

Department of Human Services  
Bureau of Human Service Licensing

July 9, 2022

[REDACTED], ADMINISTRATOR

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2022 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

Inspections / Reviews (*continued*)

05/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/01/2022*

06/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/29/2022*

07/09/2022 - 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 License Inspection Summary (LIS) dated 03/30/2021 was not posted in the home as required.

Plan of Correction

Do Not Accept

2021 Inspection Summary was posted on our bulletin board on 03/08/2022.

Completion Date: 05/16/2022

Update: 05/27/2022

Please include in all plans of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

5-27-2022 MM

Plan of Correction

Accept

2021 Inspection Summary was posted on our bulletin board on 03/08/2022.

The Administrator is responsible to fix this problem and post future Licensing Inspection Summary reports. Mr. Verrol Soleyn, the new Head Administrator, is responsible and he will check this monthly for the next 6 months to make certain the summary remains posted and updated (03-08-2022).

Completion Date: 06/22/2022

Document Submission

Implemented

2021 Inspection Summary was posted on our bulletin board on 03/08/2022.

The Administrator is responsible to fix this problem and post future Licensing Inspection Summary reports. Mr. Verrol Soleyn, the new Head Administrator, is responsible and he will check this monthly for the next 6 months to make certain the summary remains posted and updated (03-08-2022).

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 batteries for the carbon monoxide monitor installed in the kitchen to monitor the gas fired stove were not dated when the batteries were installed.

Plan of Correction

Do Not Accept

Batteries for the CO2 detectors were replaced with new ones and dated on the outside of the detector for 03/08/2022.

Completion Date: 05/16/2022

18 - Compliance With Laws (continued)

Update: 05/27/2022

Please include in all plans of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

5-27-2022 MM

Plan of Correction

Accept

Batteries for the CO2 detectors were replaced with new ones and dated on the outside of the detector for 03/08/2022.

The Administrator is responsible for fixing this problem.. The new Administrator, [REDACTED], will insure that all CO2 monitors are checked monthly, as part of the monthly fire drill process. [REDACTED] will make certain that battery dates are properly dated. This is effective immediately and will continue throughout the year every month. (03-08-2022). The Administrator will monitor ongoing compliance.

Completion Date: 06/22/2022

Update: 06/22/2022

Please attach picture of compliance.

Document Submission

Implemented

Batteries for the CO2 detectors were replaced with new ones and dated on the outside of the detector for 03/08/2022.

The Administrator is responsible for fixing this problem.. The new Administrator, Mr. Verrol Soleyn, will insure that all CO2 monitors are checked monthly, as part of the monthly fire drill process. He will make certain that battery dates are properly dated. This is effective immediately and will continue throughout the year every month. (03-08-2022). The Administrator will monitor ongoing compliance.

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 home did not have a fire drill supervised by a fire safety expert completed by 12/31/21 as required.

Plan of Correction

Do Not Accept

Supervised fire drill conducted in the afternoon of 03/08/2022. The fire drill was supervised by Northumberland Fire Chief, [REDACTED].

Completion Date: 05/16/2022

132b - Safety Inspection/Fire Drill (continued)

Update: 05/27/2022

Please include in all plans of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

5-27-2022 [REDACTED]

Plan of Correction

Accept

Supervised fire drill conducted in the afternoon of 03/08/2022. The fire drill was supervised by Northumberland Fire Chief, [REDACTED].

The Administrator is responsible for fixing this problem and did so on 03-08-2022. Going forward, the new Administrator, [REDACTED], will make certain that we complete a monitor once a year fire drill and will record this event and have signed off by the Fire Chief. (03-08-2022)

Completion Date: 06/22/2022

Update: 06/22/2022

Please attach proof of fire safety inspection and fire drill conducted by a fire safety expert.

Document Submission

Implemented

Supervised fire drill conducted in the afternoon of 03/08/2022. The fire drill was supervised by Northumberland Fire Chief, [REDACTED].

The Administrator is responsible for fixing this problem and did so on 03-08-2022. Going forward, the new Administrator, [REDACTED], will make certain that we complete a monitor once a year fire drill and will record this event and have signed off by the Fire Chief. (03-08-2022)

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

Description of Violation

Staff person A’s last annual practicum completed for medication technician training was [REDACTED]. Staff person A did not have an annual practicum completed in 2021.

Staff person B’s last annual practicum completed for medication technician training was [REDACTED]. Staff person B did

182b - Prescription Medication (continued)

not have an annual practicum completed in 2021.

Staff person C's last annual practicum completed for medication technician training was 02/2021. Staff person C did not have an annual practicum completed by 02/2022.

Plan of Correction

Do Not Accept

Staff A- brought current reviewed/completed 3/9/2022.

Staff B - brought current 3/14/2022, had been off sick.

Staff C - brought current on 3/9/2022.

Spreadsheet done to be able to monitor/complete.

Completion Date: 05/16/2022

Update: 05/27/2022

Please include in all plans of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

5-27-2022 MM

Plan of Correction

Accept

Staff A- brought current reviewed/completed 3/9/2022.

Staff B - brought current 3/14/2022, had been off sick.

Staff C - brought current on 3/9/2022.

Spreadsheet done to be able to monitor/complete.

Our Meical Care Manager, [REDACTED], RN, is responsible for fixing this problem. [REDACTED] completed the training for Staff person A, B, and C. [REDACTED] is responsible to monitor and make certain that this training is completed yearly by all med-techs. [REDACTED] will keep a record of training for the coming year.

Completion Date: 06/22/2022

Update: 06/22/2022

Please send proof of staff person's A, B and C's medication training.

Document Submission

Implemented

Staff A- brought current reviewed/completed 3/9/2022.

Staff B - brought current 3/14/2022, had been off sick.

Staff C - brought current on 3/9/2022.

Spreadsheet done to be able to monitor/complete.

Our Meical Care Manager, [REDACTED], RN, is responsible for fixing this problem. [REDACTED] completed the training for Staff person A, B, and C. [REDACTED] is responsible to monitor and make certain that this training is completed yearly by all med-techs. [REDACTED] will keep a record of training for the coming year.