

Department of Human Services  
Bureau of Human Service Licensing

July 20, 2021

██████████ ADMINISTRATOR  
EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA 17857

RE: EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA, 17857  
LICENSE/COC#: 20053

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2021 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:** EMMANUEL HOME **Licen e #:** 20053 **Licen e Expiration Date:** 05/25/2021  
**Addr e :** 800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857  
**County:** NORTHUMBERLAND **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 5704730500 **Email:** [REDACTED]

**Legal Entity**

**Name:** EMMANUEL HOME  
**Address:** 800 PRIESTLY AVENUE, NORTHUMBERLAND, PA, 17857  
**Phone:** 5704730500 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2 **Date:** 11/10/2010 **Issued By:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 29 **Waking Staff:** 22

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Rea on:** Renewal **Exit Conference Date:** 03/30/2021

**Inspection Dates and Department Representative**

03/30/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 38 **Residents Served:** 28

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 0

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 28
<b>Diagnosed with Mental Illness:</b> 1	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 1	<b>Have Physical Disability:</b> 0

## Inspections / Reviews

03/30/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/14/2021*

6/23/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/30/2021*

7/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home did not review or submit the homes written emergency procedures for the year 2020 to the areas Emergency Management Agency.

Plan of Correction

Accept

[redacted], the Northumberland, [redacted] visited Emmanuel Home on April 13, 2021 and conducted a full audit for the facility's emergency plans. A review of [redacted] visit is attached in the letter [redacted] wrote on the same date.

Completion Date: 04/13/2021

Document Submission

Implemented

see attached documentation "EMA - Review Letter for Emmanuel Home"

185a - Implement Storage Procedures

1. Requirements

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 is prescribed to have a glucometer reading 3 times a day at 8 a.m., 12 noon and 5 p.m. On 3/29/21 at 12 noon, the residents glucometer read 194 however, the transcribed reading read 195.

On 3/20/21 while auditing resident # 2's Free Style Freedom Lite Glucometer that prior glucometer readings were unable to be reviewed. Staff stated the glucometer appeared to be not working properly. The home's policy and procedures omitted regarding auditing glucometers. Additionally, Supervisory audits to assure accuracy and cleanliness of the glucometer were not included in the home's policy and procedures.

Plan of Correction

Accept

A new glucometer was provided on the same date (03-31-2021) of the inspection by [redacted], LPN and keeps the historical records of the readings.

Completion Date: 03/31/2021

Update - 06/23/2021

In order to complete the 2 Step Plan of Correction Process (POC), upon Resubmission of the POC the home will submit a receipt for the glucometer that was purchased at the home's expense, provide evidence that the residents involved in this incident are both free from any blood borne pathogenic diseases and that proper labeling of devices and staff training has taken place to prevent a reoccurrence of this event in the future.

Submission of compliance documentation will be done via the Portal please.

AG, 6-23-21

185a - Implement Storage Procedures (continued)

Document Submission

Implemented

The Resident had been supplied through the [redacted] with another glucometer so that was immediately obtained and put n for the other malfunctioning glucometer at time of discovery. Glucometers are checked weekly to make sure that they are working correctly. A pdf file is attached, showing pictures of the new glucometer. [redacted], RN)

Update - 07/20/2021

verification sent via Portal  
7-20-21, AG

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 #3's Residents Assessment and Support Plan( R.A.S.P .dated 1/8/21 did not include the resident's current physical therapy.

Plan of Correction

Accept

The RASP was properly filled out and resident's current physical therapy is now listed on the document. A copy of the RASP is included on this report as an attachment. This was corrected on the same date as the inspection.

Completion Date: 03/31/2021

Document Submission

Implemented

see attached document "RASP - For Emmanuel Home Resident" 01-08-2021