



November 7, 2019

Ms. Judy Lee
Administrator
North Penn Manor, Inc.
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

RE: North Penn Manor
License #: 220320

Dear Ms. Lee:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 18, 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: NORTH PENN MANOR

License Number: 22032

Address: 240 NORTH SHERMAN STREET,, WILKES-BARRE, PA 18702

County: LUZERNE

Region: NORTHEAST

Administrator

Name: Judy Lee

Phone: 5708228866

Email: JUDYLEE1997@PTD.NET

Legal Entity

Name: NORTH PENN MANOR, INC.

Address: 240 NORTH SHERMAN STREET, WILKES-BARRE, PA, 18702

Certificate(s) of Occupancy

Type: C-2 LP

Date: 05/31/1990

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 55

Waking Staff: 41

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/18/2019 - On-Site: Amy Deluca, Michele Moskalczyk

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80

Residents Served: 55

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 15

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 1

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 monthly PNA money, as well as other funds for several residents residing in the home. Several residents have balances in excess of \$200 for more than two consecutive months and have not been helped in securing 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.)

The residents were offered annually instead of every two months to have an interest bearing account in the resident's name at a local federally-insured financial institution. The last date the residents were offered to open an interest bearing account was on 7/10/19. All residents with over \$200.00 in their account were offered and documented again by the Administrator on 9/19/19 to open an interest bearing account and will be offered every two months going forward. The Administrator will ensure ongoing compliance with this regulation.

Legal Entity Representative

Signature Judy Lee

Printed Name and Title Judy Lee, Administrator Date 9/27/19

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

The above plan of correction is approved as of 9-30-19 (Date)

Plan of correction implementation status as of 9-30-19 (Date)

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

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

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

Resident #1 has a hospital bed with 1/2 bedrails located on the upper part and both sides of his bed. The spacing of the rails is large enough to entrap the residents head or limbs.

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 bed rails supplied by the local Veteran's administration for resident #1 did not have a cover over them. The Administrator removed the (L) bed rail since the resident does not use it. It was up against the wall. A bed rail cover was placed over the (R)bed rail by the Administrator on 9/20/19. (Picture attached) The Administrator will ensure that all bed rails have a cover over them and will ensure ongoing compliance with this regulation.

Legal Entity Representative

Judy Lee
Signature

Judy Lee Administrator 9/21/19
Printed Name and Title Date

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105g - 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

The commercial dryer located in the home's laundry room had lint in the vent which poses a fire hazard.

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 dryer lint tray was not pulled out far enough by the last staff member using it and there was some lint left in the back of the tray. The lint was removed at the time of inspection. A sign was placed on the side of the dryer on the date of inspection indicating proper lint removal procedures. A training was held by the Administrator on 9/19/19 with all staff on the proper lint removal process. The Administrator will monitor the lint trays on an ongoing basis to ensure ongoing compliance with this regulation.

Legal Entity Representative

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Signature

Judy Lee, Administrator 9/27/19
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107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home did not have a three day supply of emergency water on hand for all residents. The home's letter from a contracted water supply company did not specify the time-frame in which an emergency supply of water would be provided.

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.)

3 Springs Water company revised their contract letter to include the word "immediately" indicating immediate delivery of water for compliance with the 3 day emergency water supply and was corrected on site on day of inspection. (letter attached) The Administrator will ensure ongoing compliance with this regulation.

Legal Entity Representative

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Signature

Judy Lee, Administrator 9/27/19
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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's Lantus solostar insulin pen was not marked with the date the pen was opened for use. According to the manufacturer's instructions, the pen is to be discarded 28 days after it is opened for use.

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 Lantus solostar insulin pen for Resident #2 did not have an open date on it. The pen was discarded into the sharp's container on the date of the inspection and was replaced with a new pen with an open date of 9/18/19 by med tech [redacted] (open date label attached) All diabetic pens were checked for open dates by the Administrator and all were found to be properly dated. A training was held by the Administrator on 9/19/19 for proper dating of insulin. The Administrator will monitor the proper dating of insulin and will ensure ongoing compliance with this regulation.

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221a - Program Activities

Regulations

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

Several residents interviewed stated that the home doesn't have any activities since the activity's person left the home several months ago. Residents remarked that there is an activities calendar posted however, staff have many other responsibilities and can only help with activities when there might be a little down time.

Plan of Correction (POC)

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Three daily activities for the residents are planned by the Administrator and are provided for by the staff and other outside entertainment. The residents are most interested in the 2pm and 7pm activities. There was only one activity held at 7pm on the date of the inspection because it was a very busy day for the staff and it was an out of the ordinary circumstance. In addition to the scheduled activities, there are occasional impromptu activities which are also provided to the residents for their enjoyment such as a visit from Mr. Softee and surprise pizza parties. The Administrator will ensure that at least two activities take place daily and the Administrator will ensure ongoing compliance with this regulation.

Legal Entity Representative

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Signature

Judy Lee, Administrator 9/21/19
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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 began receiving hospice services on 12-18-18. Her RASP doesn't indicate what services or frequency per week the hospice agency is providing for this resident.

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 RASP for Resident #4 was revised on 9/19/19 by the Administrator to indicate the specific services that were being provided for by the hospice agency. (RASP addendum attached) The Administrator will ensure that all future agency services will be properly documented on the resident's RASP. The Administrator will ensure ongoing compliance with this regulation.

Legal Entity Representative

Signature Judy Lee

Printed Name and Title Judy Lee, Administrator Date 9/27/19

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