



Ms. Theresa L. Hughes
President
Our Orangeville Manor Inc.
210 Mill Street, PO Box 157
Orangeville, Pennsylvania 17859

RE: Our Orangeville Manor Personal Care Home
License #: 223930

Dear Ms. Hughes:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 15, 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,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME		License Number: 22393
Address: 210 MILL STREET PO BOX 157, ORANGEVILLE, PA 17859		County: Columbia
Administrator: THRESEA HUGHES		Region: NORTHEAST
Legal Entity Name: OUR ORANGEVILLE MANOR INC		
Legal Entity Address: PO BOX 157 210 MILL STREET, ORANGEVILLE, PA 17859		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/15/2019: OHaire, Anne; Dumas, Gerald		
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: 36 Number of Residents Served: 31* 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: 0	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 22 Have Mental Illness: 32 31* Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22393 - 03/15/2019 - OHaire, Anne
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The batteries in the home's carbon monoxide detectors was not checked annually. The most recent dated label on the carbon monoxide batteries in the hallway and kitchen were dated 7/14/17. As per The Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, "the battery shall be labeled with the date of installation and replaced at least annually or when the unit signals a drained or failing battery, whichever is sooner."

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.

2600.18

The home understands the importance of this regulation to comply with the Federal, State, and local laws, ordinances and regulations.

Administrator conducted an in-service on 03/16/2019 with the maintenance staff to monitor and replace and label the date on batteries in the carbon monoxide detectors annually or when the units signal a drain or failed battery whichever is sooner.

Administrator created a check list to help monitor this regulation.

Enclosed please find documentation of the in-service that was conducted, and the check list created

Administrator shall monitor and assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Theresa L Hughes

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

Theresa L Hughes Administrator

Date 4-5-2019

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

The above plan of correction is approved as of 4-22-19
 (Date)

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

Plan of correction implementation status as of 4-22-19
 (Date)

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

Violation Report: 22393 - 03/15/2019 - OHaire, Anne
 PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The home's rear emergency egress located off the staff break room had the egress path leading away from the building was blocked by several sandbags. The home had water runoff issues from the neighbor's land, but the sandbags were place directly across the sidewalk leading to the homes fire safe meeting area.

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.

2600.121 (a)
 The home understands the importance of this regulation to comply with the stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Administrator had the maintenance staff remove the sand bags away from the rear-emergency egress path.

Administrator conducted an in-service with the maintenance staff regarding unobstructed Egress. This was corrected at the time of inspection.

Enclosed please find documentation of the in-service that was conducted with the maintenance staff

Administrator shall monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Theresa L Hughes Administrator* Date *4-5-2019*

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

The above plan of correction is approved as of 4-22-19
 (Date)

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

Plan of correction implementation status as of 4-22-19
 (Date)

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

Violation Report: 22393 - 03/15/2019 - OHaire, Anne
PCH Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME

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 was receiving Simvastatin 1-10 mg tab. Daily by mouth at 8:00AM for diagnosis of Osteoarthritis. Simvastatin is utilized for the diagnosis Hypercholesterolemia - high cholesterol.

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.

Please see attached

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Theresa L Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Theresa L Hughes Administrator</i>	Date <i>4-5-2019</i>
---	----------------------

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

The above plan of correction is approved as of 4-22-19
(Date)

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

Plan of correction implementation status as of 4-22-19
(Date)

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

Our Orangeville Manor

4/5/2019

2600.187

The home understands the importance of this regulation to comply with the medication record being kept including the following information

- (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.

Administrator conducted an in-service with director of residential care and director of wellness to have the correct diagnosis on the MAR.

Director of residential care contacted the PCP and had the diagnosis changed on the order.

Both director of residential care and director of wellness will monitor the MAR's to ensure that the correct medication has the correct diagnoses.

Enclosed please find documentation of the in-service that was conducted with the director of residential care and director of wellness. Also enclosed is the new order with the correct diagnosis.

Administrator shall monitor and assure ongoing compliance.

4-22-19

MM