



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

Ms. Judy Lee
Administrator
North Penn Manor, Inc.
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

RE: North Penn Manor
License #: 220320

Dear Ms. Lee:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 25, 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: NORTH PENN MANOR		License Number: 22032
Address: 240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702		County: Luzerne
Administrator: Judy Lee		Region: NORTHEAST
Legal Entity Name: NORTH PENN MANOR INC		
Legal Entity Address: 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702		
Certificate(s) of Occupancy		
C-2 LP 05/31/1990 L&I	I-2 02/09/2011 City of Wilkes Barre	
Staffing Hours		
Resident Support: 0	Total Dally Staff: 65	Waking Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/25/2018: Harvey, Jason; Deluca, Amy		
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: 80 Number of Residents Served: 62 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: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 56 Have Mental Illness: 15 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 1	

Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The home's large commercial trash receptacle lid was left opened at 10:20am at time of inspection.

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 left side of the dumpster lid was closed at the time of inspection. The kitchen manager will check the dumpster lid periodically throughout the day to make sure that it is not left open. All staff have been instructed to make sure that they close both lids on the dumpster after each use. Maintenance will ensure ongoing compliance with this regulation.

The Administrator will oversee to ensure ongoing compliance. Cp

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Judy Lee

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

Judy Lee, Administrator Date *8/8/18*

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

The above plan of correction is approved as of

8/9/18
 (Date)

Plan of correction implementation status as of

8/9/18
 (Date)

The above plan of correction was approved by

J
 (Initials)

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

Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The door leading out to the home's enclosed smoking area was not labeled "not an exit".

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.

A "no exit" sign was placed on the door of the smoking area at the time of inspection. The Administrator will periodically check all exits to make sure the appropriate signage is posted to ensure ongoing compliance with this regulation.

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 (Required on EVERY Page) *Judy Lee*

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 (Required on EVERY Page) *Judy Lee, Administrator*

Date *8/8/18*

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 (Initials)

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Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct an unannounced fire drill during June 2018.

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 fire drill for the month of June was not completed until July 1. The Administrator will periodically check fire drill log to ensure that the fire drills are held monthly. The Administrator will ensure ongoing compliance with this regulation.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee Administrator</i>	Date <i>8/8/18</i>
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Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The written fire drill record for the fire drill held on 7/1/18 did not include am or pm for the drill held at 6:32.

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 fire drill on 7/1/18 was held at 6:32 pm. The documentation for the drill did not include the "pm". The Administrator will pay close attention to make sure that the documentation has been fully completed for each fire drill. The Administrator will review and monitor all fire drills to ensure ongoing compliance for this regulation.

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Judy Lee, Administrator

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Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN 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's fire drill records indicate on 8/21/17 at 8:55pm the home ran an overnight fire drill. Based on resident interviews most residents go to bed between 8 and 9pm. The overnight drill needs to take place a half hour after the majority of the residents are sleeping.

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 overnight fire drill was held on 8/21/17 at 8:55pm because the majority of residents were already sleeping. In the future all overnight fire drills will be held after 9:30pm. The Administrator will monitor all future overnight fire drill times and will ensure compliance with this regulation.

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Judy Lee Administrator	8/8/18

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Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's prescription of Polyethylene Glycol powder pharmacy label was removed.
 Resident #2's medication bottle of Warfarin 5mg states take every other day but the resident's medication administration record indicates take Tuesdays - Sunday. Resident #2's MAR has the correct order.

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.

Resident #1's pharmacy label for glycol powder was attached at the time of inspection. The glycol powder label had fallen off from handling the medication bottle for administration, so a new label had to be ordered. Resident #2's warfarin medication "direction change sticker" was placed on the label at the time of inspection. The physician's order for warfarin changes frequently and is dependent on the resident's blood test results. The VA sends large quantities of the warfarin and as the order changes a "direction change sticker" is placed on the bottle reflecting the current order. All med techs were in-serviced on ensuring proper label documentation for all medications. The supervising PCA will review all medication labels to ensure that the label matches the MAR and the physicians order. The supervising PCA will ensure ongoing compliance with this regulation.

The Administrator will oversee to ensure ongoing compliance. QP

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 (Required on EVERY Page) *Judy Lee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Lee, Administrator</i>	Date <i>8/8/18</i>
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Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

Resident #3 had an order change to Clozapine 600mg to 500mg, the home does not have written physician order for the change in medication.

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.

While inpatient at the VA, resident #3 had a medication change for Clozapine 600 mg to Clozapine 500 mg. The VA sent the medication back with the resident but they did not include a copy of the physician order in the envelope. The order was faxed to the facility on 7/27/18 and is attached. All med techs were in-serviced on making sure that all new medications and medication changes have the physician order documentation. The supervising PCA will review all new medications and medications changes to ensure that each one has a documented physician order. The supervising PCA will ensure ongoing compliance with his regulation.

The Administrator will advise to ensure ongoing compliance. CP

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Judy Lee, Administrator

Date

8/8/18

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Violation Report: 22032 - 07/25/2018 - Harvey, Jason
 PCH Name: NORTH PENN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident #2's doctor order indicates that Loperamide 2mg and Tylenol 325mg are to be given three times daily. Resident #2's MAR indicates give Loperamide 2mg and Tylenol 325mg every 6 hours.

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.

Resident #2's MAR was correctly documented with the Loperamide 2 mg and Tylenol 325 mg to match the prescription label and physicians order in the chart at the time of inspection. The VA sends medication refills through the mail and does not notify us of any changes. These over the counter medication direction changes were overlooked by med staff when replenished to the cart. All med techs were in-serviced on ensuring proper MAR documentation for all medications. The supervising PCA will review all medication labels to ensure that the label matches the MAR and the physicians order. The supervising PCA will ensure ongoing compliance with this regulation. *The Administrator will oversee to ensure ongoing compliance of*

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Judy Lee, Administrator* Date *8/8/18*

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