

Department of Human Services  
Bureau of Human Service Licensing

September 17, 2021

[REDACTED]  
CHRIST THE KING MANOR INC  
[REDACTED]

RE: CHRIST THE KING MANOR  
1100 WEST LONG AVENUE  
DUBOIS, PA, 15801  
LICENSE/COC#: 44864

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021, 07/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

August 6, 2021

[REDACTED]  
CHRIST THE KING MANOR INC  
[REDACTED]

RE: CHRIST THE KING MANOR  
1100 WEST LONG AVENUE  
DUBOIS, PA, 15801  
LICENSE/COC#: 44864

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/07/2021, 07/08/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *CHRIST THE KING MANOR* License #: *44864* License Expiration Date: *06/20/2022*  
Address: *1100 WEST LONG AVENUE, DUBOIS, PA 15801*  
County: *CLEARFIELD* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *8143713180* Email: [REDACTED]

**Legal Entity**

Name: *CHRIST THE KING MANOR INC*  
Address: [REDACTED]  
Phone: *8143713180* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/16/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *07/08/2021*

**Inspection Dates and Department Representative**

07/07/2021 - On-Site: [REDACTED]  
07/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *57*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDCU* Capacity: *20* Residents Served: *18*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *57*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *18* Have Physical Disability: *0*

## Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2021*

8/5/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2021*

8/6/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2021*

9/17/2021 - 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

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 7/7/21, a carbon monoxide alarm was located only approximately 3' from the 2 gas hot water tanks in the mechanical room and a second carbon monoxide alarm was only approximately 6' from the gas stove in the kitchen.*

Plan of Correction

Accept

*on 7-9-2021 two carbon monoxide detectors were placed in close proximity of the kitchen and the maintenance room. They are within appropriate distance from the hot water tank and the stove.*

*The carbon monoxide detectors are interconnected with our fire safety system and will alarm the annunciator in the event of any detection of carbon monoxide to the location of the detection. These new added detectors were alerted during our fire safety inspection on 7-13-2021.*

*staff have been inserviced on the additional detectors and corrective action.*

**Completion Date:** 07/13/2021

Document Submission

Implemented

*approved*

*Documentation provided*

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

*The home video records entrances/exits and medication rooms. There were no signs posted in the areas that are being recorded indicating that images are being recorded and no documentation that residents are informed these areas are subject to video recording.*

42s - Privacy (continued)

Plan of Correction

Accept

SEE ATTACHMENT

ON 7-7-21 Signage was added to all entrance doors into both units alerting visitors of video surveillance.

Prior to inspection and prior to adding security video surveillance a one call was sent out to all families to our new system in addition administrator discussed in a meeting with residents of the new system being added so resident were aware and on board with our plan.

After inspection, signatures have been obtained by residents or POA/designee acknowledging that they are aware of the video surveillance and this is attached to their admission agreement.

Going forward, video surveillance will be discussed on admission with family/resident with signature obtained at that time for acknowledgment.

Completion Date: 07/23/2021

Document Submission

Implemented

corrected

Documentation provided

121b - Locking Device Approval

1. Requirements

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

The door at end of the hallway next to bedroom #617, is an egress route from the secured dementia care unit (SDCU) to the outside of the home. It is equipped with a magnetic locking system that does not have a keypad or other means to unlock the door nearby. ss from the SDCU. The locking mechanism only releases when staff push a release button from the reception desk at the entrance area of the SDCU.

Plan of Correction

Accept

Door #11 by Room 617 is in a secured dementia unit and is located at the end of a hallway that is not used exiting the building but more for emergency exit in the event of an emergency. It is equipped with magnetic locking system. Inches away from this door is a pull station. The Pull station clearly is marked PULL DOWN for emergency which will alarm the magnetic device to release when pulled for any emergency fire or unrelated.

We will also add in a keypad at this door location with magnetic locking system. This will be complete in one week.

Staff will be updated on the new keypad being installed next week as our corrective action

Completion Date: 08/11/2021

Document Submission

Implemented

corrected

Documentation provided

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 7/7/21, a copy of the local municipality's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

On 7-7-2021 while inspector present our safety director obtained the Sandy Township municipality emergency plan, 3 copies were made (one for each unit and one for the safety director to keep on hand). The current sign that is on the bulletin board was changed to bright pink paper as a means to alert residents/visitors as to where the plan is located for viewing. Staff have been inserviced on the violation and corrective action and location of both books on the unit in the event residents or visitors ask to review it.

Completion Date: 07/07/2021

Document Submission

Implemented

corrected

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 57 residents. The home's emergency evacuation diagram posted in the SDCU next to bedroom #605, does not indicate all of the locations of fire extinguishers.

Plan of Correction

Accept

SEE ATTACHMENT.

This particular diagram has been revised/updated using our floor plan indicating the evacuation plan, line of travel to exit door and location of fire extinguishers and pull signals. The new sign was placed in the correct location immediately after complete.

The safety director also revised and updated all the other diagrams on the units following the regulation and are in place on the unit currently.

Staff have been inserviced on the violation and the corrective action taken. The floor plans will be discussed during routine fire drills by the safety director.

Completion Date: 07/30/2021

Document Submission

Implemented

corrected

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's assessment, dated 2/15/21, does not include the use of an enabler bar for safety.

Plan of Correction

Accept

On 7-7-21 after the violation was found the RN corrected immediately while inspector present.

After the inspection, the RN has reviewed all other RASP to ensure the grab bars are on the appropriate residents plan and who is responsible for checking them, in addition notifying maintenance if any action needs taken if not secured.

Going forward, the RN or designee will review the RASP of any new grab bars added and ensure that a correction/update is added to the RASP.

Staff have been inserviced on this violation and instructed to ensure RN/Administrator is notified of any new grab bars added so that they can be appropriately documented.

Completion Date: 07/23/2021

Document Submission

Implemented

corrected

233a - Lock Approval

1. Requirements

2600.

- 233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

On 7/7/21, the home did not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the electronic card system, used on the exit door from the SDCU adult daycare room to the outside parking lot.

Plan of Correction

Accept

On 7-13-2021 Pennsafe was present to inspect the door. A letter was obtained by them with approval of the electronic card system after [redacted] inspection and drill.

SEE ATTACHED.

Staff have been inserviced on this violation and the corrective action taken.

Going forward, the safety director has reviewed the regulation and will ensure if any new devices are added to our systems that approval/inspection will be obtained at the time of installation.

Completion Date: 07/13/2021

233a - Lock Approval (*continued*)

**Document Submission**  
*documentation provided.*

**Implemented**