



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

Mr. Samuel J. Zaffuto
Chief Executive Officer
Christ the King Manor, Inc.
Po Box 448
Dubois, Pennsylvania 15801

RE: Christ the King Manor
1100 West Long Avenue
Dubois, Pennsylvania 15801
License #: 448640

Dear Mr. Zaffuto:

As a result of the Department of Human Services' annual licensing inspection on February 7, 2018, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CHRIST THE KING MANOR		License Number: 44864
Address: 1100 WEST LONG AVENUE, DUBOIS, PA 15801		County: Clearfield
Administrator: Angela Amundson		Region: WEST
Legal Entity Name: CHRIST THE KING MANOR INC		
Legal Entity Address: P.O. BOX 448, DUBOIS, PA 15801		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/16/1997 Dept of L and I		MAR 28 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Dally Staff: 69	Waking Staff: 52
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/07/2018: Grace, Desmond; Park, Beth		
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: 60 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, If Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, If applicable: 19 Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 6		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 49 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 20 Have a Physical Disability: 0

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MAR 28 2018

Violation Report: 44864 - 02/07/2018 - Grace, Desmond
PCH Name: CHRIST THE KING MANOR

INSPECTOR: [Signature]
DATE: [Signature]

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bedside lamp in resident bedroom #536 was not operational. There was no other lamp or source of light at the bedside.
There was no lamp or other source of lighting for the bed in resident bedroom #617. The closest lamp was approximately 4 feet from the bottom bed and was unplugged.

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.

- BOTH LAMPS WERE CORRECTED DURING THE INSPECTION.
- ADDED TO MONTHLY HOUSEKEEPNG SCHEDULE TO CHECK LIGHTING FOR OPERATION AND CLOSENESS TO BED.
- AUDITS WILL BE DONE BY RN / CARE COORDINATOR MONTHLY TO ENSURE STAFF IS CHECKING.

SEE ATTACHMENT #1

SEE ATTACHMENT #2

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

Signature of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson RN/Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson RN/Administrator* Date *3-28-18*

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

The above plan of correction is approved as of 3-28-18 (Date)

Plan of correction implementation status as of 3-28-18 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

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MAR 28 2018

WEST VIRGINIA STATE OFFICE
Human Services Licensing

Violation Report: 44864 - 02/07/2018 - Grace, Desmond
PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home conducted a sleeping hour fire drill on 4/26/17 at 5:30 a.m. However the home's next sleeping hour fire drill was not conducted until 1/6/18 at 3:45 p.m.

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.

- NEW SCHEDULE GIVEN TO MAINTENANCE DIRECTOR TO FOLLOW. (SEE ATTACHED)
- NEXT 11-7 FIRE DRILL SCHEDULE FOR NEXT MONTH – APRIL 2018.
- WILL CONTINUE TO FOLLOW THE ATTACHED SCHEDULE TO ENSURE SLEEPING HOURS NOT MISSED. COPY GIVEN TO MAINTENANCE DIRECTOR AND THE ADMINSTRATOR ALSO HAS A COPY.

SEE ATTACHMENT #3

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Angela L. Amundson r/w Administrator.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Angela L. Amundson r/w Administrator.</i>	Date <i>3-28-18</i>
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The above plan of correction was approved by *g* (Initials)

MAR 28 2018

Violation Report: 44864 - 02/07/2018 - Grace, Desmond

PCH Name: CHRIST THE KING MANOR

NORTH REGION FIELD OFFICE
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted into the secure dementia unit on [redacted] /17. However, the resident's medical evaluation was completed on [redacted] /17.

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.

ADMINISTRATOR WILL ENSURE THAT ALL NEW ADMISSION MEDICAL EVALUATIONS ARE COMPLETED WITHIN THE 60 DAYS PRIOR TO ADMISSION.

WILL HAVE CARE COORDINATOR DO AUDITS ON MEDICAL EVALUATION TO ENSURE DATES ARE CORRECT.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Angela L Anderson RW / Administrator

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

Angela Anderson RW / Administrator

Date 3-28-18

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(Date)

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