

Department of Human Services
Bureau of Human Service Licensing

July 15, 2022

[REDACTED], COO

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 03/15/2022, 03/16/2022, 03/17/2022 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 - PUBLIC

Facility Information

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

Administrator

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

Legal Entity

Name: *CHRIST THE KING MANOR INC*
Address: *P.O. BOX 448, DUBOIS, PA, 15801*
Phone: [REDACTED] 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: *73* Waking Staff: *55*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *03/17/2022*

Inspection Dates and Department Representative

03/15/2022 - On-Site: [REDACTED]
03/16/2022 - On-Site: [REDACTED]
03/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *ALZ Unit* Capacity: *20* Residents Served: *18*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

03/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2022*

Inspections / Reviews (*continued*)

04/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *04/27/2022*

05/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

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

07/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 1/14/22, staff person A, [REDACTED], was notified of an allegation of abuse involving staff person B and staff person C. This allegation was reported to the local Area Agency on Aging and The Department. However, staff person B and staff person C continued to provide unsupervised direct care to residents, including resident #1, on multiple occasions to include:

11:00 p.m. to 7:00 a.m. on 1/16/22, 1/19/22, 1/23/22, 1/24/22, 1/26/22 and 1/27/22.

Plan of Correction

Accept

Plan of supervision has been lifted, allegation unsubstantiated 3/17/2022.

Administrator educated that Plan of Supervision must be submitted and must be approved by the department before being implemented. Going forward the administrator will be responsible to ensure that if there is an allegation of abuse, the employee is either suspended immediately or a plan of supervision is developed immediately and submitted to the department for approval immediately, prior to implementing it.

Completion Date:

03/17/2022

Education was provided to the Administrator regarding the process of providing a plan of supervision and the process of approval on 3/17/2022.

Completion Date: 03/17/2022

Document Submission

Implemented

Documents attached what Administrator was educated with

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/15/22, the temperature in the reach in cooler measured 45 degrees Fahrenheit at 10:55 a.m. and 42 degrees Fahrenheit at 3:15 p.m..

Plan of Correction

Accept

Thermometers have been placed inside the refrigerators/freezers and are being checked twice daily. We are also doing weekly audits of the thermometers in the refrigerators/freezers to ensure they are working properly. The director of food services will be responsible to ensure these are being completed as proposed.

Completion Date:

03/17/2022

Dietary staff will be re-educated of the importance of the temperatures of the refrigerators/freezers being maintained at their expected temperatures and the importance of monitoring them regularly. The dietary director will be

103f - Refrigerator/Freezer Temps (continued)

responsible to ensure that all staff are educated on this by May 15, 2022.

Completion Date: 05/15/2022

Document Submission

Implemented

Documents attached- These were the sheets started and have been continued to be used in dietary

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/15/22, there was a 1 inch layer of lint in the industrial lint trap of dryer #2.

Plan of Correction

Accept

Dryers were cleaned out immediately. Safety director or designee will inspect daily at random times. Education was conducted with facility staff to clean all dryers lint traps every hour. The safety director or designee will monitor the dryer lint traps daily for four weeks, then twice a week for two weeks and monthly for three months.

Completion Date:

03/17/2022

Education was provided to staff immediately on 3/17/2022 by the safety director.

Completion Date: 03/17/2022

Document Submission

Implemented

Documents attached- We began these and continue to do these

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 3/16/22, resident #4's [redacted] did not have a pharmacy label.

On 3/16/22, resident #2's [redacted] insulin injector pens did not have pharmacy labels.

Resident #4 is prescribed [redacted] - take one by mouth daily. However, the resident's pharmacy label indicates: [redacted] - take one tablet by mouth every day with supper.

184a - Labeling OTC/CAM (continued)

Plan of Correction

Accept

Monthly medication audits will be completed on all medication carts, verifying that the residents name, medication name, date of the prescription, dosage, instructions, name and title of the prescriber all match from the MAR to the medication label. These will be completed by the last day of each month and turned into the administrator for review. The administrator and resident care coordinator will work together to ensure that these audits are completed on a monthly basis. All discrepancies will be reconciled immediately. We will begin these medication cart audits in April 2022.

Completion Date:

04/30/2022

Staff will be re-educated on the importance of the 5 rights of medication administration, which coincide with ensuring that the medication labels match the MAR. Staff will also be re-educated on the importance of verifying that the MAR matches the doctor order and the label and when it does not, what steps need to be taken to ensure it is corrected immediately. The Administrator and Resident Care Coordinator will be responsible for this education and it will be completed by May 15, 2022.

Completion Date: 05/15/2022

Document Submission

Implemented

Documents attached- Re-education provided with the attached, Monthly audit sheets used to identify any concerns

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

On 3/15/22, the interior double glass doors at the administration entrance were locked using a magnetic locking system which prevents egress from the home unless a red button labeled "Push to Exit" is pressed or a key FOB is engaged.

Multiple personal care residents were observed attempting to independently exit the building through this door; however, resident #2 and resident #3 were unable to independently exit through this door.

Repeat Violation: 7/7/21

Plan of Correction

Accept

The magnetic locks on Door #1 was disabled immediately. A motion sensor was ordered for this door. The motion sensor will be installed on April 14, 2022. The door will then be inspected per regulation requirement by the required parties and it will be documented per regulation requirement and filed in our regulatory survey binder for future inspections. The safety director is responsible to ensure that all work is completed and all documentation is collected and filed appropriately by the proposed completion date.

Completion Date:

04/30/2022

121b - Locking Device Approval (continued)

The Safety director or designee is responsible for daily monitoring of the home for blocked egresses and will keep a daily log. Any issues will be documented and corrected immediately. This process will begin immediately.

Completion Date: 04/26/2022

Document Submission

Implemented

Documents attached