



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

Mr. Samuel Zaffuto
Chief Executive Officer
Christ the King Manor, Inc.
Po Box 448
Dubois, Pennsylvania 15801

RE: Christ the King Manor
1100 West Long Avenue
Dubois, Pennsylvania 15801
License #: 448640

Dear Mr. Zaffuto:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 30, 2019, 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: 44864 - 01/30/2019 - Garrigan, Laurie
 PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 7/14/18, indicates the home provides financial assistance to the resident; however, resident #1 has not received an itemized account on a quarterly basis. The most recent quarterly statement was only sent to the resident's attorney on 1/11/19.

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.

As of 1-31-19, Resident #1 signed permission to send her quarterly statements to her attorney. She signed that she does not require a copy of the statement. This was discussed with her before but was not documented in her file. (see attachment #1)

Going forward, the financial department will ensure that if the resident does not want a statement quarterly, the financial department will have the resident sign a statement giving permission of whom they would like the quarterly statement sent to. Otherwise the statement will automatically be given to the resident only.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Angela L. Amundson RN

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

Angela L. Amundson RN

Date 2-28-19

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

The above plan of correction is approved as of 2/28/19
 (Date)

Plan of correction implementation status as of 2/28/19
 (Date)

The above plan of correction was approved by

LA
 (Initials)

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

Violation Report: 44864 - 01/30/2019 - Garrigan, Laurie

PCH Name: CHRIST THE KING MANOR

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The ansul system in the main kitchen and the small kitchen have not been inspected by a fire safety expert since August 2017.

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.

As discussed during the inspection we were working to get a new company to start inspecting the ansul system but they had not committed to a date as to when they would arrive to do so. Our old company is out of business that did it prior. Atkinson Fire Safety Equipment was contacted on the day of inspection to again request an inspection. They arrived on 2-5-19 to inspect the system and passed inspection. (See attachment #2)

Going forward, maintenance director will ensure that the ansul system is inspected annually. The administrator will monitor also to ensure that this is completed prior to the last date inspection annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina L. Amundson RW

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

Christina L. Amundson RW

Date *2-28-19*

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(Date)

The above plan of correction was approved by *IAH*
(Initials)

Plan of correction implementation status as of 2/28/19
(Date)

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- Partially Implemented - Adequate Progress *IAH*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44864 - 01/30/2019 - Garrigan, Laurie
 PCH Name: CHRIST THE KING MANOR

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

2a. DESCRIPTION OF VIOLATION

On 1/24/19, resident #2 was prescribed Amlodipine Besylate-10 mg tablet-Take 1 tablet by mouth daily. However, the medication present in the home is Amlodipine Besylate-5 mg tablet-Take 1 tablet by mouth once daily. According to staff interviews, the Amlodipine Besylate-5 mg tablet was administered to the resident daily from 1/24/19 thru 1/30/19.

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 reportable was completed and faxed to the Bureau of Human Services Licensing. The family and physician were notified of the error.

The error was reviewed with the pharmacy as the error occurred first there and the correct dosage of medication was received on 1-20-2019.

Going Forward, The pharmacy will provide a copy of every medication delivered daily. The staff will check the med upon arrival for correct med/dosage etc. Now the 11-7 shift will take the papers received daily from the pharmacy and re-check the meds received to ensure that the MAR, the physician order and the pharmacy label all match as a double check system. The 11-7 shift will then sign off on this paper with the date and time and turn into the RN daily for review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Angela L. Amundson RN

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

Angela L. Amundson RN

Date 2-28-19

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Violation Report: 44864 - 01/30/2019 - Garrigan, Laurie
 PCH Name: CHRIST THE KING MANOR

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 #1's most recent support plan, dated 7/14/18, indicates this resident uses grab bar on the bed to transfer in/out of bed/chair; however, the support plan does not include the home's plan to assist this resident meet this need, frequency of care or responsible party. These sections of the support plan are blank.

Resident #3's most recent support plan, dated 6/9/18, indicates this resident uses grab bar on the bed to transfer in/out of bed/chair; however, the support plan does not include the home's plan to assist this resident meet this need, frequency of care or responsible party. These sections of the support plan are blank.

Resident #4's most recent assessment, dated 4/4/18, was updated on 11/13/18 after the resident returned from the hospital for treatment of a transient ischemic attack (TIA); however, the resident's support plan was only updated to include, "returned the same day TIA -- not new for him." Resident #4's support plan does not include how the home will assist the resident with this need.

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.

1. After inspection an attachment to Resident #1 and Resident #3 support plan was added to better address the grab bar. (See Attachment #3)
 - a. All other support plans of residents with grab bars has been updated with a service plan addressing all the homes plans to meet the need of the resident with grab bars attached to their beds.
 - b. Going forward, a service plan will be initiated prior to installing a grab bar on any residents' beds addressing the need of the resident and how staff will meet that need.

2. For Resident #4- A service plan has been added to the residents support plan to address how our home will assist him in the event another TIA occurs with this resident. (See attachment #4).

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change.

LM 2/28/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Angela L. Amundson RN

Printed Name and Title of Legal Entity Representative
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