



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

December 19, 2019

Ms. Laura Rose Krug, RN  
Owner, President, PCHA  
Saint Benedict Manor, Inc.  
Box 57  
600 Theatre Road  
St. Benedict, Pennsylvania 15773

RE: Saint Benedict Manor, Inc.  
Certificate #: 303420

Dear Ms. Krug:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 9, 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: SAINT BENEDICT MANOR, INC.  
Address: 600 THEATRE ROAD, BOX 57,, ST. BENEDICT, PA 15773  
County: CAMBRIA Region: CENTRAL

License Number: 30342

### Administrator

Name: Laura Rose Krug Phone: 8143448981 Email:

### Legal Entity

Name: SAINT BENEDICT MANOR INC  
Address: 600 THEATRE ROAD, BOX 57, ST. BENEDICT, PA, 15773

### Certificate(s) of Occupancy

Type: C-2 LP Date: 08/08/1996 Issued By: Labor and Industry

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

### Inspection

Type: Full BHA Docket #: Notice: Unannounced  
Reason: Renewal, Complaint

### Inspection Dates and Department Representative

10/09/2019 - On-Site: Laura Heemer, Mike Palermo

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 44 Residents Served: 27

#### Secured Dementia Care Unit

In Home: Yes Area: entire home Capacity: 44 Residents Served: 27

#### Hospice

Current Residents: 2

#### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 27 Have Physical Disability: 1

28e - Death of a Resident

Regulations

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 passed away and had a balance of \$1898.39 remaining in the home. The amount refunded by the home to the resident's estate was \$949.20, only half of the total balance.

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.)

Regarding the Commonwealth of Pennsylvania Department of Public Welfare - Adult Residential Licensing - Personal Care Homes Resident-Home Contract - 55 Pa.Code § 2600.25 section B, #2, there is a blank space for the Home to notate it's refund policy, the contract is not prefilled with the OAPSA requirement of 100% refund.

Since 1996, our policy/contract has stated that, in the event of a Resident's death the balance of rent paid for the remaining days of the month during which the death occurred shall be split 50% to the Resident's estate and 50% to the home. This has been explained to, and agreed upon by all parties and has not previously been questioned during any inspection.

The Administrator has already implemented this requirement with our first refund (post-inspection) on 10/25/2019 (see attached). **Our contract has been amended to reflect that in the event of a Resident's death or transfer to a higher level of care, the balance of rent paid for the remaining days of the month during which the death/transfer occurred, shall be refunded at 100% to the Resident's estate (see attached). This will be our refund policy moving forward.**

(Continued on Page 2A)

Legal Entity Representative

*Laura Rose Krug, RN, PCHA*  
Signature

Laura Rose Krug, RN, PCHA

11/11/2019

Printed Name and Title

Date

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The above plan of correction is approved as of 11/13/19 Plan of correction implementation status as of 12/19/19  
(Date) (Date)

Fully Implemented

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

Not Implemented

2600.28e Continued:

The home will provide all current Residents an updated copy that includes the corrected language regarding the refunds. All residents will receive this updated copy by 12/1/2019. The home will provide documentation to the Department to demonstrate completion.

BAS 11/12/2019 *LRR 11-12-2019*

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home's record for Staff Person 1, hired 3/5/2019, did not contain a criminal history check in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Plan of Correction (POC)

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After inspection, staff Person 1's criminal background check has been acquired. The report indicates that Staff Person 1 has No Record (see attached).

Administrator and/or office staff have implemented a checklist to attach to staff files to help ensure compliance with 2600.51(see attached).

Administrator and/or office staff will conduct a chart audit at the time of hire, and at least once yearly thereafter to verify that all required documentation is contained within employee files..

Legal Entity Representative

  
Signature

Laura Rose Krug, RN, PCHA

11/11/2019

Printed Name and Title

Date

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the shower room closest to room #12 was missing eye coverings and a thermometer. The first aid kit located in the shower room across from bedroom #1 was missing eye coverings, a thermometer, scissors, and a breathing shield.

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 fully stocked First Aid Kit has been assembled and placed in the shower room nearest Room 12. All items listed in 2600.96.a are present.

The administrator has placed a "First Aid Kit Monthly Audit Order" within QuickMAR. This order lists the required contents of the First Aid Kit. Staff will be responsible for checking the contents of the first aid kit on or about the 1st day of each month. Staff will be instructed to notify administrator/office staff if items need replaced for any reason.

Legal Entity Representative

*Laura Rose Krug, RN, PCHA*  
Signature

Laura Rose Krug, RN, PCHA  
Printed Name and Title

11/11/2019  
Date

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231g - Non-Dementia Admission

Regulations

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

1. The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
2. If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

Description of Violation

The entire home is a Secured Dementia Care Unit and currently there are 16 residents, including Residents 2, 3, 4, and 5, who do not have a diagnosis of dementia, but wish to reside in the home. These residents have been assessed by the home as unable to independently operate the key pads for the locking mechanism for the exit doors.

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.)

Physicians have been contacted regarding their patients who did not have a Dementia diagnosis on admission here but have developed mild to moderate cognitive dysfunction resulting in their inability to independently operate our magnetic locking system (see attached). New DMEs have also been sent to these physicians for their approval and signature to reflect this cognitive decline. We will keep in communication with the physician's until the updated DMEs are received and filed by the Administrator.

\*The updated DMEs will be completed by 12/1/2019. Copies will be provided to the Department to evidence implementation. BAS 11/12/19

(Continued on Page 5A)

Legal Entity Representative



Laura Rose Krug, RN, PCHA

11/11/2019

Signature

Printed Name and Title

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2600.231.g Continued:

\*In the future, if the home is seeking to admit an individual without a diagnosis of dementia, the home will complete an assessment (prior to admission) of the person's ability to follow the directions for the operation of the locking devices of the exits. If an individual doesn't have a diagnosis of dementia and doesn't have the ability to operate the door locking device, he/she will not be admitted to the home. A copy of this initial assessment will be retained in the resident's file and this ability will be reassessed at least annually.

BAS 11/12/19 *LRR 11-12-2019*