



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 3 1 2017


Ms. Laura Rose Krug,
Owner, President, RN, PCHA
Saint Benedict Manor, Inc.
600 Theatre Road, Box 57
St. Benedict, Pennsylvania 15773

RE: Saint Benedict Manor, Inc.
License #: 303420

Dear Ms. Krug:

As a result of your facility's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 44 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
License

Violation Report: 30342 - 07/20/2017 - Bomberger, Cybil
 PCH Name: SAINT BENEDICT MANOR, INC.

1. REGULATION 55 Pa. Code §2800

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

A camera mounted on the ceiling in the old wing living room and a camera mounted on the ceiling in the new wing living room both record the interior common areas to a hard drive that is located in the medication room.

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 cameras in the old wing living room and new wing living room have been disconnected by our security company, see attached letter from Gittings Protective Security Inc.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

LAURA ROSE KRUG, RN, PCHA

Date 07-26-2017

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

The above plan of correction is approved as of 7/28/17
 (Date)

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

Plan of correction implementation status as of 7/28/17
 (Date)

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

Violation Report: 30342 - 07/20/2017 - Bomberger, Cybill
 PCH Name: SAINT BENEDICT MANOR, INC.

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A one gallon bottle of bleach labeled "contact poison control" was unlocked and accessible to residents on the floor next to the treatment cart near the laundry room door. Residents of the home have been assessed as not being capable of recognizing and using poisons safely.

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.

"Staff Member A" removed the gallon container of bleach from the locked laundry room. She placed the unopened bottle on the floor while she used the nearby restroom. I re-educated her and all staff members regarding the importance of keeping all poisonous materials in the appropriate storage areas when not in use, because of the risk of accidental ingestion or injury by a Resident with dementia.

* The administrator shall perform daily checks of the home to assure that all poisonous materials are kept locked and inaccessible to the residents.

BAS
7/20/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

LAURIA ROSE KRUG, RN, PCAA

Date 07-26-2017

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

The above plan of correction is approved as of 7/28/17
 (Date)

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

Plan of correction implementation status as of 7/28/17
 (Date)

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

Violation Report: 30342 - 07/20/2017 - Bomberger, Cybil
 PCH Name: SAINT BENEDICT MANOR, INC.

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a three sided lean to addition to the building located in the secured courtyard of the home which contains a gas powered lawn mower, gas weed trimmer, leaf blower, battery charger, generator and various tools. The end of the lean to which measures approx. 67 inches wide, is open allowing residents to enter and have access to all of the contents.

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.

During inspection, a sheet of plywood was immediately affixed to close the lean-to and prevent Residents from accessing the storage area. We have a shed on order, and expect delivery on or about August 8, 2017. This new shed will be used to securely store all of the items that were in the lean-to. I re-educated all staff members regarding the importance of keeping all hazardous, poisonous and/or dangerous materials in the appropriate storage areas when not in use because of the risk of injury to Residents.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Rose Krug, RN, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Rose Krug, RN, PCHA* Date *07-26-2017*

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

The above plan of correction is approved as of 7/28/17
 (Date)

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

Plan of correction implementation status as of 7/28/17
 (Date)

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