



SENT VIA EMAIL: rpagani@5ssl.com

MAILING DATE: March 30, 2020

Ms. Jennifer F. Francis
President & COO
SNH Penn Tenant LLC
Two Newton Place
255 Washington Street, Suite 300
Newton, Massachusetts 02458

RE: Franciscan Manor
71 Darlington Road
Beaver Falls, Pennsylvania 15010
Certificate #: 450550

Dear Ms. Francis:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 19, 2020, 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 "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

3/20/2020

Violation Report.

Facility Information

Name: *FRANCISCAN MANOR*

License Number: 45055

Address: *71 DARLINGTON ROAD,, BEAVER FALLS, PA 15010*County: *BEAVER*Region: *WESTERN*

Administrator

Name: *Rex Pagani*Phone: *724-891-1150*Email: *rpagani@5sssl.com*

Legal Entity

Name: *SNH Penn Tenant LLC*Address: *Two Newton Place, 255 Washington Street Suite 300, Newton, MA 02458*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *111*Waking Staff: *83*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Incident*

Inspection Dates and Department Representative

02/19/2020 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *119*Residents Served: *102*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *102*Diagnosed with Mental Illness: *2*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *9*Have Physical Disability: *0*

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 was prescribed blood glucose checks twice daily at 6:00 a.m. and 4:00 p.m. However, the December, 2019 medication administration record did not indicate the blood glucose reading for 12/14/19 at 4:00 p.m. The area was blank.

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.)

Resident #1: Staff member was re-educated on proper documentation after checking blood glucose on 2/20/2020.

All staff that perform blood glucose testing were re-certified by Diabetic Trainer on 1/20/2020. All staff that perform blood glucose testing were re-educated by the Director of Resident Care regarding proper documentation of blood glucose readings on 2/20/2020.

Audits will be conducted by Director of Resident Care or designee weekly x 4, then monthly if compliant.

Audit results will be reported and reviewed at the quarterly QA meeting.

Legal Entity Representative



Signature

REX PAGANI, EXECUTIVE DIRECTOR 3-19-20
Printed Name and Title Date

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

The above plan of correction is approved as of 3/23/2020
(Date)

Plan of correction implementation status as of 3/23/2020
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 was prescribed Lantus 100u/ml, inject 35units subcutaneously, daily in the morning. However, the staff person who administered the medication did not initial the December 2019 medication administration record to indicate the medication was administered at 9:00 a.m. to include:

- * On 12/8/19 at 9:00 a.m.
- * On 12/10/19 at 9:00 a.m.
- * On 12/20/19 at 9:00 a.m.
- * On 12/25/19 at 9:00 a.m.

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.)

Resident #1: Staff member was re-educated on proper documentation after administering medication.

Staff who administer insulin were re-certified by the Diabetic Trainer on 1/20/2020 regarding initialing the MAR after administering insulin. All staff who administer insulin were re-educated by the Director of Resident Care on 2/20/2020 regarding initialing the MAR after administering insulin.

Audits will be conducted by the Director of Resident Care or designee weekly x 4, then monthly if compliant.

Audit results will be reported and reviewed at the quarterly QA meeting

Legal Entity Representative



Signature

REX PAGANI, EXECUTIVE DIRECTOR 3-19-20


Printed Name and Title

Date

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(Initials)

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- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 was prescribed Lantus 100u/ml, inject 15u subcutaneously twice a day at 9:00 a.m. and 9:00 p.m. However, on 2/5/20, at approximately 6:30 p.m., staff person A, hired on 11/13/19, administered 80u to the 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.)

Staff members who administer medications were re-educated by the Director of Resident Care on February 20, 2020 regarding the necessity of following the directions of the prescriber.

Audits will be conducted weekly x 4 then monthly by the Director of Resident Care or designee to ensure staff members who administer medications follow the directions of the prescriber.

It will be reported and reviewed at the quarterly QA meeting.

Legal Entity Representative

Signature Rex Pagani

Printed Name and Title REX PAGANI, EXECUTIVE DIRECTOR Date 3-19-20

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(Date)

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(Initials)

Implemented
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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 received home health services and rehabilitation therapy from 2/9/19. However, the annual support plan, dated 2/9/19, did not indicate the care and services or frequency of services that were provided by the home health and rehabilitation therapy services.

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.)

RASP for resident #1 was updated on February 26, 2020 and included more details and frequency to ensure the resident needs are met.

The Director of Resident Care will update other residents RASP's as required within 30 days of admission or upon changes in the residents needs and include more details and frequency to ensure the needs of the resident are met.

The Administrator will audit 10% of the RASP's monthly to ensure compliance and document findings.

It will be reported and reviewed at the quarterly QA meeting.

Legal Entity Representative



Signature

REX PAGANI, EXECUTIVE DIRECTOR 3-19-20


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