Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[redacted], OWNER
[redacted]

RE: PITTSTON HEAVENLY MANOR
51 NORTH MAIN STREET
PITTSTON, PA, 18640
LICENSE/COC#: 21869

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2021, 11/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]
Human Services Licensing Supervisor

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: *PITTSTON HEAVENLY MANOR* **License #:** *21869* **License Expiration:** *12/01/2022*

Address: *51 NORTH MAIN STREET, PITTSTON, PA 18640*

County: *LUZERNE* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *PITTSTON HEAVENLY MANOR INC*

Address: *51 NORTH MAIN STREET, PITTSTON, PA, 18640*

Phone: *5706550272* **Email:** *SEMPEFI92@AOL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/10/1999* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *55* **Waking Staff:** *41*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *11/17/2021*

Inspection Dates and Department Representative

11/16/2021 - On-Site: [redacted]

11/17/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* **Residents Served:** *55*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *51* **Are 60 Years of Age or Older:** *31*

Diagnosed with Mental Illness: *52* **Diagnosed with Intellectual Disability:** *4*

Have Mobility Need: *0* **Have Physical Disability:** *3*

Inspections / Reviews

11/16/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/20/2022*

02/03/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/10/2022*

02/28/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/07/2022*

05/17/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the license inspection summary (LIS) reports dated 4/1/21, 12/06/19, and 10/08/19 posted in the home as required.

Plan of Correction ***Accept***

The resident's and other's remove from tact board continuously. The supervising med tech will check at beginning of shift with count of narcotics and at the end of shift to ensure the papers are in secure site. The count sheet will be turned in to the administrator at the end of one week and continue to repeat the cycle. The administrator will ultimately check every 3 days or sooner if noticed to ensure the paperwork and all tact board information correct.
Completion Date: *01/10/2022*

Document Submission ***Implemented***

The continuing of checking the board daily by the med tech supervisor and the 3 day check by the administrator has been efficient no further activity of removal of papers and not returned to board where they can be seen. continuation of the med tech checking each shift as part of the count and also the administrator checking and ensuring proper papers and updates are presented at all times will continue. it is the administrator responsibility to ensure this is complete and accurate.

20b1 - Financial Records

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The financial transaction record for resident #1 showed that the resident had a balance of [redacted] on hand. The actual amount of money in the resident's account was [redacted].

Plan of Correction ***Accept***

The violation occurred because of error with counting the money. Each resident that still has stimulus money and that does not want it removed from office due to not wanting a bank, no family to hold for them and also the convenience of having it in the facility. Resident #1 does not have family she can trust, has a burial account and has been withdrawing quite a bit of money for various things she wants or needs. In the future when the resident is in the room with administrator, who is the only one that can get near their money, will count it right in front of resident to ensure that the money is correct. The papers are accurate and documented per the exact way of being taught and directions of DHS.
Completion Date: *01/27/2022*

Update: *02/03/2022*

Immediately and Ongoing:
The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

20b1 - Financial Records (continued)

The administrator shall be responsible for ongoing compliance.
Please send/Attach proof of Resident #1's financial transactions. 2-3-2022 - MM

Document Submission ***Implemented***

the proof of the transactions of resident #1 are attached the administrator will continue to count all money on a transaction basis for the residents that have money held in safe each time they withdrawal to ensure there is no error with counting and not just the count out of the money withdrawn at the time.

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background checks for staff person A and staff person B were incomplete as they indicated that the requests were under review and the home did not follow up on the background checks.

Plan of Correction ***Accept***

The violation occurred due the review part was not complete, the timeliness of the reports are hard to receive due to Covid situation. The administrator will have a log and keep track of who needs to have it on file and completed. Currently the papers are submitted to receive the review part and awaiting the results. Staff member B had left in the interm but has now returned after a few months of being gone. The paperwork already submitted and will continue to monitor and if do not receive will call to receive it quicker. in the future the assistant administrator will responsible to make sure list complete in full and the administrator will check until work complete
Completion Date: *01/27/2022*

Update: *02/03/2022*

Please send/Attach Staff person A and B's Criminal Background check. 2-3-2022 MM

Document Submission ***Implemented***

the staff members a and b background checks had to be redone due to the policy of criminal background keeping control on file for only one year. as soon as the review is available the control will be turned in. it is the administrator's responsibility to make sure this is complete.

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/31/21 the staff schedule shows there was only 1 staff person in the home with first aid and CPR certified training from 9pm to 7am. On 11/13/21 the staff schedule shows that there was only 1 person in the home with first aid and CPR certified training from 7pm to 11pm. The home has a census of 55 residents.

63a - First Aid/CPR Training *(continued)*

Plan of Correction ***Accept***

the violation occurred due to the staff member not able to obtain CPR in person or on-line at the time. The rule for facility per head administrator is that the entire staff gets the CPR and First Aid training regardless of what the job title is in the facility. The site given to this staff member for on-line training that they are personally responsible to complete whether on-line or in person. There are places and sites that are appropriate from the red cross to teach and are provided. The resolving to this violation is to ensure that the staff member completes in a timely fashion. If there is a problem with obtaining the card, they need to come to the head administrator to resolve issue and the administrator will ask staff each time until complete or ultimately moved to different time frame and different job until it is done.

Completion Date: *01/27/2022*

Update: *02/03/2022*

Please send/Attach proof of First Aid and CPR training for all staff working at the home. 2-3-2022 MM

Document Submission ***Implemented***

will submit first aid and CPR training to the DHS department

64c - Annual Training

1. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

The home's administrator, staff person C completed only 6 hours of annual administrator training for the 2019 training year.

Plan of Correction ***Do Not Accept***

The violation occurred due to staff member having hours at a different house and not at the current facility working in. There are multiple hours that are for 2020 and 2021 and continuing any education that can be received and still waiting for 6 CEU credits because they are also part nursing and the convention is having a hard time receiving those credits. I am taking the advice from the Inspector for my own binder with my own paperwork and training in to ensure it is in one place at all times and easy to obtain if needed for further references. There will be attachments in the final draft.

Completion Date: *01/27/2022*

Update: *02/03/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction ***Directed***

The administrator is responsible for making sure the monthly training is complete and filed and to prevent this from occurring file each month and pull the next training from book for next month and select a date or dates to complete this and continue in this manor for the year and quarterly head administrator will ask to see completed training for the 3 mths.

DIRECTED - plan of correction:
The home's administrator, [redacted] completed only 6 hours of annual administrator

64c - Annual Training (continued)

training for the 2019 training year.
Staff person C shall complete 6 hours on administrator training for training year 2019 by 6-1-2022. Proof of training shall be sent to the department for review and maintained onsite at the home for review by the department upon request.
2-28-2022 MM

Completion Date: *02/07/2022*

Document Submission ***Implemented***

Staff member C will have a binder with complete training hours and also additional 6 hours of training for the year. The additional 6 is already done and will be submitted to the department for review and other 6 will go with the current years of training. in the future all of the training will be kept in the binder and additional papers will be submitted to other buildings if requested for proof of training needed

87 - Lighting

1. Requirements

2600.
87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The light in the bathroom of resident room # 204 was not functioning properly and therefore there was inadequate lighting for the resident in this bathroom.

Plan of Correction ***Do Not Accept***

The violation occurred due to the light going out as the inspection was occurring and was fixed at the time of the inspection. Staff will continue to check daily for light bulbs in room and in bathrooms and will continue to report as per instructed so it can be fixed if they are unable to do it themselves. future is to continue with daily monitoring and reporting as has been occurring.
Completion Date: *01/27/2022*

Update: *02/03/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction ***Directed***

Staff on floor is responsible for notifying assistant administrator and the maintenance man or trained staff member will fix the lighting depending on level needed. The assistant will check rooms daily to make sure proper functioning of everything and notify maintenance promptly to ensure all is fixed and functioning properly. The maintenance department will directly notify the supervisor and document in maintenance book when occurred and when completed. The head of administration will check that this is completed.

DIRECTED - plan of correction:
The administrator or designee shall check lighting throughout the home weekly X's 3 months to ensure that all lighting is working properly. If lighting is not working properly, the administrator or designee shall have the lighting fixed immediately. The administrator

87 - Lighting (continued)

shall monitor and ensure ongoing compliance.

2-28-2022 MM

Completion Date: *02/16/2022*

Document Submission ***Implemented***

The lighting and other fixtures are being monitored on a weekly basis by assistant administrator and checked every 2 weeks by administrator for ongoing compliance. initiating a maintenance log that needs to be addressed daily and as needed by maintenance staff member.

89b - Hot Water Temperature

1. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The following water temperature measurements were taken during the home's physical site inspection:
First floor women's bathroom--130°
First floor men's bathroom--126°
Room 204 bathroom--130°

Plan of Correction ***Accept***

The violation occurred because water was too warm which occurs in am at times when no one has really used water in showers and sinks except for cleaning on 11-7am shift, The water temperature was decreased a small amount at the boiler and the temperature is satisfactory at this time. The future temps will have to be checked at least early am daily x 4 weeks to ensure it remains level and does not turn too cold for the residents. The administrator will monitor and record

Completion Date: *01/27/2022*

Document Submission ***Implemented***

The temperature continues to be checked and between 110-115 degrees this is acceptable for the residents. The residents do not mind the temperature change. It is checked at various areas of the building to ensure that the water remains warm and not cold.

102k - No Common Towel

1. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

The bathrooms in resident rooms 304 and 307 did not have paper towels, a hand drying mechanism, or individual towels labeled with the resident's names.

Plan of Correction ***Accept***

The resident have their own towels. They were not labelled with their names. The correction is to put names and bedroom number for all towels again. the assistant administrator will get during rounds to ensure this is complete. the administrator will check weekly to ensure it is completed

Completion Date: *01/27/2022*

102k - No Common Towel *(continued)*

Update: *02/03/2022*

Document Submission ***Implemented***

The residents have their own towels and washcloths in the rooms. they use them in bathroom and bring back to their room. The names and numbers have been added to their towels to ensure the other residents do not take them.

141a - Medical Evaluation

1. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home on [redacted]. The resident's DME dated [redacted] was not completed within 60 days prior to the resident's admission. The resident's DME dated [redacted] was not completed within 30 days of the resident's admission.

Plan of Correction ***Accept***

The violation occurred due to the Covid and trying to have the resident's evaluated and addressed properly with also a change of doctors that come to this particular building. The two doctor's came in and seen who they needed and house doctor remains to see few and also resident's are seen at Geisinger [redacted]. There is a list of who is seen when and when to start to obtain an appointment for the resident to have yearly check up. The current date on all of the DME's are as they stand and will be continued to follow through with the current doctor. This is also monitored in weekly chart audits by Administrator

Completion Date: *01/27/2022*

Update: *02/03/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Document Submission ***Implemented***

The responsibility is the administrator checking the charts in the beginning of the month to make sure the DME's are completed in a timely fashion. A list will be made each month to aide this process. The administrator is responsible for fixing this problem and ensure that it does not reoccur. The chart checks are already in progress and will remain as part of the administrator's routine. the assistant administrator will also recheck to make sure this is completed

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The documentation of medical evaluation (DME) forms dated [redacted] and [redacted] for resident #2 did not list the resident's weight.

Plan of Correction ***Accept***

The resident is able to stand and walk with a rollator walker and transfer and dress self. The resident will be weighed appropriately on a standup scale and reported to MD. The md needs to correct the DME and I can resubmit the corrected DME. The administrator will be looking at this during weekly chart audits.

Completion Date: *01/27/2022*

Update: *02/03/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Document Submission ***Implemented***

The med tech supervisor during the day will be responsible that these weights are obtained for the md in the beginning of the month and that if there is need for a different type of way needed to obtain weight to make md aware and also the administrator in order to be able to correct the problem. The monitoring and ensure of compliance will be the administrator and this is ongoing at this time and will continue to be monitored

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The medication [redacted] was found in the cart for resident #4 and the medication expired 9/1/21. Also, the resident did not have a current physician's order for this medication.

Plan of Correction ***Accept***

The violation was putting all meds received from VA center in the cart and not removing the one that was no longer part of the medication regimen according to the updated medication log received from VA. The future every Wednesday is new cycle of medications. All of the meds will be checked against the MAR to ensure that all meds removed or added as appropriate and a double check by each shift and also and also checked when the two days for refills are being done. The administrator/ also med trainer will be in random times once a week to ensure it is being followed through

Completion Date: *01/27/2022*

183d - Prescription Current *(continued)*

Document Submission ***Implemented***

The ongoing check by the med tech trainer and administrator to ensure all meds are accurate and not expired also that prescriptions that have been discontinued are not left in the med cart. This check is done every 2 weeks. The 7-3 med tech checks weekly to make sure all revolving meds are received and correct, and each med tech is responsible to make sure all meds are accounted for and received on their shift.

187a - Medication Record

1. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

The medications [redacted] *were not found in the cart for resident #4 but were marked as administered on the resident's medication administrator record (MAR) for 11/17/21.*

Plan of Correction ***Accept***

Post the inspection the resident was having a delivery for pepcid and the cream was at bedside in drawer and was supposed to be brought to staff to get a bedside order because the resident was capable of self-administration of creams. It was documented and Va was called for further, ultimately resident was admitted from VA a couple days later from a visit to wound care due to not feeling well. The resident went to rehab and then passed unexpectedly last week, unfortunately not able to complete the MAR because of being out of facility. In future, explanation will be given that anything OTC or may think they would commonly take at home will be addressed before they are even settled in room to ensure all orders are properly in place and paperwork for correct self-administration or proper application of cream can be observed and documented according to Med administrator rules. in future this med admin teacher will ensure this is complete on admission.

Completion Date: *01/27/2022*

Update: *02/03/2022*

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Document Submission ***Implemented***

The med tech is responsible for making sure all meds are correct and at the facility in a timely fashion. The med

187a - Medication Record (continued)

tech will make sure all medication is in medication room until further addressed by MD, if the resident wants certain creams at bedside and an eval of self-administration to ensure the resident is capable of doing so. the med trainer is responsible in fixing the problem and will review rules with the med techs for future meetings and monitor with weekly medication cart check this is in compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 has physician's orders for [redacted] 1 tablet twice per day and [redacted] cream topically twice per day. The medications were not available in the cart and therefore were not administered on 11/17/21.
Resident #5 has a sliding scale order for insulin to be taken before meals. On 11/12/21 the lunch time reading was 241 requiring 4 units of insulin. No units of insulin were administered.
Resident #6 has a sliding scale order for insulin to be taken before meals and at bedtime. On 11/12/21 the 8pm reading was 188 requiring 2 units of insulin. No units of insulin were administered.

Plan of Correction ***Accept***

These errors occurred due to the med tech not having medication on hand due to the refill not there. The error reported to appropriate md, no changes at this time, The error was identified and reported the day of inspection. The medication missing received refills the pm of inspection. the plan to correct is the retraining of time sensitivity of medication and steps to ensure med is available/and md aware when the medication is not there. The medication trainer reviewed with staff and the med trainer will continue to monitor progress of same with evaluations. The administrator will check weekly on med rotation for weekly meds to ensure all meds are in cart. The meds will continue to be checked 2xs a week for refills by day shift med tech and as needed by all shifts.
The md notified of error for all insulin not recorded on medication sheets for resident #5 and resident #6, no new orders at the time reported, which was the day of inspection. The med techs were reviewed documentation and protocol regarding medication administration and proper documentation for the same. The MAR and accu checks will be reviewed weekly by assistant administrator and then follow up with administrator/med trainer checking accu checks and administration of insulin bi weekly to ensure compliance.
Completion Date: *02/02/2022*

Document Submission ***Implemented***

The ongoing weekly check of medication log with meds is keeping in compliance with medication, the assistant will continue to check weekly and meds will continue to be ordered 2xs a week and as needed. The administrator/med trainer will continue to check the med log bi-weekly.