



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: November 18, 2019

Sr. Mary Andrew
Administrator
Bishop Pelczar Manor
856 Cambria Street
Cresson, Pennsylvania 16630

RE: John Paul II Manor
License #: 303180

Dear Sister Mary Andrew:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 2, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: JOHN PAUL II MANOR

License Number: 30318

Address: 856 CAMBRIA STREET,, CRESSON, PA 16630

County: CAMBRIA

Region: CENTRAL

Administrator

Name: Sister Mary Andrews

Phone: 8148867961

Email:

Legal Entity

Name: BISHOP PELCZAR MANOR

Address: 856 CAMBRIA STREET, CRESSON, PA, 16630

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/16/2015

Issued By: L & I

Staffing Hours

Resident Support Staff: 33

Total Daily Staff: 66

Waking Staff: 50

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

10/02/2019 - On-Site: Michael Showers, Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 33

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 7

Are 60 Years of Age or Older: 31

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

Sr. Mary Andrew
10/02/2019

SR. MARY Andrew 10/23/19
ADMIN
1 of 4

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

A dryer located in the home's Laundry Room had a thick, heavy accumulation of lint in the filter. The dryer was not in use at the time of the observation.

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.)

Re-educated staff on the importance of cleaning the lint filter in the dryers on 10/8/19.

Administrator will spot check Lint filters once a day for a month.

Documentation for the first 15 days of daily checks will be submitted to the Department by 11/20/19.

BAS 11/1/19

Legal Entity Representative

J. Mary Andrew
Signature

SR. Mary Andrew, 10/23/19
Printed Name and Title ADMIN Date

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The above plan of correction is approved as of 11/1/19 (Date) Plan of correction implementation status as of 11/18/19 (Date)

XXX Fully Implemented

The above plan of correction was approved by BAS (Initials) Not Implemented

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill held on 8/16/19 at 11:00pm, required 6 minutes and 38 seconds for evacuation of the 35 residents. The home's evacuation time as determined by a fire safety expert is designated as 5 minutes 30 seconds.

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.)

Maintenance person was re-educated on day of inspection. All Staff was re-educated on 10/8 about how important it is to be under the time limit.

In the future Any fire drill over the time will be re-done until under time limit. We will also practice more when needed.

Redid fire drill.

Continued on Page 3A

Legal Entity Representative

S. Mary Andrew
Signature

SR. MARY Andrew 10/23/19
Printed Name and Title ADMIN. Date

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Not Implemented

2600.132d Continued:

The administrator will review the fire drill log each month to ensure that a successful fire drill has been completed. Documentation for the fire drill completed for 10/24/19 has been submitted to the department and the documentation for the November 2019 drill will be submitted upon completion.

BAS 11/1/19

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Medications belonging to Staff Person A, including a box of Humalog Qwik Pens and a medication container containing Lasix, Zantac, Lexapro, and Neurontin, were located on a table in a room used by staff for lunch. At the time of the observation, no staff members were present in the room and the door to this room was unlocked and accessible to residents.

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.)

Staff was re-educated about leaving meds on table and locking door when no staff are present in staff room. Staff education completed on 10/2/19. BAS 11/1/19

Administrator will make frequent checks of staff room.

Continued on Page 4A

Legal Entity Representative

S. Mary Andrew
Signature

SR. MARY Andrew 10/23/19
Printed Name and Title ADMIN Date

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2600.183b Continued:

The Administrator, and/or designee, will monitor the staff lunch area on a daily basis for a period of 5 days, and then during regular walk-throughs of the home to ensure on-going compliance. The first 5 days monitoring will be completed by 11/15/19 and documentation will be submitted to the Department to demonstrate the completion of these duties.

BAS 11/1/19