

Department of Human Services
Bureau of Human Service Licensing

May 30, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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* License #: *23119* License Expiration: *03/26/2023*
Address: *110 EAST FOURTH STREET, EMPORIUM, PA 15834*
County: *CAMERON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/17/1972* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/26/2022*

Inspection Dates and Department Representative

01/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* Residents Served: *6*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

01/26/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/01/2022*

Inspections / Reviews (*continued*)

05/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/19/2022*

05/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's quality management plans states that the home will conduct a quality management meeting quarterly. The home has not conducted a quality management meeting since January 2020. The home's administrator stated that a meeting has not been conducted due to the COVID-19 pandemic.

Plan of Correction**Accept**

This violation occurred because during the COVID-19 pandemic all meetings were postponed until further notice. PCHA did not realize meetings could be started again until it was mentioned by the auditor.

The PCHA established a quality management team consisting of two staff members and the PCHA. The quality management team will meet each quarter to review and assess incidents for solutions that are sustainable. The PCHA will monitor for compliance.

Completion Date: 04/28/2022**Update:** 05/12/2022

Please submit a copy of the most recent meeting minutes as evidence of compliance in Step 2 by e mail or via the portal.

AG, 5-12-22

Document Submission**Implemented**

Please submit a copy of the most recent meeting minutes as evidence of compliance in Step 2 by e mail or via the portal.

AG, 5-12-22

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 utilizes a bed cane. At time of inspection, the resident's bed cane was uncovered, posing a possible safety hazard to the resident.

Plan of Correction**Accept**

The staff and the PCHA thought the resident's bed cane was small enough that [REDACTED] couldn't harm herself. When it was discovered that the bed cane itself was unacceptable on January 27, 2022 the staff did cover the bed cane with a cloth covering. The staff will monitor the bed cane daily to ensure the cover is on the bed cane and in good working order. From this point on we have made a policy that any bed cane that is used in the facility must be covered. The PCHA will monitor for compliance.

Completion Date: 04/28/2022**Update:** 05/12/2022

Please submit a photo as evidence of compliance via e mail or the Portal.

AG, 5-12-22

81b - Resident Personal Equipment (continued)

Document Submission

Implemented

Please submit a photo as evidence of compliance via e mail or the Portal.
AG, 5-12-22

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 10/27/2020.

Plan of Correction

Accept

This violation was due to the COVID-19 pandemic and the lock down situation. The PCHA was informed that the waiver for fire drills had expired in December of 2021. On January 27, 2022 the PCA contacted the local fire department and talked to Chief Adam Johnson to schedule an observed fire drill and a fire safety inspection. The observed fire drill and the fire safety inspection was held February 11, 2022.

Completion Date: 04/28/2022

Update: 05/12/2022

Please submit a copy of the letter in Step 2 as evidence of compliance. You may send in the portal or to me in an e mail.

AG, 5-12-22

Document Submission

Implemented

Please submit a copy of the letter in Step 2 as evidence of compliance. You may send in the portal or to me in an e mail.

AG, 5-12-22

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill conducted on 12/30/21 at 2:01pm, with a recorded time of 2 minutes 33 seconds.

Plan of Correction

Accept

On February 11, 2022 Fire Chief [REDACTED] held a fire safety inspection. Because of the extra fire equipment installed in the building when it was built (ex: sprinkler system, Grumen fire alert system) [REDACTED] gave the facility an evacuation time of 5 minutes. The administrator will monitor all fire drills and schedule the fire safety checks and observed fire drills annually.

Completion Date: 04/28/2022

132d - Evacuation (continued)

Update: 05/12/2022

Please send in a copy of the fire safety letter via the Portal or to me in an e mail as evidence of compliance.
AG, 5-12-22

Document Submission**Implemented**

Please send in a copy of the fire safety letter via the Portal or to me in an e mail as evidence of compliance.
AG, 5-12-22

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #2 is assessed the self-administer medications without assistance. At time of inspection, Resident #2's medications were unlocked and accessible on a countertop in his/her bedroom. Resident #2 stated that he/she does not store these medications in a locked area and he/she does not lock the bedroom door when not in the bedroom.

Plan of Correction**Accept**

Resident #2 was admitted as a short term stay and ■ wished to administer ■ own medications. PCA explained to ■ that ■ would have to get ■ a lock box to keep ■ medications in or lock ■ apartment door every time ■ left it. It was discovered by the PCA that the resident did not obtain a lock box and was not locking ■ door when ■ left ■ room. The PCA obtained a lock box for ■ medications and ensured ■ medications were locked in said box. The PCA monitored this until ■ was discharged to ■ home. To prevent this from happening again the PCH will provide a lock box for any resident who wishes to self-administer; and monitor for compliance.

Completion Date: 04/28/2022

Update: 05/12/2022

Please submit a photo of the lock box as evidence of compliance.
AG, 5-12-22

Document Submission**Implemented**

Please submit a photo of the lock box as evidence of compliance.
AG, 5-12-22

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

The home's controlled substance policy requires that the on-coming and off-going Med Techs count the narcotic medications and sign off on this count at the time of the count. On 1-26-22, Staff Person A signed the home "Controlled Substances Count" sheet before they participated in the count as the off-going Med Tech.

Plan of Correction**Accept**

This violation was due to staff not following the rules. A new policy has been written for signing on and off of controlled substance counts and is posted near the medication cart. It reads as follows: All countable substances

185a - Implement Storage Procedures (continued)

will be counted at the beginning of each shift. There shall be two staff present when the count occurs. Each staff person will verify that the count is correct. On coming staff will sign the "On coming staff" column only; at the same time the Off going staff will sign the "Off going staff" column. The cycle will repeat at the beginning of each shift. Staff has been reeducated on the updated policy. The administrator will monitor for compliance.

Completion Date: 04/28/2022

Update: 05/12/2022

Please submit a copy of the updated policy, the signed training sheets, and a recent copy of a count sheet as evidence of compliance.

AG, 5-12-22

Document Submission**Implemented**

Please submit a copy of the updated policy, the signed training sheets, and a recent copy of a count sheet as evidence of compliance.

AG, 5-12-22

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:

Description of Violation

Staff person A stated that he/she administered the 8:00 am medications for Resident #3 and Resident #4. However, Staff person A did not initial the residents' medications records to indicate that these medications were administered.

Plan of Correction**Accept**

Staff member A has been re-educated on medication administration and documentation. All staff have been re-educated to sign the MAR immediately after medication administration of each individual resident. To prevent this from happening again the PCA will monitor the MAR for compliance.

Completion Date: 04/28/2022

Update: 05/12/2022

Please send in a copy of the re-education documentation, the signed training sheet, and a recent audit sheet to show evidence of compliance.

AG, 5-12-22

Document Submission**Implemented**

Please send in a copy of the re-education documentation, the signed training sheet, and a recent audit sheet to show evidence of compliance.

AG, 5-12-22