



November 26, 2019

Ms. Vida Glover
Administrator
Hendorn Inc.
ATTN Amy Zakel, Senior Director
1001 East Second Street
Coudersport, Pennsylvania 16915

RE: Cole Manor
101 Maple Street
Coudersport, Pennsylvania 16915
License #242630

Dear Ms. Glover:

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 blue ink, appearing to read "Kevin Hancock", is written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: COLE MANOR

License Number: 24263

Address: 101 MAPLE STREET,, COUDERSPORT, PA 16915

County: POTTER

Region: NORTHEAST

Administrator

Name: Vida Glover

Phone: 8142747677

Email: glovervm@upmc.edu

Legal Entity

Name: HENDORN INC

Address: 1001 EAST SECOND STREET, ATTN AMY ZAKEL, SENIOR DIRECTOR, COUDERSPORT, PA, 16915

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/21/1987

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 21

Waking Staff: 16

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

08/07/2019 - On-Site: Ryan Novak, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 21

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 21

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

26c - QM Improvement

Regulations

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The homes quality management meeting conducted in 2019 does not address the 5 required topics.

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.)

Legal Entity Representative

Vida Glover, Adm
Signature

VIDA GLOVER, ADM *8-29-19*
Printed Name and Title Date

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

The above plan of correction is approved as of 9-16-19
(Date)

Plan of correction implementation status as of 9-16-19
(Date)

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

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

Hendorn, Inc., Cole Manor Plan of Correction

Survey: 8-7-19

Regulation: 2600.26(c)

The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Violation: The homes quality management meeting conducted in 2019 does not address the 5 required topics.

Plan of Correction:

Why is the regulation important? Periodic review and evaluation of the 5 required topics ensures that the home identifies and addresses problems with care and home management.

How was the regulation violated? The regulation was violated because the home did not conduct and document a periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

What caused the violation? The violation occurred due to the home not conducting a periodic review and evaluation of the 5 required topics. The home's Quality Management Plan addressed areas that the home felt needed attention rather than areas required according to the regulations.

What can be done right away to fix the violation? On 8-7-19, the home implemented a Quality Management Plan that included the 5 required topics. The Plan includes an audit sheet that addresses the 5 required areas that is to be completed annually in August. See attached Quality Management Plan audit sheet.

What can be done to prevent future violations? The Administrator, or designee, will complete the annual review and audit of the minimum 5 required topics of the Quality Management Plan.

Who will be responsible for preventing future violations? The responsibility for adherence to this Plan of Correction is that of the home's Administrator and Assistant Administrator who will monitor adherence using the attached audit sheet on a yearly basis. The home's Administrator and/or Assistant Administrator will take any corrective action that may be necessary to ensure compliance with this Plan of Correction.

As of 08-19, per home's policy.

ag 9-16-19

Dated:

8-29-19

Vida Glover, Adm.
Vida Glover, Administrator

Dated:

8-29-19

Patricia Bailey, RN NHA
Patricia Bailey, RN NHA

ag 9-16-19

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

The homes Administrator completed 24 hours of training however only 21 hours of the training that was completed is approved Administrator training for 2018.

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.)

Legal Entity Representative

Vida Glover, Adm.
Signature

VIDA GLOVER, ADM.
Printed Name and Title

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Date

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Hendorn, Inc., Cole Manor Plan of Correction

Survey: 8-7-19

Regulation: 2600.64 (c)

An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the training requirement for the first year.

Violation: The home's Administrator completed 24 hours of training however only 21 hours of the training that was completed is approved administrator training for 2018.

Plan of Correction:

Why is the regulation important? The regulation is important because it ensures that the home's Administrator is current on new technology and practices that enable Personal Care Homes to provide the best care possible. It is important that the home's Administrator continues to develop knowledge of regulatory requirements.

How was the regulation violated? The home's Administrator completed 24 hours of training in 2018, but only 21 hours of the training was approved as administrator training by the Department of Public Welfare. This resulted in only 21 out of the mandatory 24 hours of administrator training being completed.

What caused the violation? The home's Administrator did not verify that 3 out of the 24 completed hours of training were department approved administrator training.

What can be done right away to fix the violation? The home's Administrator completed the missing 3 hours of approved administrator training online on 8-26-19. The 3 hours of online training + the 21 hours of approved training completed previously places the home's Administrator in compliance, thereby fixing the violation. See attached training certificates.

What can be done to prevent future violations? Future violations can be prevented by ensuring that all completed administrator training is approved by the Department of Public Welfare.

Who will be responsible for preventing future violations? The home's Administrator is responsible for ensuring that all of the training completed is approved by the Department of Public Welfare as administrator training. The home's Administrator will monitor adherence to the Plan of Correction and take any corrective action that may be needed.

9-16-19

ag

Dated:
8-29-19

Vida Glover, Admin.
Vida Glover, Administrator

Dated:
8-29-19

Patricia Bailey, RN NHA
Patricia Bailey, RN NHA

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed located in Room #20 had a half bed rail attached that was not covered, posing a possible limb entrapment.

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.)

Legal Entity Representative

Signature Vida Blover, Adm.

Vida Blover, Adm.
Printed Name and Title

8-29-19
Date

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Hendorn, Inc., Cole Manor Plan of Correction

Survey: 8-7-19

Regulation: 2600.81 (b)

Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Violation: The bed located in Room #20 had a half bed rail attached that was not covered, posing a possible limb entrapment.

Plan of Correction:

Why is the regulation important? This regulation is important because it ensures the safety of the residents. Assistive devices that are in good repair and free of hazards are less like likely to cause injury to the residents.

How was the regulation violated? The half bed rail present on the bed in Room #20 was not covered. The lack of cover on the half bed rail places the resident at risk for a possible limb entrapment. This violates the regulation because the assistive device was not free of hazards.

What caused the violation? The violation was caused by failure to recognize the half bed rail in place without a cover by the staff and the Administrator.

What can be done right away to fix the violation? The half bed rail was removed from the bed in Room #20 on 8-7-19. The half bed rail in Room #20 was not needed by the resident residing in the room, and therefore could be removed at the time of inspection.

What can be done to prevent future violations? Future violations can be prevented by auditing the assistive devices used by each of the residents on a monthly basis to ensure the devices are clean, in good repair and free of hazards. See the attached assistive device audit sheet.

Who will be responsible for preventing future violations? The home's Administrator, Assistant Administrator, and/or designee are responsible for preventing future violations by completing monthly audits of all assistive devices. The home's Administrator and/or Assistant Administrator will monitor adherence to the Plan of Correction and take any corrective action that may be needed.

Dated:

8-29-19

Vida Glover, Adm.
Vida Glover, Administrator

Dated:

Patricia Bailey, RN NHA
Patricia Bailey, RN NHA

9-16-19

ag

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member A's most recent annual practicum dated 3/19/19 is incomplete. Only one of the required 2 observations were completed.

Direct care staff member B's most recent annual practicum is incomplete. Only one of the required 2 observations were completed for 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.)

Legal Entity Representative

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Signature

VIDA BLOVER, ADM.
Printed Name and Title

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Hendorn, Inc., Cole Manor Plan of Correction

Survey: 8-7-19

Regulation: 2600.182 (b)

Prescription that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose, and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Violation: Direct care staff member A's most recent annual practicum dated 3/19/19 is incomplete. Only one of the required 2 observations was completed.

Direct care staff member B's most recent annual practicum is incomplete. Only one of the required 2 observations was completed for 2019.

Plan of Correction:

Why is the regulation important? This regulation is important because it ensures that staff are properly trained and evaluated so as to reduce medication errors.

How was the regulation violated? Two of the direct care staff workers were not observed administering medication. One of the observations was completed for each of the two staff, but another separate observation was not completed in the time specified in the regulations.

What caused the violation? The home's Administrator failed to conduct the 2nd observation within the time specified.

What can be done right away to fix the violation? An observation was completed on Staff Member A on 8-8-19 by the home's Administrator. An observation was completed on Staff Member B on 8-10-19 by the home's Administrator.

What can be done to prevent future violations? Future violations can be prevented by using the current, updated forms approved by the Department of Public Welfare for completing the annual practicum. The home's Administrator has recorded the evaluation dates for each of the medication administration trained direct care staff to ensure all trained staff are in compliance for their annual recertification. A MAR review and an observation will be conducted every 6 months for each of the medication administration trained direct care staff to meet compliance requirements.

Who will be responsible for preventing future violations? The home's Administrator is responsible for preventing future violations. The home's Administrator will monitor adherence to the Plan of Correction and take any corrective action that may be needed.

Dated:

8-29-19

Vida Glover, Adm
Vida Glover, Administrator

Dated:

8-29-19

Patricia Bailey, RN NHA
Patricia Bailey, RN NHA

ag

9-16-19

252 - Record Content

Regulations

2600.

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

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #1's record does not include identifying marks if any.

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.)

Legal Entity Representative

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Signature

VIDA GLOVER, ADM. 8-29-19
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Hendorn, Inc., Cole Manor Plan of Correction

Survey: 8-7-19

Regulation: 2600.252

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

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Violation: Resident #1's record does not include identifying marks, if any.

Plan of Correction:

Why is the regulation important? The regulation is important because it provides the home with an accurate description of who the resident is and what they look like to ensure there is no confusion when identifying residents.

How was the regulation violated? Resident #1's record of admission sheet did not include identifying marks. The section of the face sheet that asks for any identifying marks was left blank.

What caused the violation? The violation was caused by the home's Administrator not fully completing the record of admission sheet for Resident #1 at the time of admission.

What can be done right away to fix the violation? The violation was fixed on 8-7-19. The home's Administrator evaluated Resident #1 and asked her if she had any scars or identifying marks. The identifying marks were noted in Resident #1's record. See attached copy of Resident #1's record of admission sheet.


What can be done to prevent future violations? Future violations can be prevented by auditing resident records on a monthly basis to ensure all necessary information is present in the records. A minimum of 3 resident records will be audited monthly by the home's Administrator. See attached Content of Resident Records Audit Sheet.

Who will be responsible for preventing future violations? The home's Administrator and/or Assistant Administrator is responsible for preventing future violations by conducting monthly audits of resident records using the audit sheets attached. The home's Administrator and/or Assistant Administrator will monitor adherence to the Plan of Correction and take any corrective action that may be needed.

Dated:
8-29-19


Vida Glover, Administrator

Dated:
8-29-19


Patricia Bailey, RN NHA

ag

9-16-19