



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 1 1 2019

Ms. Kimberly Jones
Administrator
Guy and Mary Felt Manor Inc.
110 East Fourth Street
Emporium, Pennsylvania 15834

RE: Guy and Mary Felt Manor
License #: 231190

Dear Ms. Jones:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 19, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 23119 - 12/19/2018 - Novak, Ryan

PCH Name: GUY AND MARY FELT MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a physician's certification that the resident was receiving hospice services and actively dying. During the home's fire drill conducted 3/29/2018 the resident was not evacuated. Through interview with the home's administrator it was determined that the person conducting the drill did not go to the room of the resident to notify the resident and staff that a drill was occurring, and the resident was not to be evacuated.

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.

Effective immediately when a hospice patient is sheltered at our personal care home and has a certification from a physician stating that the person is actively dying and does not have to participate in the fire drill the administrator will have knowledge of the drill in advance and go to the resident's room and inform the resident and any staff person who attempts to evacuate the resident that this is infact a fire drill and the resident is not to be evacuated. The administrator will then ask the staff to demonstrate how they would evacuate the resident if this were an actual fire.

After a demonstration of the evacuation has been successfully completed the information will be documented on the Fire Drill Log.

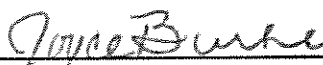
The administrator will monitor for compliance.

Facility policy and procedure will be updated to reflect changes.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Joyce Burke, Personal Care Home Administrator

Date
1-27-2019

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

The above plan of correction is approved as of 1-30-19
(Date)

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

Plan of correction implementation status as of 1-30-19
(Date)

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

Violation Report: 23119 - 12/19/2018 - Novak, Ryan

PCH Name: GUY AND MARY FELT MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a physician's certification that the resident was receiving hospice services and actively dying. During the home's fire drill conducted 3/29/2018 the resident was not evacuated. Through interview with the home's administrator it was determined that a simulation of the effort required to move the resident during evacuation did not occur.

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.

Effective immediately when a hospice resident is sheltered in our personal care home and has certification from their physician that they are receiving hospice care and are actively dying the administrator will have staff do a mock evacuation of said resident during the drill and document the event on the Fire Drill Log. This will include how many staff were used, which exit was used, and how much effort went into the evacuation.

Staff will be trained in the evacuation process as soon as a hospice resident is admitted into personal care.

The administrator will monitor for compliance.
Facility policy and procedure will be updated to reflect changes.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

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Joyce Burke

Printed Name and Title of Legal Entity Representative

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Joyce Burke, Personal Care Home Administrator

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Violation Report: 23119 - 12/19/2018 - Novak, Ryan
PCH Name: GUY AND MARY FELT MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

- (i) A copy of the Department of Health license for the hospice agency.
- (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
- (iii) Written informed consent as specified in § 2600.29a(b)(2).
- (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION

Resident #1 had a physician's certification that the resident was receiving hospice services and actively dying. During the home's fire drill conducted 3/29/2018 the resident was not evacuated. The home did not keep the documents required by this statement of policy with the fire drill logs.

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.

Effective immediately when a hospice resident is sheltered in our personal care home the following documentation will be kept with the Fire Drill Record as well as the resident's record.
 A copy of the Department of Health license for the hospice agency.
 Written certification by the physician
 Written informed consent (If living relative or POA is available)
 Written documentation of the of what room was given to the resident; which will be located next to the exit doors.

The administrator will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Joyce Burke, Personal Care Home Administrator

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Violation Report: 23119 - 12/19/2018 - Novak, Ryan

PCH Name: GUY AND MARY FELT MANOR

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The home currently serves 10 residents. From 12/14-12/16/18 the home did not have any staff members trained in first aid from 11p-7a.

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 in question did have CPR training as well as First Aid. Effective immediately the administrator has spoken to the certified trainer and ask that her paperwork and cards now reflect the words "First Aid Training" as well as "CPR". The administrator will also keep a copy of the sign-in sheet which shall also reflect that the staff have taken "CPR and First Aid."

The administrator will monitor for compliance when each staff member is due for First Aid/CPR certification renewal.

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Joyce Burke, Personal Care Home Administrator

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1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The homes notice to the fire department dated 10/2/18 doesn't indicate the total capacity of the home.

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.

Effective as of 12/21/2018.

A letter from the administrator was sent to the local fire department updating them on our current census as well as the number of units available in the personal care side of the facility. This letter also included the number of residents with mobility needs.

The administrator will make sure that the number of resident units available will be included in any correspondence with the local fire department.

See Attachment:

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PCH Name: GUY AND MARY FELT MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A completed the initial medication administration training on 3/19/17, the 2018 annual practicum was completed on 10/11/18.

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.

Effective immediately the administrator will monitor all medication administration recertifications to ensure the recertifications are done in a timely manor and are completed by the initial certification date.

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Joyce Burke, Personal Care Home Administrator

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1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2 had a fall on 10/25/2018 and was transferred to the hospital and then discharged for a few days to a skilled nursing facility for care before returning to the home. The home did not update the most recent support plan dated 8/16/2018 regarding the fall and the any changes needed to the resident's care after the resident returned to the home from the skilled nursing facility. Also, the resident has a bed cane attached to the resident's bed. The support plan does not address the resident's need for and/or the purpose of the bed cane.

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 has updated resident #2 RASP to include the fall and the recovery spent on the SNF side of the facility. The administrator also updated the RASP to include the use/need for the bed cane.

Effectively immediately the administrator will include/update any RASP to include any medical dental, vision, hearing, mental health or other behavioral care services that are made available to the resident, or referrals for the resident to outside services if the PCP determines it necessary for these services.

The administrator will monitor for compliance.

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