



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 08 2018

Sr. Mary Andrew,  
Administrator  
Bishop Pelczar Manor  
856 Cambria Street  
Cresson, Pennsylvania 16630

RE: John Paul II Manor  
Certificate #: 303180

Dear Sr. Andrew:

As a result of the Department of Human Services' annual licensing inspection on November 30, 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](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: 30318 - 11/30/2017 - Hoover, Douglas  
PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

The medical evaluations for Residents #1 and #2, both admitted on [redacted] 17, did not include the dates of the medical evaluations.

**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.

Medical Evaluations will be checked by the Secretary as they are filed, to make sure they are completed. Administrator will randomly check them to see they are completed.

Ongoing, the administrator will ensure that all newly-admitted residents have a medical evaluation within the time frames required by this regulation. The administrator will also ensure that all the required sections are completed on the Resident medical evaluation forms. -bc

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sr. Mary Andrew*

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

SR. MARY Andrew, Administrator

Date 12-12-17

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

The above plan of correction is approved as of 1-2-18  
(Date)

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

Plan of correction implementation status as of 1-2-18  
(Date)

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

Violation Report: 30318 - 11/30/2017 - Hoover, Douglas  
PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

There was an unlocked and accessible green filing cabinet in the open nurses' station that contained confidential information for residents in the home. The information included medical face sheets, social security numbers, insurance information, diagnoses and physician names.

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.

Green filing cabinet removed and tan one has a WORKING Lock on it.

Resident records have been transferred to the tan filing cabinet, which is to be kept locked.

Ongoing, the administrator will ensure that all resident records are stored in a confidential manner. - JE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jr. Mary Andrew*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SR. MARY Andrew, Administrator*      Date *12-12-17*

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

The above plan of correction is approved as of 1-2-18 (Date)

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

Plan of correction implementation status as of 1-2-18 (Date)

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