



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: December 4, 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 inspection on September 20, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing 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		
I-2 02/09/2011 City of WilkesBarre	C-2 LP 05/31/1990 L & I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
09/20/2018: 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: 59 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: 1	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: 2 Have a Physical Disability: 1	

Violation Report: 22032 - 09/20/2018 - Deluca, Amy
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 #1 has an order for Lorazepam .5mg to be taken every 6 hours as needed for anxiety. The medication was recorded as administered daily to the resident on the narcotic count sheets on 9/2/18 through 9/7/2018, however, staff did not initial and date the administration of this medication or the effectiveness of the medication on the resident's Medication Administration Record.

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 staff persons who administered the PRN medication for resident #1 from 9/2/18 through 9/7/18 did not follow the complete documentation of the administration. Documentation was only recorded on the narcotic count sheet and not on the MAR. All medication trained staff were in-serviced on 9/21/18 by the administrator on the importance of complete documentation for all PRN's which includes the initial, date and effectiveness of the medication on the MAR. The administrator will monitor the MAR PRN documentation to ensure ongoing compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Judy Lee* Date *10/17/18*

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

The above plan of correction is approved as of <u>11-27-18</u> (Date)	Plan of correction implementation status as of <u>11-27-18</u> (Date)
The above plan of correction was approved by <u>MM</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