2a. DESCRIPTION OF VIOLATION Resident #4 has a physician's order for Betamethasone .05% ointment to be applied twice daily. The resident's MAR was initiated as being administered but the medicine was not available in the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
The tube of Betamethasone was found on 7/27/17 by the supervising PCA after the inspectors left. It was inadvertently placed on the nurse station desk by the telephone by a med tech after they administered the ointment and went to answer the phone. A picture of the ointment is attached. The PCA supervisor will ensure that all medications will be available as ordered by the physician. The Administrator will monitor the medications to ensure ongoing compliance with this regulation.	
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Violation Report: 22032 - 07/27/2017 - Deluca, Amy
 PCH Name: NORTH PENN MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #4 has a physician's order for Betamethasone .05% ointment to be applied twice daily. The resident's MAR indicates the ointment was being administered but the medicine was not available during the audit.

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 ointment for resident #4 is being administered as prescribed. The ointment was found after the inspectors left by the supervising PCA on 7/27/17. It was found on the nurse station desk by the telephone where the med tech inadvertently left it after administering the medication and answering the phone. A picture of the tube is attached. The supervising PCA will ensure that all medications are administered as prescribed. The Administrator will ensure ongoing compliance with this regulation.

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Violation Report: 22032 - 07/27/2017 - Deluca, Amy
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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's Resident Assessment Support Plan (RASP) dated 1/6/17 indicates the resident is on a regular diet and does not address the resident's diet of mechanical soft based on previous RASPs and medical evaluations. On 4/7/2017 the resident's doctor discontinued the mechanical soft diet and ordered a puree diet. The resident's RASP does not indicate the new diet and how the home will meet the resident's needs.

 Resident #5's RASP dated 1/31/17 does not address the resident's description of service needs for a doctor's order for occupational therapy, physical therapy and wound care. The residents RASP does not indicate the plan to meet these service needs, frequency and responsible party.

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 #1's RASP was updated indicating the change in diet on 7/27/17 by the Administrator. A copy is attached. The Administrator will ensure that any updated information for each resident is documented on the RASP. The Administrator will ensure ongoing compliance with this regulation.

 The RASP for resident #5 does include the description of service needs for the doctor's order for home health services, but it wasn't as detailed as it needed to be. Additional detailed information was added to the RASP on 8/4/2017 by the Administrator. A copy is attached. The Administrator will ensure that detailed information regarding home health services will be included on the RASP as needed. The Administrator will ensure ongoing compliance with this regulation.

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