



July 5, 2019

Sr. Joachim Anne Ferenchak
Administrator
Garvey Manor Nursing Home
1037 South Logan Boulevard
Hollidaysburg, Pennsylvania 16648

RE: Our Lady of the Alleghenies Residence
Certificate #: 316410

Dear Sister Joachim Anne Ferenchak:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on April 17, 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 stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *OUR LADY OF THE ALLEGHENIES RESIDENCE*

License Number: *316410*

Address: *1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648*

County: *BLAIR*

Region: *CENTRAL*

Administrator

Name: *Linda Sell*

Phone: *8146955571*

Email:

Legal Entity

Name: *GARVEY MANOR NURSING HOME*

Address: *1037 SOUTH LOGAN BOULEVARD, PA, 16648*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *06/03/2003*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *42*

Waking Staff: *32*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

04/17/2019 - On-Site: Laura Heemer, Dale Rosenblatt

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54*

Residents Served: *42*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *42*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 4/10/2019 and 4/11/2019, Resident 1 refused to take prescribed doses of Miralax. The home did not notify the prescriber of these refusals.

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.)

Immediate Correction: On 4/25/19 Resident 1's primary care physician was informed by fax using Physician Contact Sheet that Resident 1 refused prescribed doses of Miralax on 4/10/19 and 4/11/19. PCP's response was received and noted on 4/29/19 (See Attachment A) Filed in Resident 1's chart under Physicians Order tab.

Ongoing Compliance: Staff was educated on 4/29/19 on the need to report medication refusals as noted in 2600.187.c. Staff will use the Medication Refusal Notebook to inform Resident Services Coordinator of medication refusals. Resident's PCP will be notified using Physician Contact Sheet. Notification and PCPs response will be maintained in the resident's chart under Physicians Order tab.

Monitoring Compliance: This will be audited quarterly by the Director as part of the Quality Assurance Program utilizing the Medication Refusal Notebook and confirming with documentation in resident charts.

Legal Entity Representative

Sister Joachim Anne Ferenczak
Signature

Sister Joachim Anne Ferenczak 5/1/2019
Printed Name and Title Date
Facility Administrator

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

The above plan of correction is approved as of	5/6/2019 (Date)	Plan of correction implementation status as of	5/6/2019 (Date)
		<input type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	BAS (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 1's record does not document information about the resident's identifying marks.

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.)

Immediate Correction: Developed Resident Identifying Marks Form (See Attachment B) Form for Resident 1 was completed 4/30/19 and filed on Resident 1 chart under Admissions tab (See Attachment C).

Current residents will be provided Resident Identifying Marks Form and offered assistance in completing with goal for completion May 31, 2019.

Ongoing Compliance: New admissions will be provided with the Resident Identifying Marks Form for completion at the time of their Pre-Admission Screening. Forms will be updated as needed. The Resident Identifying Marks form will be maintained on the resident chart under Admissions tab.

This form has been added to the Admission Paper Tracking Form. (See Attachment D)

Monitoring Compliance: This will be audited quarterly by the Director as part of the Quality Assurance Program utilizing the list of admissions during that quarter and confirming with documentation in resident charts.

Legal Entity Representative

Sister Joachim Anne Ferenczak
Signature

Sister Joachim ANNE Ferenczak
Printed Name and Title
Facility Administrator

5/1/19
Date

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

The above plan of correction is approved as of 5/6/19 (Date)

Plan of correction implementation status as of 5/6/19 (Date)

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

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