



October 28, 2019

Mr. Edward Cauley
Co-Owner
Williams's Manor LLC
164 Baron Road
Wind Gap, Pennsylvania 18091

RE: William's Manor
License #207310

Dear Mr. Cauley:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 7, 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *WILLIAM'S MANOR* License Number: *20731*
 Address: *164 BARON ROAD,, WIND GAP, PA 18091*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: *Colleen Brooks* Phone: *6107594053* Email: *COLLEEN.BROOKS@RCM.COM*

Legal Entity

Name: *WILLIAM'S MANOR LLC.*
 Address: *164 BARON ROAD, WIND GAP, PA, 18091*

Certificate(s) of Occupancy

Type: *R-4* Date: *07/01/2010* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

08/07/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *4*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>4</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

WILLIAM'S MANOR

20731

25c11 - List of Rates

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

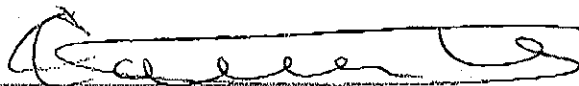
The contract for resident #1 dated 2/6/2019 did not include the monthly base charge.

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.)

This was an isolated incident for a single resident that was missed by the administrator. The corrective measure to reflect the base monthly charge was made at the time of inspection and is reflected in the attached contract.

Legal Entity Representative



Signature

Colleen Brooks

Printed Name and Title

administrator

9/2/19

Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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

WILLIAM'S MANOR

20731

26a - Quality Management Plan

Regulations

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not conduct a quality management meeting in which the topics required by this regulation were discussed in the past year.

Plan of Correction (POC)

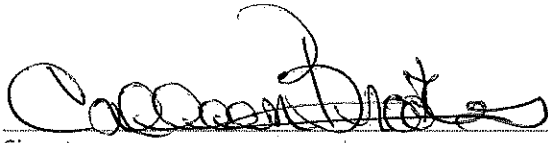
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

As of August, William's Manor has launched a new review of its quality management plan (see attached Quality Plan form), including an annual meeting that will cover the following topics and issues:

- Reportable incidents and condition reporting procedures.
- Complaint procedures.
- Staff training.
- Licensing violations and plans of correction.
- Resident and/or family councils.

SEE ATTACHED.....

Legal Entity Representative



Signature

Colleen Brooks, Administrator 9/21/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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

26(a) -- cont.

Within 30 days of receipt of the plan of correction:

The shall complete a Quality Management Review for years 2018 and 2019.

The home will establish and implement a quality management plan that contains all of the elements required by 2600.26b. At a minimum, the plan will include:

- (1) The date the administrator and executive staff will review the effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16b, and a plan to correct any errors or inefficiencies identified during a review or all incidents reported within the past year.
- (2) The date the administrator and executive staff will review all of the complaints received from residents within the past year, a plan to reduce future complaints, and a review of how the home addressed each complaint in accordance with the requirements of these regulations.
- (3) A plan to review all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful.
- (4) A review of all of the violation reports received within the past year, and a complete self-inspection using the Department's licensing measurement instrument.
- (5) The development and maintenance of a resident council.

Documentation of the Quality Management Review FOR 2018 AND 2019 shall be maintained by the home and be made available for review by the department upon request.

9-23-19

MM

WILLIAM'S MANOR

20731

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation


The freezer in the lower level of the home did not have a thermometer in it.

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 thermometer to monitor temperatures in the relevant freezer has been purchased and is now active (see attached photo).

Legal Entity Representative


Signature

Coffeen Brooks Administrator 9/21/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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

WILLIAM'S MANOR

20731

124 - Notice to Fire Department

Regulations

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.

Description of Violation

The home's most current notice to the fire department dated 1/8/2019 was not updated to reflect that the resident bedrooms are all located on the lower level and it did not indicate what the current mobility needs of the residents are.

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 local fire department has been notified by letter (see attached) that all William's Manor's residents reside on the lower level of the home, and are all mobile, though those mobility needs could vary at different times. The fire department will be notified of any changes in mobility needs for any resident as warranted.

Legal Entity Representative



Signature

Colleen Brody Administrator

Printed Name and Title

9/21/19

Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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

WILLIAM'S MANOR

20731

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Fire drill logs document - 2 staff persons participating in fire drills conducted on 8/6/2018 at 3:00am and 2/13/2019 at 1:15am. According to the administrator, only 1 staff person is scheduled to work overnight and only that staff person participates in evacuating the residents during overnight fire drills.

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.)

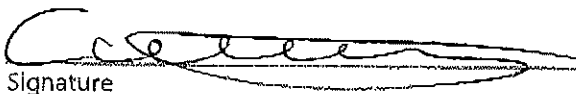
When overnight fire drills are conducted, one personal care assistant is on duty, but the administrator or another designated worker assists by sounding the alarm. We have adjusted the "Fire Drill Record" to more accurately reflect this (see attached).

The administrator shall monitor and be responsible for on-going compliance.

9-23-19

MM

Legal Entity Representative


Signature

Colleen Brooks administrator 9/21/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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

WILLIAM'S MANOR

20731

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation


Resident #1 has a physician's order for Metoprolol Tartrate. The medication is to be held if the resident's Systolic blood pressure (SBP) is less than 100. On 8/4/82019 at 10pm the resident's SBP was 92. Medication administration records indicate the medication was not held as per the physician's order.

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.)

This was an isolated oversight by the personal care assistant, who was reprimanded and has undergone additional training. All remaining med-trained William's Manor PCAs also have had additional training in reading physician orders, and we've attached the physician's instructions concerning the hold order to the "blood pressure log" (see attached) so it's clearly marked for each PCA to see after taking Resident #1's blood pressure and documenting it. The administrator will continue to monitor and oversee this prescription to ensure all PCAs are in compliance with the order.

Legal Entity Representative


Signature

Colleen Brooks administrator
Printed Name and Title

9/2/19
Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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

WILLIAM'S MANOR

20731

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

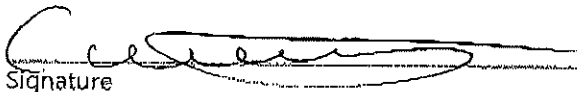
The preadmission screening form for resident #1 was completed on 12/15/2018, more than 30 days prior to the resident's admission date of 2/6/2019

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.)

This resulted from the pre-admission screening being done on an agreed-upon admission date that was later delayed. Going forward, all pre-admission screening documentation will be reviewed no more 30 days prior to admission to ensure that Williams Manor can provide all necessary services to incoming residents.

Legal Entity Representative


Signature

Colleen Brooks Administrator 9/2/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9-23-19
(Date)

Plan of correction implementation status as of 9-23-19
(Date)

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

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