



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

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

RE: John Paul II Manor  
License #: 303180

Dear Sister Mary Andrew:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on October 3, 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,



Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 30318 - 10/03/2018 - McCloskey, Jason  
 PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident 1 was not signed by a the administrator or the designee. In addition, the resident and payer signatures are not dated.

**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 Administrator and Secretary will look at all paperwork (admission agreement) and verify all signatures are obtained when a new resident is admitted to John Paul II Manor.

We will verify that all previous admission agreements are signed and dated.

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)

*JR. MARY Andrew*

Date *10-15-18*

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

The above plan of correction is approved as of 10/17/18  
 (Date)

Plan of correction implementation status as of 10/17/18  
 (Date)

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

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

Violation Report: 30318 - 10/03/2018 - McCloskey, Jason

PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A 20-count box of hash brown patties, containing 11 patties was opened and unsealed in the freezer.

A 5-pound bag of Stella mozzarella cheese and a small dish of fruit cocktail were opened and unsealed in the walk-in refrigerator.

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.

Our cooks will verify that all food is properly stored in refrigerator and freezer per shift.

Administrator will spot check 3(x) per wk.

\*Immediately, the identified items will be discarded. In the future, all food will be stored in closed or sealed containers which are labeled and dated.

BAS 10/17/18

Repeat Violation: No

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*J. Mary Andrew*

Printed Name and Title of Legal Entity Representative  
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SR- MARY Andrew

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Violation Report: 30318 - 10/03/2018 - McCloskey, Jason  
 PCH Name: JOHN PAUL II MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The Documentation of Medical Evaluation form for Resident 2, dated 5/2/18, does not include documentation for the areas of the resident's blood pressure, height, weight, pulse and temperature; body positioning and movement stimulation; health status and cognitive functioning.

The Documentation of Medical Evaluation form for Resident 3, dated 2/14/18, does not include documentation for the areas of body positioning and movement stimulation.

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 make a chart which will show when resident is due for a DME.

The administrator will ensure that physicians perform all of the required actions during medical evaluations and that these actions are documented on the Documentation of Medical Evaluation (DME) form. The administrator will review each DME upon receipt from the physician to ensure it is completed in entirety. If not complete, the form will be returned to the physician to be corrected. Attachments will be added to the DME as needed to ensure that all actions are documented.

BAS 10/17/18

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Violation Report: 30318 - 10/03/2018 - McCloskey, Jason

PCH Name: JOHN PAUL II 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 2's most recent medical evaluation was conducted on 5/2/18. The previous medical evaluation was conducted on 12/16/16.

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 and Supervisor will check all current Residents DME and will use a chart for all future DME's.

\*The administrator will audit all resident records to ensure that each resident has a current medical evaluation documented on the form specified by the Dept. Any resident whose medical evaluation is overdue will have an evaluation completed within 30 days and at least annually thereafter. This audit shall be completed within 15 days from the receipt of this plan.

BAS 10/17/18

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Violation Report: 30318 - 10/03/2018 - McCloskey, Jason  
 PCH Name: JOHN PAUL II MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 10-3-18 at approximately 2:00pm, an Advair Diskus and package of ipratropium bromide ampoules were unlocked and accessible to residents in the bedroom of Resident 4.

**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.*

Medicine from this resident is now in the medicine room. No medication will be left in a resident's room unless it is in a lock box. Medicine person will account for all medicine when signing the MAR.

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SR. MARY Andrew

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**1. REGULATION 55 Pa.Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

The home does not have a system of accountability for controlled substances as evidenced by no narcotic count being performed for the Lorazepam tablets prescribed for Resident 2.

**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.*

*Controlled Substance sheets have been implemented for all residents receiving a controlled substance.*

\* The home's procedure for counting narcotics includes:

- All narcotics medication will be stored in a secured manner.
- The staff person who administered the medication will document the administration in the MAR and the home's narcotic count log.
- At the end of each day the log will be reviewed and the count will be compared with the actual medication still on hand.
- The administrator will be informed of any errors or miscounts immediately. The administrator will initiate an investigation into the cause and implement corrective actions.
- The narcotics counts will be reviewed during each Quality Management meeting to identify any concerns and review if the procedures need to be amended.

Education on this procedure has been provided to all staff responsible for medication administration.

BAS 10/17/18

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 (Required on EVERY Page) *Sr. Mary Andrew*

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