



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2019

Mr. John Fry
Owner
Rebekah Manor Wellness Community, Inc.
97 Carson Heights Drive
Duncansville, Pennsylvania 16635

RE: Rebekah Manor Wellness Community
1912 Philadelphia Avenue
Northern Cambria, Pennsylvania 15714
Certificate #: 312890

Dear Mr. Fry:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on April 9, 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, appearing to read 'J. Rowe', written over a faint, larger version of the signature.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *REBEKAH MANOR WELLNESS COMMUNITY*

License Number: *312890*

Address: *1912 PHILADELPHIA AVENUE, NORTHERN CAMBRIA, PA 15714*

County: *CAMBRIA*

Region: *CENTRAL*

Administrator

Name: *Dawn Karlheim*

Phone: *8149485500*

Email:

Legal Entity

Name: *REBEKAH MANOR WELLNESS COMMUNITY INC*

Address: *97 CARSON HEIGHTS DRIVE, PA, 16635*

Certificate(s) of Occupancy

Type: *LP*

Date: *12/23/1987*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *17*

Waking Staff: *13*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

04/09/2019 - On-Site: Jason McCloskey, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *37* ✓

Residents Served: *17* ✓

Secured Dementia Care Unit ✓

In Home:

Area:

Capacity:

Residents Served:

Hospice ✓

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* ✓

Are 60 Years of Age or Older: *17* ✓

Diagnosed with Mental Illness: *7* ✓

Diagnosed with Intellectual Disability: *0* ✓

Have Mobility Need: *0* ✓

Have Physical Disability: *0* ✓

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act of 2016 requires carbon monoxide alarms in close proximity to but not less than 15 feet from any fossil-fuel burning device or appliance. The home has two gas dryers and a gas stove, however, there are no carbon monoxide alarms present in the vicinity of these devices.

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.)

Carbon Monoxide detectors were purchased and installed on April 9, 2019. Site inspectors (J. McCloskey and M. Showers) observed and approved placement prior to completing Annual Survey. To prevent recurrence, detectors will be checked monthly, by Administrator or designee, to ensure all carbon monoxide detectors are in proper working order. See attached Exhibit A.

Legal Entity Representative

Signature *John Fry*

John Fry OWNER
Printed Name and Title

4-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/30/19 (Date)

Plan of correction implementation status as of 4/30/19 (Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

20b6 - Interest Bearing Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home holds money for several residents including Resident 1. The home was holding more than \$200 for Resident 1 from December 2017 through December 2018. The home was unable to furnish documentation that the resident was offered assistance in establishing an interest bearing account.

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.)

On April 9, 2019, the Power of Attorney for Resident 1 was contacted via telephone and the interest bearing account policy was then explained. The POA declined the service offered. The POA signed and returned the letter opting out interest bearing account on April 11, 2019

All resident financial records were reviewed, with no other issues found.

To prevent recurrence, Administrator will review all resident financial records quarterly, and offer any applicable residents the interest bearing account. See attached Exhibit B

Legal Entity Representative

Signature 

Printed Name and Title John Fry owner

Date 4-24-19

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The emergency light boxes in the first and second floor lounges did not illuminate when the test buttons were depressed.

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.)

Batteries were ordered on April 9, 2019 and installed on April 11, 2019 in all emergency light boxes.

To prevent recurrence, weekly tests will be conducted by Administrator or designee to ensure lights remain in working order.

See attached Exhibit C1 & C2.

Legal Entity Representative

Signature 

Printed Name and Title John Fry Owner

Date 4-24-19

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103h - Thawing Food

Regulations

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

On 4/9/19 at 9:30am, there was a large package of frozen ground meat and a bag of frozen chicken patties thawing on the kitchen countertop.

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.)

An immediate inservice was held on April 9, 2019 with all kitchen staff present and a printed inservice sheet was provided for staff not present. The proper procedure for thawing food was reviewed. Signage has also been placed on all freezers to remind staff of proper thawing techniques.

To prevent recurrence, Administrator will complete random checks to ensure all food is thawed according to DPW regulations.

See Attachments D1 & D2

Legal Entity Representative

Signature 

John Fry Owner
Printed Name and Title

4-24-19
Date

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135g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/9/19 at approximately 10:30am, there was an accumulation of lint in the lint traps of the 2 dryers. The dryers were not in use and had no laundry in them.

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.)

An immediate inservice was held on April 9, 2019 with staff present and a printed Inservice sheet was provided for staff not present. Requirements for cleaning dryer lint traps after each load of clothes were reviewed. Signage is posted above the dryers to remind staff.

To prevent recurrence, random compliance checks will be conducted by Administrator or designee

See Attachment E1 & E2

Legal Entity Representative

John Fry
Signature

John Fry owner
Printed Name and Title

4-24-19
Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home has not implemented procedures for the safe use of glucometers.

- Resident 2's Medication Administration Record (MAR) documented a measurement of 135 on 4/2/19 at 4pm and 140 on 4/6/19 at 4pm. These measurements were not stored in the resident's glucometer.
- A measurement of 156 taken on 3/23/19 at 3:35pm was incorrectly documented as 158 on Resident 2's MAR.
- The glucometer for Resident 3 was programmed with the incorrect date and time showing 3/12 at 9:38am when the correct date and time was 4/9 at 2:26pm.
- The glucometer for Resident 4 was programmed with the incorrect date and time showing 2/20 when the correct date was 4/9.

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.)

An immediate inservice was held on April 9, 2019 with staff present and a printed Inservice sheet was provided for staff not present.
 To prevent recurrence, a new policy and form has been implemented.
 Administrator to complete weekly checks of all glucometers for accuracy of date/time and recording of readings.

See Attachment F 1 & F2

(Continued on Page 7A)

Legal Entity Representative


 Signature

John Fry OWNER
 Printed Name and Title

4-24-19
 Date

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2600.185(a):

The weekly glucometer checks described on page 7 will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of 8 weeks from the date of this plans receipt.

BAS 4/30/19