

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

██████████ ADMINISTRATOR
GUY AND MARY FELT MANOR INC
110 EAST FOURTH STREET
EMPORIUM, PA 15834

RE: GUY AND MARY FELT MANOR
110 EAST FOURTH STREET
EMPORIUM, PA, 15834
LICENSE/COC#: 23119

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: GUY AND MARY FELT MANOR **Licen e #:** 23119 **Licen e Expiration Date:** 03/26/2021
Adde : 110 EAST FOURTH STREET, EMPORIUM, PA 15834
County: CAMERON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 8144863736 **Email:** [REDACTED]

Legal Entity

Name: GUY AND MARY FELT MANOR INC
Address: 110 EAST FOURTH STREET, EMPORIUM, PA, 15834
Phone: 8144863736 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 01/17/1972 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 9 **Waking Staff:** 7

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 01/27/2021

Inspection Dates and Department Representative

01/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 10 **Residents Served:** 8

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 8
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

01/27/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *02/17/2021*

2/16/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/26/2021*

2/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Residents were observed not wearing personal protective masks while sitting outside of their rooms in the common area at 9:15 a.m. Interviews with residents indicated that they were told that the masks were not always necessary.

Plan of Correction

Accept

The residents have been living together since the beginning of the pandemic. The residents are tested twice weekly and each time they are tested they have all been negative. As a result of this violation the administrator will offer the residents the choice of wearing a mask or not wearing a mask with a document stating the consequences of not wearing a mask. This will be the residents choice. Informed consent will be sent to each resident and their POA. A signed form from each resident will be kept in their chart. Attachment available.

Completion Date: 02/15/2021

Update - 02/16/2021

The home will change their practices and wear the masks as recommended if/when any of the COVID-19 tests come back positive.

AG, 2-16-21

Document Submission

Implemented

If there are any positive cases of COVID within the facility staff will inform the residents and they will be mandated to wear their masks when in the common area.

Update - 02/18/2021

184a - Labeling OTC/CAM

1. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

At 1:00 p.m., a bottle of [REDACTED] for resident #1, was found stored in the medication cart. The bottle did not include a label to identify the resident's name and directions for administration.

Plan of Correction

Accept

This was an oversight on staff's part. This [REDACTED] is sent to the home through the family and is not provided by the pharmacy. Effective immediately the staff has been instructed to put the resident's name and room number on the bottle making sure not to cover the directions for administration. The administrator will monitor for compliance.

Completion Date: 02/15/2021

Update - 02/16/2021

Upon Resubmission of the Plan of Correction, a copy of the Instructions to the staff, and the employee signature page will be submitted via the Portal (Attachment) in Sans Write.

AG, 2-16-21

184a - Labeling OTC/CAM (continued)

Document Submission**Implemented**

The staff were advised and have signed off on the new procedure regarding labeling of OTC/CAM. Any new staff will also be advised of this new procedure and sign off on it as well.

227d - Support Plan Medical/Dental

1. Requirements

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 2's Assessment and Support Plan, R.A.S.P.dated 2/5/20 noted a "significant change." The actual significant change however, was not identified on the first page of the R.A.S.P as a new diagnosis of [REDACTED]

Plan of Correction**Accept**

Effective immediately if there are any significant changes in a resident in the future the administrator will identify on the first page of the R.A.S.P. what that significant change is. I will also monitor for compliance

Completion Date: 02/15/2021

Update - 02/16/2021

Upon Resubmission of the Plan of Correction, the Home will include a copy of the 1st page of Resident # 2's Updated (Corrected) RASP via the Portal (Attachment) in Sans Write.

AG, 2-16-21

Document Submission**Implemented**

Attached is a copy of the first page of Resident #2's updated RASP.