

Department of Human Services
Bureau of Human Service Licensing

July 11, 2022

[REDACTED]
NORTH PENN MANOR, INC.
240 NORTH SHERMAN STREET
WILKES-BARRE, PA, 18702

RE: NORTH PENN MANOR
240 NORTH SHERMAN STREET
WILKES-BARRE, PA, 18702
LICENSE/COC#: 22032

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2022 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: *NORTH PENN MANOR* License #: *22032* License Expiration: *10/08/2022*
Address: *240 NORTH SHERMAN STREET, WILKES BARRE, PA 18702*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *NORTH PENN MANOR, INC.*
Address: *240 NORTH SHERMAN STREET, WILKES-BARRE, PA, 18702*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *05/31/1990* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Working Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *03/15/2022*

Inspection Dates and Department Representative

03/15/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *53*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

03/15/2022 - Partial

Lead Inspector [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2022*

Inspections / Reviews (*continued*)

05/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2022*

05/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2022*

07/11/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] /22, at [redacted] am, resident #1 had a unwitnessed fall in their bedroom and was sent out to the hospital [redacted] [redacted] /22. The home did not report this incident to the department until [redacted] /22.

Plan of Correction

Do Not Accept

On the date of the incident, [redacted] 22, the administrator was out sick for a few days. When [redacted] came back to work [redacted] had forgotten to submit an incident report for [redacted]. It was just an oversight. When it was brought [redacted] attention on [redacted] /22 [redacted] immediately submitted the incident report. It is attached. The administrator will ensure that reportable incidents are timely in the future and will monitor on an ongoing basis.

Completion Date: [redacted] 2022

Update: 05/09/2022

Please use Resident # "X" when responding to Plans of Correction.

Please address how the home will respond to the 24/7 requirement in the future, including nights, weekends and holidays. The home must have policies and procedures in place to address 24/7 reporting of Reportable Incidents.

This must also include updated training of ALL staff of all 19 events that are to be reported to the Regional Office so that when an event occurs, any staff on duty at any time knows if they see something they have to tell someone so it can be reported on time.

Plan of Correction

Accept

On the date of the incident, [redacted] 22, the staff member followed procedure and called the administrator at [redacted] am to report that the resident had fallen and that [redacted] had been sent out to the hospital. The staff member gave a detailed report to the administrator so that the administrator could send in the reportable incident form. However, the administrator had forgotten to send out the reportable incident in a timely manner. When it was brought to [redacted] attention on [redacted] /22 [redacted] immediately submitted the incident report. It is attached. The administrator will ensure that reportable incidents are timely in the future and will monitor on an ongoing basis

Completion Date: 03/15/2022

Update: 05/30/2022

Verifications submitted in Step 1 and approved. Please tell me that in Step 2.

[redacted], 5-30-22

Document Submission

Implemented

On the date of the incident, [redacted] /22, the staff member followed procedure and called the administrator at [redacted] am to report that the resident had fallen and that [redacted] had been sent out to the hospital. The staff member gave a detailed report to the administrator so that the administrator could send in the reportable incident form. However, the administrator had forgotten to send out the reportable incident in a timely manner. When it was brought to [redacted] attention on [redacted] /22 [redacted] immediately submitted the incident report. It is attached. The administrator will ensure that reportable incidents are timely in the future and will monitor on an ongoing basis

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

The resident assessment support plan (RASP) for resident #1, dated [redacted]/22, indicates the resident has a need for PT/OT. The resident's support plan does not document how this need will be met.

Plan of Correction

Do Not Accept

On [redacted]/22 the PCA Supervisor attached the support plan addendum for [redacted] in [redacted] chart indicating the detailed physical therapy [redacted] was receiving from CIP Rehab beginning [redacted]/22. The administrator will ensure that this information is included in each residents support plan as needed and will monitor this regulation on an ongoing basis.

Completion Date: 03/15/2022

Update: 05/09/2022

Please use Resident # "X" when responding to Plans of Correction.

The POC must include a process for communicating up and down the chain of command so staff may report observed changes, improvements or declines, as well as services to all care providers involved in resident care.

In order to meet resident's' needs and keep staff up to date, a comprehensive communication plan must exist and function well in the home. Please describe how this will be implemented, if not already in place, and how it will function in your home.

[redacted] 5-9-22

Plan of Correction

Accept

On [redacted] 22 the staff reported to the supervising PCA and the administrator that the resident may benefit from physical therapy so the physician was notified and [redacted] put in an order for physical therapy which began on [redacted]/22. This information was documented in the shift notes which are shared between staff and supervisors. All staff were aware that the resident was receiving physical therapy, however, it was never documented on [redacted] RASP. When it was brought to our attention on [redacted]/22 the PCA Supervisor attached the support plan addendum for the resident in [redacted] chart indicating the detailed physical therapy [redacted] was receiving from CIP Rehab beginning [redacted] 22. The administrator will ensure that the shift notes are reviewed and updates are transferred into the RASP addendums on a monthly basis and will monitor this regulation on an ongoing basis.

Completion Date: 03/15/2022

Update: 05/30/2022

Verifications submitted in Step 1 and approved. Please tell me that in Step 2.

[redacted] 5-30-22

Document Submission

Implemented

On [redacted]/22 the staff reported to the supervising PCA and the administrator that the resident may benefit from physical therapy so the physician was notified and [redacted] put in an order for physical therapy which began on [redacted]/22. This information was documented in the shift notes which are shared between staff and supervisors. All staff were aware that the resident was receiving physical therapy, however, it was never documented on [redacted] RASP. When it was brought to our attention on [redacted]/22 the PCA Supervisor attached the support plan addendum for the resident in

227d - Support Plan Medical/Dental (continued)

■■■ chart indicating the detailed physical therapy ■■■ was receiving from CIP Rehab beginning ■■■/22. The administrator will ensure that the shift notes are reviewed and updates are transferred into the RASP addendums on a monthly basis and will monitor this regulation on an ongoing basis.