



pennsylvania

DEPARTMENT OF HUMAN SERVICES

DEC 29 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.
Certificate #: 303420

Dear Ms. Krug:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspections on October 4, 2017 and November 30, 2017 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: 30342 - 10/04/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for Residents #1 and #2 were not signed or marked by the residents, nor was there any notation as to their inability or refusal to sign.

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.

Adminstrator/Designee will explain to the Resident and/or their POA/designated person the importance of:

1. The contract being signed by the the Administrator/Designee, the Resident and/or their POA/designated person.
2. If the Resident refuses or is unable to sign, a notation shall be made to detail this.

This constitutes a pledge by all parties to abide by the specified terms.

Administator/Designee will make certain that all required signatures/Resident's mark, etc. are present on Resident contract.

The administrator will complete an audit all contracts for current residents to assure that each contract contains the appropriate signatures. The audit shall be completed within 14 days from the receipt of this plan.
 11/13/17 BAS

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Rose Krug* Date *11-07-2017*

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

The above plan of correction is approved as of <u>11/13/17</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>12/15/17</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
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Violation Report: 30342 - 10/04/2017 - McCloskey, Jason
 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 tube of DermaMed Skin Protectant belonging to Resident #3 was lying atop a box of disposable gloves in the shower room. The tube was labeled, "If ingested, contact a poison control center or physician immediately." The tube was unlocked and accessible to the residents of this secured dementia care building.

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.

After discovery, the tube of DermaMed Skin Protectant was placed in the proper storage area.

Our Poisonous Materials and Safe Medication Storage policies address the importance of keeping all medications and/or poisonous materials in locked cabinets. Staff have been reminded of this policy and why it is important. The policy is posted in the shower rooms, medication room and break room.

A locked treatment cabinet is now available in each shower room. Staff will have easy access to locked storage. Staff have been retrained regarding the importance of immediately placing medications/poisonous materials into the storage cabinet and being certain that it is locked.

The administrator will review each shower room on at least once per week for a period of four weeks to ensure that medications have been properly stored. This review shall be initiated upon receipt of this plan. 11/13/17 BAS

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Rose Krug, RN, PCH-A*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Rose Krug* Date *11-07-2017*

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The above plan of correction was approved by <u>BAS</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: 30342 - 10/04/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 10/4/17 at approximately 3:00pm, a tube of DermaMed Skin Protectant and a tube of Nystatin Ointment USP was unlocked and accessible to residents in the old shower 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.

After discovery, the tube of DermaMed Skin Protectant and Nystatin was placed in the proper storage area.

Our Poisonous Materials and Safe Medication Storage policies address the importance of keeping all medications and/or poisonous materials in locked cabinets. Staff have been reminded of this policy and why it is important. The policy is posted in the shower rooms, medication room and break room.

A locked treatment cabinet is now available in each shower room. Staff will have easy access to locked storage. Staff have been retrained regarding the importance of immediately placing medications/poisonous materials into the storage cabinet and being certain that it is locked.

The administrator will review each shower room on at least once per week for a period of four weeks to ensure that medications have been properly stored. This review shall be initiated upon receipt of this plan.

BTS 11/13/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Rose Krug RN, PCH-A*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Rose Krug* Date *11-07-2017*

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 (Date)

Plan of correction implementation status as of 12/15/17
 (Date)

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

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

Violation Report: 30342 - 10/04/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 10/4/17, a tube of DermaMed Skin Protectant was covered with a greasy film.

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.

After discovery, the tube of DermaMed Skin Protectant was wiped clean and placed in the treatment cart.

Staff were retrained regarding our Safe Medication Practices policy and the importance of medications being stored in an organized manner under proper conditions of sanitation, temperature, moisture, light and labeling and in accordance with the manufacturer's instructions. Also, staff were reminded to keep the outside of medication containers/tubes clean and free from contamination.

The policy is posted in the shower rooms, medication room and break room. A locked treatment cabinet is now available in each shower room. Staff will have easy access to locked storage. Staff have been retrained regarding the importance of immediately placing medications/poisonous materials into the storage cabinet and being certain that it is locked.

The administrator will audit the medication cart and shower room medication storage cabinet on a weekly basis for a period of four weeks to ensure that each medication has been stored appropriately. This audit shall be initiated upon receipt of this plan.

BAS 11/13/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>James Rose Krug, RN, PCHH</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Laura Rose Krug</i>	<i>11-07-2017</i>

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 (Initials)

Plan of correction implementation status as of 12/15/17
 (Date)

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

Violation Report: 30342 - 10/04/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 10/4/17, a tube of Nystatin Ointment USP was located in the old shower room and was not labeled with a resident's name.

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.

Immediately upon discovery, the unlabeled Nystatin ointment was disposed of.

Staff were retrained regarding our Safe Medication Practices policy and the importance of medications being stored in an organized manner under proper conditions of sanitation, temperature, moisture, light and labeling and in accordance with the manufacturer's instructions. Also, staff were reminded that if a label is becoming difficult to read or is becoming detached from the container, they may request a new label from the pharmacy via QuickMAR messaging or inform the office that a new label is needed.

The policy is posted in the shower rooms, medication room and break room.
 A locked treatment cabinet is now available in each shower room. Staff will have easy access to locked storage. Staff have been retrained regarding the importance of immediately placing medications/poisonous materials into the storage cabinet and being certain that it is locked.

The administrator will audit the medication cart and shower room medication storage cabinet on a weekly basis for a period of four weeks to ensure that each medication has proper labeling. This audit shall be initiated upon receipt of this plan.

BAS 11/13/17

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Laure Rose Krug, RN, PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Laure Rose Krug</i>	<i>11-07-2017</i>

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 (Initials)

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 (Date)

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

Violation Report: 30342 - 10/04/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

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

The home has not implemented procedures for the safe use of medical equipment as evidenced by:

- The glucometer for Resident #3 has multiple readings stored in the unit's memory which are not documented on the resident's medication administration record (MAR). These readings include a measurement of 248 taken 9/29/17 at 8:10am, a measurement of 147 taken 9/30/17 at 5:21am, a measurement of 179 taken 10/1/17 at 5:54am, and a measurement of 193 taken 10/2/17 at 4:00am.
- A blood sugar reading of 254 was documented on Resident #4's MAR as measured on 10/2/17 at 11:44 am. However, this measurement was not stored in the memory of the resident's glucometer.

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 were retrained regarding our glucometer policy: **(SEE ATTACHED)**

- Glucometers may be used only for the Resident for whom they are prescribed.
- Always follow the procedure outlined in the yearly diabetes training.
- Regarding a Resident who has an order to attain his/her own blood glucose reading, the staff member must look at the reading on the glucometer and enter it into QuickMAR, check the date and time on the glucometer to be sure the information is accurate, if it is not, notify the office.
- A new glucometer shall be kept in the locked closet in the bedroom in case a Resident's glucometer becomes inoperable.
- NEVER share meters, always ask for the new meter to be made available to the Resident.
- Each time a glucose reading is scheduled to be entered into QuickMAR, another order will need addressed whereby the staff member will verify that the previously entered blood glucose reading, date and time all match that on the glucometer.

see attached page 7A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Laury Rose Krog, RN, PHA

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

Laury Rose Krog

Date *11-07-2017*

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The above plan of correction is approved as of

11/13/17
 (Date)

Plan of correction implementation status as of *12/15/17*
 (Date)

The above plan of correction was approved by

LRK
 (Initials)

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

2600.185(a) Continued

The Administrator, or another designated staff person, shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing. The weekly audits shall occur for a period of 8 weeks commencing the date of the receipt of this plan.

BAS 11/13/17

Violation Report: 30342 - 11/02/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contracts for Residents #1, #2 and #3 were not signed or marked by the residents.

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.

All contracts now have appropriate signatures where required.

The following three-step procedure will be implemented to help ensure continued compliance:

1. The Administrator or designated person will review the contract with the Resident and/or Resident's designated person if any, and/or the payer, if different from the Resident. The contract shall be signed by the Administrator or designated person, the Resident and the payer, if different from the Resident, and cosigned by the Resident's Designated person if any, if the Resident agrees.
2. If the Administrator completes the paperwork with the Resident (and/or Resident's designated person if any, and/or the payer, if different from the Resident) the Administrator's designated person will check for completeness, and visa versa.
3. As new admission packets are created by the Administrator or Designated Person, he/she will highlight all signature lines to help ensure that all required signatures are recorded.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jane Rose / Krug RN, PCHA

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

Laura Rose Krug, RN, PCHA

Date 12/13/2017

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The above plan of correction is approved as of 12/15/17
 (Date)

Plan of correction implementation status as of 12/15/17
 (Date)

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

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

Violation Report: 30342 - 11/02/2017 - McCloskey, Jason
 PCH Name: SAINT BENEDICT MANOR INC

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

The home has not implemented procedures for the safe use of medical equipment as evidenced by:
 - Resident #4's glucometer was not programed with the correct date and time displaying 2-19, 9:54pm on 11-2-17. This glucometer contained a reading of 477 on 2-19 at 3:35am that was not documented by the home.
 - Resident #5's glucometer contained multiple readings that were not documented by the home including: 135 on 8/11 at 8:25pm; 143 on 8/10 at 2:31am; 164 on 8/7 at 8:20pm; 129 on 8/6 at 10:50am; 200 on 8/5 at 8:11pm.
 - Resident #3's glucometer contained multiple readings that differed from those recorded in the home's accu check log. These readings included: 11/28 at 6:59am, the glucometer meter read 96 and the accu check log documented 95. On 11/22 at 6:56am the glucometer read 124 and the accu check log documented 126. On 11/21 at 6:57am, the glucometer read 159 and the accu check log documented 156.

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 Administrator will use the "Glucometer Reading Verification Record" (see attached) to track whether all glucometer readings are being accurately documented in QuickMAR. This will be done daily from 12/01/2017 through 12/11/2017, then weekly for eight weeks, then monthly for two months, then quarterly. Discrepancies will immediately be addressed by Administrator.

Training has been provided to staff members who have had issues (see attached.)

Procedure for Blood Glucose Monitoring (see attached) has been reviewed with staff.

New glucometers have been purchased at the expense of Saint Benedict Manor, Inc. so that all Residents have the same glucometer. This will help staff to become familiar with, and navigate the glucometer. Also, the date and time settings on the new glucometers are nearly impossible to accidentally change - this will help ensure that the time and date remain accurate.

Two spare glucometers have been purchased and will be kept in the locked med room closet in case a Resident's glucometer becomes inoperable.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jane Rose / Krug, RN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Rose Krug, RN, PCHA Date 12/13/2017

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(Date)

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(Date)

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- Not Implemented

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(Initials)