

Department of Human Services
Bureau of Human Service Licensing

August 25, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: SCHREFFLER MANOR
200 RACHEL DRIVE
PLEASANT GAP, PA, 16823
LICENSE/COC#: 25634

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2022, 04/13/2022 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

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SCHREFFLER MANOR* License #: *25634* License Expiration: *05/10/2022*
Address: *200 RACHEL DRIVE, PLEASANT GAP, PA 16823*
County: *CENTRE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/09/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *04/13/2022*

Inspection Dates and Department Representative

04/12/2022 - On-Site: [REDACTED]
04/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

04/12/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/02/2022*

07/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/20/2022*

08/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 home did not change and date the batteries in the homes CO2 monitor located in the kitchen. The batteries were dated 12/17/19. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked/changed annually and dated when that occurs.

Plan of Correction

Accept

This regulation is important as it ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 2600. The batteries in the CO2 monitor were changed immediately. A list of monitors is to be kept by the maintenance department with battery change dates documented. The administrator/designee will monitor for continued compliance.

Completion Date: 04/13/2022

Document Submission

Implemented

This regulation is important as it ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 2600. The batteries in the CO2 monitor were changed immediately. A list of monitors is to be kept by the maintenance department with battery change dates documented. The administrator/designee will monitor for continued compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

20b2 - Access to Money

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

2. Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Description of Violation

During conversation with Staff C, it was stated that when a resident requests money from their interest-bearing account, Staff C will request the money from the corporate office and a check will be cut for the resident within 48 hours.

Plan of Correction

Accept

This regulation is important as it ensures that resident funds managed by the home are available to residents within a reasonable timeframe. Resident fund requests up to \$50 are available immediately during normal business hours. The corporate office will disburse resident fund requests over \$50 within 24 hours of the resident's request. Administrator/designee will monitor for continued compliance.

Completion Date: 04/15/2022

Document Submission

Implemented

This regulation is important as it ensures that resident funds managed by the home are available to residents within a reasonable timeframe. Resident fund requests up to \$50 are available immediately during normal business hours. The corporate office will disburse resident fund requests over \$50 within 24 hours of the resident's request. Administrator/designee will monitor for continued compliance.

20b2 - Access to Money (continued)

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff A was hired on [REDACTED]. The home did not have documentation that staff person A has a GED, high school diploma or active registry status on the Pennsylvania nurse aide registry. Staff person A provides direct care to residents.

Plan of Correction

Accept

This regulation is important as it ensure that direct care staff have the education and ability required to perform job specific duties specified by the home, including activities of daily living. Staff A's diploma was received and place in her employee file.

Completion Date: 04/18/2022

Document Submission

Implemented

This regulation is important as it ensure that direct care staff have the education and ability required to perform job specific duties specified by the home, including activities of daily living. Staff A's diploma was received and place in her employee file.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED], and Staff person B, whose first day of work was [REDACTED], did not receive orientation on training topics #1 through 7.

Plan of Correction

Accept

This regulation is important as it ensures all staff persons are immediately trained to respond to an emergency situation. Staff person A and Staff person B were each trained on topics 1-7 on their first day of work, however, the training was not documented. Both staff members were re-trained on topics1-7 on 4/14/22. To ensure compliance all staff records were reviewed for accurate training documentation. The administrator/designee will review new hire documentation to ensure training requirements are complete and documented.

Completion Date: 04/14/2022

Document Submission

Implemented

This regulation is important as it ensures all staff persons are immediately trained to respond to an emergency situation. Staff person A and Staff person B were each trained on topics 1-7 on their first day of work, however, the training was not documented. Both staff members were re-trained on topics1-7 on 4/14/22. To ensure compliance

65a - FS Orientation 1st Day (continued)

all staff records were reviewed for accurate training documentation. The administrator/designee will review new hire documentation to ensure training requirements are complete and documented.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed their 40th scheduled hour on [REDACTED] and Staff person B completed their 40th scheduled hour on [REDACTED]. However, these staff members did not complete training in topics #1 through 4.

Plan of Correction

Accept

This regulation is important as it ensures all staff persons working in the are familiar with residents right, mandated reporting, and the procedures for responding to a medical emergency. Staff person A and Staff person B were each trained on topics 1-4 on within 40 hours, however, the training was not documented. Both staff members were re-trained on topics 1-4 on [REDACTED]. To ensure compliance all staff records were reviewed for accurate training documentation. The administrator/designee will review new hire documentation to ensure training requirements are complete and documented.

Completion Date: 04/14/2022

Document Submission

Implemented

This regulation is important as it ensures all staff persons working in the are familiar with residents right, mandated reporting, and the procedures for responding to a medical emergency. Staff person A and Staff person B were each trained on topics 1-4 on within 40 hours, however, the training was not documented. Both staff members were re-trained on topics 1-4 on [REDACTED]. To ensure compliance all staff records were reviewed for accurate training documentation. The administrator/designee will review new hire documentation to ensure training requirements are complete and documented.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in room #'s 409 and 505.

Plan of Correction

Accept

Emergency telephone numbers were posted by the phones in room 409 and 505. Rooms are to be checked monthly to ensure the numbers are in place. Administrator/designee will monitor to ensure compliance

Completion Date: 04/18/2022

91 - Telephone Numbers (continued)

Document Submission **Implemented**

Emergency telephone numbers were posted by the phones in room 409 and 505. Rooms are to be checked monthly to ensure the numbers are in place. Administrator/designee will monitor to ensure compliance

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in room numbers 409, 505, and 210 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction **Accept**

Lamps were placed at bedside. Rooms are to be checked monthly to ensure placement of bedside lamps. Administrator/designee will monitor to ensure compliance.

Completion Date: 04/15/2022

Document Submission **Implemented**

Lamps were placed at bedside. Rooms are to be checked monthly to ensure placement of bedside lamps. Administrator/designee will monitor to ensure compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The freezer located in the kitchen had a package of waffles without a date. The walk-in refrigerator had 1 pound package of sliced ham that expired on 4/10/22.

Plan of Correction **Accept**

This regulation is important as it ensure that food is safe for use. The expired and undated food was immediately removed. Weekly audits of food storage areas are completed to ensure all food items are labeled and dated. Administrator/designee will monitor to ensure compliance

Completion Date: 04/18/2022

Document Submission **Implemented**

This regulation is important as it ensure that food is safe for use. The expired and undated food was immediately removed. Weekly audits of food storage areas are completed to ensure all food items are labeled and dated. Administrator/designee will monitor to ensure compliance

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On 2/28/22 home documented a fire drill took place on the fire drill log. The log also does not state the number of staff that participated.

Plan of Correction

Accept

The home reviewed its evacuation procedures. Training and education provided to employees. Administrator/designee will monitor each month for continued compliance.

Completion Date: 07/08/2022

Update: 07/13/2022

Please send copy of fire drill log from January 2022 to current.

Document Submission

Implemented

The home reviewed its evacuation procedures. Training and education provided to employees. Administrator/designee will monitor each month for continued compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

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 has an evacuation time of 4 minutes and 30 seconds as indicated by a fire safety expert to safely evacuate the home. On 12-22-22 the fire drill evacuation time was 4 minutes 38 seconds.

Plan of Correction

Accept

The home reviewed evacuation procedures and noted that all drills evacuate to the fire-safe area located on the East side of the building. Residents residing on the West side of the building should evacuate to the nearest exit in place of walking to the East side fire safe area. Drills continue to be observed and remain within the evacutaion time. Administrator/designee will monitor for continued compliance.

Completion Date: 07/08/2022

Document Submission

Implemented

The home reviewed evacuation procedures and noted that all drills evacuate to the fire-safe area located on the East side of the building. Residents residing on the West side of the building should evacuate to the nearest exit in place of walking to the East side fire safe area. Drills continue to be observed and remain within the evacutaion time. Administrator/designee will monitor for continued compliance.

132d - Evacuation (*continued*)

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 2/28/22 home documented a fire drill took place on the fire drill log. It was noted that the home was quarantined due to stomach virus and that no residents left their room

Plan of Correction**Accept**

The home reviewed its evacuation procedures. Residents must evacuate during a drill. Training and education provided to employees. Administrator/designee will monitor for continued compliance.

Completion Date: 07/08/2022

Update: 07/13/2022

Please send proof of staff training.

Document Submission**Implemented**

The home reviewed its evacuation procedures. Residents must evacuate during a drill. Training and education provided to employees. Administrator/designee will monitor for continued compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Plan of Correction**Accept**

Weekly menus are posted 1 week in advance on the dining room bulletin board. Administrator/designee will monitor weekly to ensure compliance.

Completion Date: 04/15/2022

Document Submission**Implemented**

Weekly menus are posted 1 week in advance on the dining room bulletin board. Administrator/designee will monitor weekly to ensure compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

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

On [REDACTED], Resident #2, #3, #4, and #5's medication administration records show that the medications were not signed as administered for the 8pm dosages.

On [REDACTED] and 2/28/22, Resident #3's medication administration records shows that Resident #3 was not administered [REDACTED] tablet once daily as prescribed.

Plan of Correction**Accept**

Training for all medication technicians was given on 4/18/22 on the importance of signing medication administration records accurately. The has not had undocumented medication administration since this time. MARS are reviewed by each shift and audited weekly by the RCM. Administrator/designee will monitor to ensure compliance.

Completion Date: 04/18/2022

Update: 07/13/2022

Please send proof of staff training.

Document Submission**Implemented**

Training for all medication technicians was given on 4/18/22 on the importance of signing medication administration records accurately. The has not had undocumented medication administration since this time. MARS are reviewed by each shift and audited weekly by the RCM. Administrator/designee will monitor to ensure compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED] tablet once daily. However resident #3 was not administered this medication as prescribed on [REDACTED]

Plan of Correction**Accept**

Training for all medication technicians was given on [REDACTED] on the importance of signing medication administration records accurately. The has not had undocumented medication administration since this time. MARS are reviewed by each shift and audited weekly by the RCM. Administrator/designee will monitor to ensure compliance.

Completion Date: 04/18/2022

Update: 07/13/2022

Please send proof of staff training.

Document Submission**Implemented**

Training for all medication technicians was given on 4/18/22 on the importance of signing medication

187d - Follow Prescriber's Orders (continued)

administration records accurately. The has not had undocumented medication administration since this time. MARS are reviewed by each shift and audited weekly by the RCM. Administrator/designee will monitor to ensure compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]. The residents preadmission screening form is not dated. Therefore, compliance could not be measured.

Plan of Correction

Accept

All current resident charts were reviewed for completion. Administrator/designee will review documentation upon admission and audit charts monthly to ensure compliance.

Completion Date: 04/14/2022

Update: 07/13/2022

Please send resident #3's pre-admission screening.

Document Submission

Implemented

All current resident charts were reviewed for completion. Administrator/designee will review documentation upon admission and audit charts monthly to ensure compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident # 2 was admitted to the home on [REDACTED]. An initial assessment for resident #2 was complete on [REDACTED], which is beyond the allowed time frame.

Plan of Correction

Accept

A complete review of current resident's support plans was conducted. All plans are up to date. The RCM maintains documentation of support plan dates to ensure these are completed within the designated time frame. Administrator/designee will monitor for continued compliance.

Completion Date: 04/14/2022

Document Submission

Implemented

A complete review of current resident's support plans was conducted. All plans are up to date. The RCM maintains documentation of support plan dates to ensure these are completed within the designated time frame.

225a - Assessment 15 Days (continued)

Administrator/designee will monitor for continued compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #4's most recent assessment was completed on [REDACTED]. The resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept

A complete review of current resident's support plans was conducted. All plans are up to date. The RCM maintains documentation of support plan dates to ensure these are completed within the designated time frame. Administrator/designee will monitor for continued compliance.

Completion Date: 04/14/2022

Document Submission

Implemented

A complete review of current resident's support plans was conducted. All plans are up to date. The RCM maintains documentation of support plan dates to ensure these are completed within the designated time frame. Administrator/designee will monitor for continued compliance.

Update: 08/25/2022

08-23-2022 On-site POC verification - [REDACTED]

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident # 2 was admitted to the home on [REDACTED]. An initial support plan for resident #2 was complete on [REDACTED] which is not within 30 days of the resident's admission to the home.

Plan of Correction

Accept

A complete review of current resident's support plans was conducted. All plans are up to date. The RCM maintains documentation of support plan dates to ensure these are completed within the designated time frame. Administrator/designee will monitor for continued compliance.

Completion Date: 04/14/2022

Document Submission

Implemented

A complete review of current resident's support plans was conducted. All plans are up to date. The RCM maintains documentation of support plan dates to ensure these are completed within the designated time frame. Administrator/designee will monitor for continued compliance.

227a - Support Plan 30 Days (*continued*)

Update: 08/25/2022

08-23-2022 On-site POC verification - 