

Department of Human Services  
Bureau of Human Service Licensing

August 5, 2021

██████████ OWNER  
OUR ORANGEVILLE MANOR INC  
PO BOX 157, 210 MILL STREET  
ORANGEVILLE, PA 17859

RE: OUR ORANGEVILLE MANOR  
PERSONAL CARE HOME  
210 MILL STREET, PO BOX 157  
ORANGEVILLE, PA, 17859  
LICENSE/COC#: 22393

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2021, 06/30/2021 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:** OUR ORANGEVILLE MANOR PERSONAL CARE HOME    **Licence #:** 22393    **Licence Expiration Date:** 06/14/2022  
**Address:** 210 MILL STREET, PO BOX 157, ORANGEVILLE, PA 17859  
**County:** COLUMBIA    **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]    **Phone:** 5706835951    **Email:** [REDACTED]

**Legal Entity**

**Name:** OUR ORANGEVILLE MANOR INC  
**Address:** PO BOX 157, 210 MILL STREET, ORANGEVILLE, PA, 17859  
**Phone:** 5706835951    **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP    **Date:** 12/30/1982    **Issued By:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0    **Total Daily Staff:** 34    **Waking Staff:** 26

**Inspection**

**Type:** Full    **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Renewal    **Exit Conference Date:** 06/30/2021

**Inspection Dates and Department Representative**

06/29/2021 - On-Site: [REDACTED]  
06/30/2021 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 36    **Residents Served:** 34

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 13    **Are 60 Years of Age or Older:** 27  
**Diagnosed with Mental Illness:** 34    **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0    **Have Physical Disability:** 0

## Inspections / Reviews

06/29/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/30/2021*

7/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/05/2021*

8/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The wooden fire escape hand railing, had small, exposed, raised wood pieces jutting up from the handrails. The exposed wood could potentially cause splinters to the hands of residents and or staff when using the fire escape in the event of a fire event or emergency.

Plan of Correction

Accept

The home understands the importance of having the exterior of the building in good repair and free of hazards. It minimizes the risk of injury or death to residents when using the emergency exit. The homes maintenance department sanded the peeling paint on the emergency exits hand railing. To ensure this is not a repeated violation the head of maintenance will add this regulation to his annual check list to remain in compliance.

Completion Date: 07/23/2021

Update - 07/29/2021

Attachment reviewed and accepted.

AG, 7 2 21

Document Submission

Implemented

The home will maintain ongoing compliance.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

On 6/10/21 resident # 1 was administered P.R.N. Diclofenac for pain/inflammation. Take 1 tablet by mouth twice daily as needed The P.R.N. was not documented as required for a P.R.N. that is documenting route administered, hour of administration, reason or results,

Plan of Correction

Accept

The home understands the importance of ensuring the MAR accuracy that it minimizes the chance of documentation mistakes if a resident refuses a medication and determines if the MAR is documented at the time the medication is administered. The homes director of residential care conducted a training with the medication administration technicians on documenting a PRN medication at the time it was administered. Enclosed is a copy of the training documentation.

Completion Date: 07/15/2021

Update - 07/29/2021

Attachment reviewed and accepted.

AG, 7-29-21

Document Submission

Implemented

The home will maintain ongoing compliance

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 behavior can be challenging at times. The current resident's assessment and support plan - R.A.S.P. (dated 10/3/20), does not currently reflect his behaviors or how staff are to respond. Resident # 2's resistance at times to cooperate and prejudices are not documented in the resident's R.A.S.P.

Plan of Correction

Accept

The home understands this regulation ensures that each residents needs are met as those needs change, and the accountability for meeting those needs are firmly established. The home updated the support plan for resident # 2 reflecting the behaviors and how the staff should respond to his resistance at times to cooperate. The home included his prejudices behaviors to the updated support plan. To ensure this is not a repeated violation the DORC and the administrative assistant will both sign off of RASP’s and RASP updates to add accountability that all residents need changes are being met and documented on their RASP. Enclosed is a copy of the updated RASP.

Completion Date: 07/23/2021

Update - 07/29/2021

attachment reviewed and accepted.

AG, 7-29-21

Document Submission

Implemented

The home will maintain ongoing compliance