



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

Ms. Vida Glover  
Administrator  
ATTN Amy Zakel, Senior Director  
1001 East Second Street  
Coudersport, Pennsylvania 16915

RE: Cole Manor  
101 Maple Street  
Coudersport, Pennsylvania 16915  
License #: 242630

Dear Ms. Glover:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 18, 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](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: .2 - 07/17/2018 - Dumas, Gerald  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The letter from the local fire chief dated 9/12/17 indicates that fire drills UNDER 3 minutes result in compliance with this regulation. A fire drill however conducted on 5/31/18 at 5:27 p.m., was recorded on the home's fire drill record taking exactly 3.0 minutes - exceeding the time given by the home's fire chief of UNDER 3 minutes.

**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*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Vida Blower, Director*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *VIDA BLOVER, DIRECTOR* Date *09/28/18*

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

The above plan of correction is approved as of <u>10-10-18</u> (Date)	Plan of correction implementation status as of <u>10-10-18</u> (Date)
The above plan of correction was approved by <u>ag</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

**Hendorn, Inc., Cole Manor Plan of Correction**

7-18-18

**Survey:** July 17, 2018

**Regulation:** 2600.132 (d)

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert with the period of time specified in writing within the past year by a fire safety expert.

**Violation:** The letter from the local fire chief dated 09/12/17 (see attachment A) indicates that fire drills under 3 minutes result in compliance with this regulation. A fire drill however conducted on 05/31/18 at 5:27 p.m., was recorded on the home's fire drill record taking exactly 3.0 minutes – exceeding the time given by the home's fire chief of under 3 minutes.

**Plan of Correction:**

**Why is the regulation important?** The regulation is important to ensure that the home is able to safely evacuate the entire building in a timely manner. This regulation is important to ensure the overall safety of the residents.

**How was the regulation violated?** The regulation was violated when the home completed a fire drill in exactly 3 minutes and 0 seconds on 05/31/18, when compared to the annual fire safety inspection letter date on 09/12/17.

In the fire safety inspection letter dated 09/12/17, it states "...and witnessed a time of 2 minutes and 48 seconds resulting in a complaint emergency evacuation time of under 3 minutes of all personnel and residents of the facility." The wording of this letter differs from previous years, and was not recognized as a discrepancy upon initial review. In the fire safety inspection letter dated 09/27/16 (see attachment B), it states "...we find a total emergency evacuation of the facility can be safely completed in 3 minute time frame as we observed on 09/27/16." This is similar language as noted in fire safety inspection letter dated 10/27/15 (see attachment C); it states "... we find a total emergency evacuation of the facility can be safely completed in 3 minute time frame as we observed on Oct. 27, 2015." It was the administrator's belief that the home had 3 minutes or under to evacuate the home.

Since the survey date of July 17, 2018, the home's annual fire safety inspection was completed on August 22, 2018. In the 2018 inspection letter it states "...witnessed a time of 2 minutes and 40 seconds resulting in a complaint emergency evacuation time of 3 minutes the time specified by Coudersport Fire Chief". See attachment D.

**What caused the violation?** The violation occurred due to confusion of the intent of the wording in the inspection letter dated 09/12/2017.

**What can be done right away to fix the violation?** The home's administrator discussed the 2017 fire safety inspection letter with [REDACTED] during the August 22, 2018 fire safety

inspection. [REDACTED] verbally confirmed that the intent is for the home to be evacuated in a maximum time of 3 minutes 0 seconds.

**What can be done to prevent future violations?**


Administrator, or designee, will complete a monthly fire drill, and record the drill in the fire drill log sheet. Any evacuation that requires greater than 3 minutes and 0 seconds will be repeated within 7 days. The home's administrator will also be responsible to review the fire inspection letter upon receipt, and discuss any discrepancies or concerns with the Coudersport Fire Department Fire Chief at that time. If clarification is required, additional documentation will be requested.

**Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the home's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Administrative Director, Post-Acute Services and Community Relations. The Assistive Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis, or as otherwise directed.

Dated:

  
Vida Glover, Administrator

Dated: 09/28/2018

  
Amy M. Hunt, Administrative Director  
Post-Acute Services and Community Relations

Violation Report: ..2 - 07/17/2018 - Dumas, Gerald  
 PCH Name: COLE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1's previous years medical evaluation ( D.M.E.), was completed on 2/17/17. Resident # 1 was due for an annual D.M.E. by 2/17/18 . The D.M.E. found in the resident record is dated 3/14/18 which is more than one year from the resident's previous D.M.E.

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*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Vida Blover, Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>VIDA BLOVER, DIRECTOR</i>	Date <i>09/28/18</i>
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7-18-18 **Hendorn, Inc., Cole Manor Plan of Correction**

Survey: July-17;-2018

Regulation: 2600.141 (b) (1)

Violation: A resident shall have a medical evaluation at least annually.

**Plan of Correction:**

**Why is the regulation important?** This regulation is important to ensure the overall health of the residents. It is important to facilitate that all residents have routine medical care.

**How was the regulation violated?** The regulation was violated when resident #1's previous years medical evaluation (D.M.E.) was completed on 02/17/17. Resident #1 was due for an annual D.M.E. by 02/17/18. The D.M.E. found in the resident record is dated 03/14/18 which is more than one year from the resident's previous D.M.E.


**What caused the violation?** The violation was caused when resident's family failed to take the resident for a medical evaluation in a timely manner.

**What can be done right away to fix the violation?** On 07/18/18, the home's administrator completed a full audit for all residents to determine if each resident had a D.M.E. completed in the last 365 days. Resident #1, mentioned above, was the only resident found to be out of compliance.

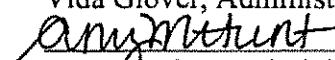
**What can be done to prevent future violations?**  
On 09/28/2018, the policy "Medical Evaluation" was drafted. See attachment E. The policy outlines that the home's administrator, or designee, will notify a resident and / or their healthcare representative, 60 days prior of the need for a medical evaluation. This policy will go into effect on 10/01/18.

**Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the home's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Administrative Director, Post-Acute Services and Community Relations. The Assistive Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis, or as otherwise directed.

Dated:

  
Vida Glover, Administrator

Dated: 09/28/2018

  
Amy M. Hunt, Administrative Director  
Post-Acute Services and Community Relations

Violation Report: ..2 - 07/17/2018 - Dumas, Gerald  
 PCH Name: COLE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**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.  
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**Hendorn, Inc., Cole Manor Plan of Correction**

7-18-18

**Survey:** July-17, 2018

**Regulation:** 2600.191

**Violation:** The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Plan of Correction:**

**Why is the regulation important?** This regulation is important to ensure that our residents are educated on all of their resident rights, including the right to question or refuse a medication.

**How was the regulation violated?** The regulation was violated when resident #2 was not educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**What caused the violation?** The violation was caused when the home's administrator did not have documented proof that resident #2 received the education.

**What can be done right away to fix the violation?** On 07/17/18, the resident was educated on the right to question or refuse medication, and this education was documented and placed in the resident's chart (see attachment F). This was completed prior to the end of the annual inspection.

**What can be done to prevent future violations?** On 07/18/18, the home's administrator reviewed all resident charts and confirmed that all other resident's had documented proof that they had been educated on their right to question or refuse medications. The right to question or refuse medication is stated in the resident's admission agreement. On 09/27/18, the home's administrator added the right to question or refuse medication to the "Resident Rights" resident handout (see attachment G). The home's administrator will review each resident chart each time the RASP is reviewed or revised to ensure that the right to question or refuse medications has been reviewed and documented. Any deficiency will be corrected immediately.

**Who will be responsible for preventing future violations?** The day to day responsibility for adherence to this Plan of Correction is the responsibility of the home's Administrator who will monitor adherence to the Plan of Correction and take any corrective action that may be needed. The overall responsibility for compliance with this plan of correction rests with the facility's Administrator and the Administrative Director, Post-Acute Services and Community Relations. The Assistive Director will ensure a status report of compliance with this Plan of Correction, and any corrective action taken, is submitted to the Board of Directors on a monthly basis, or as otherwise directed.

Dated:

Vida Glover  
Vida Glover, Administrator

Page 4 B of 4

Dated: 09/28/2018

Amy M. Hunt  
Amy M. Hunt, Administrative Director  
Post-Acute Services and Community Relations