



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Mr. Richard W. Wilson,
NHA
Arbutus Park Manor, Inc.
207 Ottawa Street
Johnstown, Pennsylvania 15904

RE: Arbutus Park Manor
License #: 300060

Dear Mr. Wilson:


As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on October 26, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 3

PCH Name: ARBUTUS PARK MANOR		License Number: 30006
Address: 207 OTTAWA STREET, JOHNSTOWN, PA 15904		County: Cambria
Administrator: Lois Pudliner		Region: CENTRAL
Legal Entity Name: ARBUTUS PARK MANOR INC		
Legal Entity Address: 207 OTTAWA STREET, JOHNSTOWN, PA 15904		
Certificate(s) of Occupancy C-1 01/04/1985 PA Department of Health		
Staffing Hours Resident Support: 0 Total Daily Staff: 33 Waking Staff: 25		
Type of Inspection: Full EHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/26/2017: McCloskey, Jason; Showers, Michael		
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: 35 Number of Residents Served: 33 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Lois Pudliner Lois Pudliner 11-08-2017 Personal Care Director

Violation Report: 30006 - 10/26/2017 - McCloskey, Jason
PCH Name: ARBUTUS PARK MANOR

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 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.

See attached Page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lois D. Rudliner

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

Lois D. Rudliner Personal Care Director

Date

11-08-2017

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The above plan of correction is approved as of

11/13/17
(Date)

Plan of correction implementation status as of

11/13/17
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Page 2A of 3

- 1. Regulation 2600.25(b)- The contract will 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.
- 2. Description of violation.
The contracts for resident #1 and #2 were not signed by the residents.
- 3. Plan of Correction

As of October 30, 2017 we attached to our contract a series of checks to be done by the following three staff : Personal Care Director, Assistant Personal Care Director and the Charge Nurse that is on the wing the Resident will be admitted to.

It reads as follows :

As of October 30 , 2017 the Personal Care Director or the Assistant Personal Care Director (which ever one is signing the resident into the Manor) will have them sign the contract and if the Payer or Designated person is present they will also sign the contract. It will then be checked the second time by the Personal Care Director or the Assistant Personal Care Director (which ever one did not sign the resident into the Manor). Then we will have the Charge Nurse on the wing the resident will be admitted to make the third check. Each Staff person will sign and date that it was checked before giving it to the family and put into the resident's chart.

1. _____	2. _____	3. _____
(Person signing the resident into the Manor)	(Second person checking for the signature)	(Charge person on the wing resident is being admitted to)
1. _____	2. _____	3. _____
Date Checked	Date Checked	Date Checked

The above will be completed by all three Staff Members on admission day of the resident.

All Charge Nurses will be educated on the procedure from October 30- November 10, 2017.

Lois Pudliner Personal Care Director
November 8, 2017

Lois Pudliner Lois Pudliner 11-08-2017 Personal Care Director

Violation Report: 30006 - 10/26/2017 - McCloskey, Jason
 PCH Name: ARBUTUS PARK MANOR

1. REGULATION 55 Pa.Code §2900

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

A comparison of readings stored in resident glucometers was made with readings documented by the home. Based on the review, the home has not implemented procedures for the safe use of medical equipment as evidenced by glucometers for Residents #2 and #3 having the following discrepancies:

- Resident #2's glucometer has two readings stored in it that are not documented on the medication administration record (MAR), blood sugar summary, or glucometer calibration log. These readings included 136 on 8-14-17 at 03:11 and 109 on 8-11-17 at 21:08.
- Resident #2's glucometer had a measurement of 137 stored in the memory for 9-18-17 at 04:32. However, a reading of 134 was documented on the home's records.
- A measurement of 109 is documented on Resident #2's blood sugar summary for 9-27-17 at 0700. This reading is not stored in the resident's glucometer.
- The glucometer for Resident #3 was programmed with the incorrect date and a time that was 5 hours slow.
- Resident 3's glucometer contained readings of 91 on 9-12-17 at 1:44am and 102 on 8-13 at 8:34pm. These readings are not documented on the resident's MAR, blood sugar summary, or glucometer calibration log.

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.

see attached page 3A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lois Rollins Personal Care Director</i>	Date <i>11-08-2017</i>
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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)	Plan of correction implementation status as of <u>11/13/17</u> (Date)
The above plan of correction was approved by <u>BHS</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

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1. 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.

2. Description of violation

A comparison of readings stored in resident glucometers was made with readings documented by the home. Based on the review, the home has not implemented procedures for the safe use of medical equipment as evidenced by glucometers for Residents #2 and #3 having the following discrepancies: Please see your page for the full details of the violation.

3.

Plan of correction:

For all our diabetic residents we are going to implement weekly quality assurance checks of their glucometer. We have developed a multi purpose form to monitor the current date on the glucometer, current time on the glucometer, new bottle test strip lot #, quality control ranges, quality control readings, and initials of staff performing QA on new bottle of testing strips. We will have the LPN do a QA check to see that the documented Accu check results match the glucometer readings, as well as a quality control solution check. This will all be done by the LPN weekly on Sundays 2pm-10pm shift. Please see attached form.

We are training our staff now and will complete this training by November 10, 2017.

Lois Redliner Lois Redliner 11-08-2017 Personal Care Director