



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms. Laura Rose Krug, RN  
Owner, President, PCHA  
Saint Benedict Manor, Inc.  
Box 57  
600 Theatre Road  
St. Benedict, Pennsylvania 15773

RE: Saint Benedict Manor, Inc.  
Certificate #: 303420

Dear Ms. Krug:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on October 16, 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: 30342 - 10/16/2018 - Springs, Israel  
 PCH Name: SAINT BENEDICT MANOR INC

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

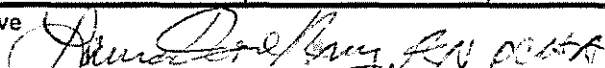
Direct Care Staff Person A, who provides unsupervised ADL services, has not successfully completed the Department-approved direct care training course and passed the competency test.

**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.*

Staff Person A had been a CNA but let her license expire. She has successfully completed the online Direct Care Training. We will communicate with staff the importance of them providing updated copies of their certification. Any CNA who allows her/his certification to expire will be immediately required to complete the department approved online Direct Care Staff Training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Laura Rose Krug, Owner

Date 11/01/2018

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

The above plan of correction is approved as of <u>11/13/18</u> (Date)	Plan of correction implementation status as of <u>11/13/18</u> (Date)
The above plan of correction was approved by <u>BAS</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

Laura Rose Krug, Owner

Violation Report: 30342 - 10/16/2018 - Springs, Israel  
 PCH Name: SAINT BENEDICT MANOR INC

**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**

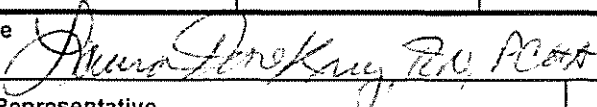
The Medication Administration Record for Resident #1 incorrectly documented a blood glucose measurement of 168 on 10/15/18 at 8:08 am. The resident's blood glucose was not tested on this date and time.

**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.*

Staff members are now required to have a witness verify that they are entering the blood glucose readings accurately for each Resident. Administrator and/or designated person will continue quarterly checks of glucometer readings and documentation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Rose Krug, Owner	Date 11/01/2018
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(Date)

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(Initials)

Plan of correction implementation status as of 11/13/18  
(Date)

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

Violation Report: 30342 - 10/16/2018 - Springs, Israel  
 PCH Name: SAINT BENEDICT MANOR INC

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not have a prescribed blood glucose test completed on 10/15/18 at 7:45 am.

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 member responsible for assessing Resident #1's blood glucose stated that she took two meters back the hall at the same time, which she thinks caused the error. Retraining has been provided to this staff member regarding the importance of taking only one meter at a time out of the med room. All other medication administration staff have been reminded of the above. Administrator or designated person will continue quarterly glucometer readings and documentation checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Rose Krug, RN, PCAA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Rose Krug, Owner Date 11/01/2018

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