

Department of Human Services
Bureau of Human Service Licensing

September 27, 2022

[REDACTED]

HENDORN INC
1001 EAST SECOND STREET
ATTN [REDACTED]
COUDERSPORT, PA, 16915

RE: COLE MANOR
101 MAPLE STREET
COUDERSPORT, PA, 16915
LICENSE/COC#: 24263

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2022, 07/21/2022 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: *COLE MANOR* License #: *24263* License Expiration: *08/09/2023*
Address: *101 MAPLE STREET, COUDERSPORT, PA 16915*
County: *POTTER* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *HENDORN INC*
Address: *1001 EAST SECOND STREET, ATTN [REDACTED] COUDERSPORT, PA, 16915*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/21/1987* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/21/2022*

Inspection Dates and Department Representative

07/20/2022 - On-Site [REDACTED]
07/21/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/14/2022*

08/19/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/23/2022*

09/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/20/2022*

09/27/2022 - 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

Resident #1 is prescribed [redacted] to be taken in the morning. On 4/17/22, it was discovered that Resident #1 had [redacted]. It was not reported to the department until 4/19/22. Resident #2 is prescribed [redacted]. On 4/24/22, a [redacted] was not called into the pharmacy, resulting in a missing dose. The incident report does not indicate when it was reported to the Department. Therefore, compliance could not be measured.

Plan of Correction

Do Not Accept

Reeducation to be completed with staff on updated policy regarding incident reporting to DHS. This education will include what timeframes to report, when to report and how to fill out a incident report in it's entirety. Attached is the new policy. Once re-education is completed with all staff the sign in sheet will be sent in promptly.

Completion Date: 08/19/2022

Update: 08/19/2022

- 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?

Plan of Correction

Accept

PCHA completed reeducation with staff on updated policy regarding incident reporting to DHS on 8/19/2022. This education will include what timeframes to report, when to report and how to fill out a incident report in it's entirety. Attached is the new policy and staff sign in sheet for education. Going forward Administrator is responsible for monitoring ongoing compliance.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of staff training.

Document Submission

Implemented

PCHA completed reeducation with staff on updated policy regarding incident reporting to DHS on 8/19/2022. This education will include what timeframes to report, when to report and how to fill out a incident report in it's entirety. Attached is the new policy and staff sign in sheet for education. Going forward Administrator is responsible for monitoring ongoing compliance. See Attached.

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:
2. Emergency medical plan.

Description of Violation

Staff person B completed their 40th scheduled work hour on [redacted] However, this staff person did not complete

65b - Rights/Abuse 40 Hours (continued)

training on the Emergency Medical Plan.

Plan of Correction

Do Not Accept

Training on Cole Manor's Emergency Medical Plan was completed on [redacted] with Staff Person B. Attached is the training plan, dated and initialed by Administrator and Employee.

Completion Date: 08/10/2022

Update: 08/19/2022

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?

Plan of Correction

Accept

PCHA completed training on Cole Manor's Emergency Medical Plan on [redacted] with Staff Person B. Attached is the training plan, dated and initialed by Administrator and Employee. Going forward Administrator will monitor for ongoing compliance with each new hire.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of staff training.

Document Submission

Implemented

PCHA completed training on Cole Manor's Emergency Medical Plan on [redacted] with Staff Person B. Attached is the training plan, dated and initialed by Administrator and Employee. Going forward Administrator will monitor for ongoing compliance with each new hire. See Attached.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted], began working unsupervised with residents [redacted] staff person B, hired on [redacted] began working unsupervised with residents on [redacted] person A completed the direct care training course on [redacted] and staff person B completed the direct care training course [redacted]

Plan of Correction

Do Not Accept

Initiated immediately Direct Care Training will be completed on the first scheduled day of work for every new Med Tech and CNA. Attached is the new orientation check list for Med Tech and CNA. Administrator will monitor for compliance upon the completion of the first scheduled day of work for the employee.

Completion Date: 08/10/2022

Update: 08/19/2022

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).

65d - Initial Direct Care Training (continued)

Who will monitor ongoing compliance?

Plan of Correction

Accept

On 08/10/2022 PCHA implemented that Direct Care Training will be completed on the first scheduled day of work for every new Med Tech and CNA. Attached is the new orientation check list for Med Tech and CNA orientation. Administrator will monitor for compliance using check of list upon the completion of the first scheduled day of work for the employee.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of staff training.

Document Submission

Implemented

On 08/10/2022 PCHA implemented that Direct Care Training will be completed on the first scheduled day of work for every new Med Tech and CNA. Attached is the new orientation check list for Med Tech and CNA orientation. Administrator will monitor for compliance using check of list upon the completion of the first scheduled day of work for the employee.

See Attached

103i - Outdated Food

1. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the freezer in the kitchen was a 5 pound bag of tater tots. The bag did not have an expiration date on it.

Plan of Correction

Do Not Accept

Upon taking food items out of their original container staff will write the expiration date on all items. Kitchen manager will monitor for compliance weekly.

Completion Date: 08/10/2022

Update: 08/19/2022

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?

Plan of Correction

Accept

On 7/21/2022 the food was removed by PCHA and discarded from the freezer. Kitchen manager will place expiration dates on food when received from supplier and prior to placing in freezer or fridge in the kitchen. Kitchen manager educated on 8/10/2022 on the process of labeling food when delivered from supplier. Kitchen manager will monitor open and expiration dates for compliance weekly. PCHA completed food safety house audit on 8/19/2022 with all food items in compliance. Audit will be completed weekly by night shift.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of staff training.

103i - Outdated Food (continued)

Document Submission

Implemented

On 7/21/2022 the food was removed by PCHA and discarded from the freezer. Kitchen manager will place expiration dates on food when received from supplier and prior to placing in freezer or fridge in the kitchen. Kitchen manager educated on 8/10/2022 on the process of labeling food when delivered from supplier. Kitchen manager will monitor open and expiration dates for compliance weekly. PCHA completed food safety house audit on 8/19/2022 with all food items in compliance. Audit will be completed weekly by night shift. See Attached.

132a - Monthly Fire Drill

1. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct an unannounced fire drill during March 2022.

Plan of Correction

Do Not Accept

To ensure unannounced fire drills are being completed monthly, a schedule has been put together until 08/2022 of when all unannounced fire drills will take place.

Completion Date: 08/11/2022

Update: 08/19/2022

- 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?

Plan of Correction

Accept

On 7/28/2022 PCHA completed reeducation with our fire safety expert who is responsible for performing our fire drills monthly on fire drill regulations and requirements. To ensure unannounced fire drills are being completed monthly, a schedule has been put together until 08/2023 of when all unannounced fire drills will take place. Going forward Administrator will monitor for compliance monthly.

Completion Date: 08/24/2022

Update: 09/15/2022

- Please send proof of staff training.
- Please send fire drill log August to current.

Document Submission

Implemented

On 7/28/2022 PCHA completed reeducation with our fire safety expert who is responsible for performing our fire drills monthly on fire drill regulations and requirements. To ensure unannounced fire drills are being completed monthly, a schedule has been put together until 08/2023 of when all unannounced fire drills will take place. Going forward Administrator will monitor for compliance monthly. See Attached.

132d - Evacuation

1. Requirements

132d - Evacuation (continued)

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 letter from the fire safety expert, dated 1/6/22, granted the home an evacuation time of 2 minutes and 29 seconds. The following are the fire drills that did not meet the evacuation time:

- 12/28/21 - 3 minutes and 22 seconds
- 02/21/22 - 2 minutes 55 seconds
- 04/04/22 - 2 Minutes 50 seconds
- 04/25/22 - 2 Minutes 50 seconds
- 05/23/22 - 2 minutes 40 seconds

Plan of Correction

Do Not Accept

Re-education on fire drill evacuation requirements is scheduled with all staff on 08/16/2022.

Completion Date: 08/16/2022

Update: 08/19/2022

- 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?

Plan of Correction

Accept

On 7/28/2022 reeducation was completed by PCHA with our fire safety expert who is responsible for performing our fire drills monthly on Regulation 132.d. and evacuation requirements for our facility. Re-education on fire drill evacuation requirements was completed by PCHA and Fire Safety Expert on 08/16/2022 with all staff at our facility. Going forward Administrator will monitor for compliance monthly.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of staff training.

Document Submission

Implemented

On 7/28/2022 reeducation was completed by PCHA with our fire safety expert who is responsible for performing our fire drills monthly on Regulation 132.d. and evacuation requirements for our facility. Re-education on fire drill evacuation requirements was completed by PCHA and Fire Safety Expert on 08/16/2022 with all staff at our facility. Going forward Administrator will monitor for compliance monthly. See Attached.

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

Resident #4 - At 7am on 7/13/22 the

185a - Implement Storage Procedures (continued)

Plan of Correction

Do Not Accept

Night shift Med Tech staff will [redacted] in MAR and [redacted] to ensure there are no discrepancies going forward.

Completion Date: 08/10/2022

Update: 08/19/2022

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?

Plan of Correction

Accept

PCHA implemented on 8/10/2022 night shift Med Tech staff will monitor [redacted] MAR and [redacted] nightly on [redacted] (attached) to ensure there are no discrepancies going forward. PCHA completed training on 08/19/2022 with all staff [redacted] how to accurately record [redacted] Going forward Administrator will monitor for compliance weekly.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of staff training.

Document Submission

Implemented

PCHA implemented on 8/10/2022 night shift Med Tech staff will monitor [redacted] in MAR and [redacted] nightly on [redacted] sheet (attached) to ensure there are no discrepancies going forward. PCHA completed training on 08/19/2022 with all staff on how to accurately record [redacted] Going forward Administrator will monitor for compliance weekly. See Attached.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted on [redacted] and Resident #3, admitted on [redacted], were not educated on the right to questions or refuse medication if the resident believes there may be a medication error.

Plan of Correction

Do Not Accept

An addendum to the resident home contract with all residents rights, including the right to question or refuse medication if the resident believes there may be a medication error has been reviewed by the administrator to both residents and their designated person and has been applied to Resident #1 and Resident #3 contract.

Completion Date: 08/11/2022

Update: 08/19/2022

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?

191 - Resident Right to Refuse (continued)

Plan of Correction

Accept

An addendum to the resident home contract was updated on 8/11/2022 by PCHA with all residents rights, including the right to question or refuse medication if the resident believes there may be a medication error has been reviewed by the administrator to both residents and their designated person and has been applied to Resident #1 and Resident #3 contract. Administrator will monitor for compliance with all current residents and future residents upon admission to the facility.

Completion Date: 08/24/2022

Update: 09/15/2022

Please send proof of compliance.

Document Submission

Implemented

An addendum to the resident home contract was updated on 8/11/2022 by PCHA with all residents rights, including the right to question or refuse medication if the resident believes there may be a medication error has been reviewed by the administrator to both residents and their designated person and has been applied to Resident #1 and Resident #3 contract. Administrator will monitor for compliance with all current residents and future residents upon admission to the facility.

See Attached

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 #5 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not completed.

Plan of Correction

Do Not Accept

Initiated immediately all preadmission screening will be done within 30 days prior to admission. PCHA will monitor upon admission.

Completion Date: 08/10/2022

Update: 08/19/2022

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?

Plan of Correction

Accept

This occurrence happened under previous administration. Facility audit completed by PCHA on 8/19/2022 on all residents charts to measure compliance of previous preadmission screenings. Going forward current administrator will ensure all preadmission screening are completed within 30 days prior to admission. PCHA supervisor is responsible to monitor for compliance.

Completion Date: 08/24/2022

Document Submission

Implemented

This occurrence happened under previous administration. Facility audit completed by PCHA on 8/19/2022 on all

224a - Preadmission Screen Form (continued)

residents charts to measure compliance of previous preadmission screenings. Going forward current administrator will ensure all preadmission screening are completed within 30 days prior to admission. PCHA supervisor is responsible to monitor for compliance.

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 #5 was admitted on [redacted] The resident’s initial assessment was completed on [redacted], more than 15 days after the resident’s date of admission.

Plan of Correction

Do Not Accept

Initiated immediately the residents initial assessment will be completed within 15 days after admission. This will be monitored by administrator with every admission.

Completion Date: 08/10/2022

Update: 08/19/2022

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?

Plan of Correction

Accept

This occurrence happened under previous administration. Facility audit completed by PCHA on 8/19/2022 on all residents charts to measure compliance of previous initial assessments. Going forward current administrator will ensure all initial assessments are completed within 15 days after admission. PCHA supervisor is responsible to monitor for compliance.

Completion Date: 08/24/2022

Document Submission

Implemented

This occurrence happened under previous administration. Facility audit completed by PCHA on 8/19/2022 on all residents charts to measure compliance of previous initial assessments. Going forward current administrator will ensure all initial assessments are completed within 15 days after admission. PCHA supervisor is responsible to monitor for compliance.

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 #5 was admitted on [redacted] The resident’s initial support plan was completed on [redacted], more than 30 days after the resident’s date of admission.

227a - Support Plan 30 Days (continued)

Plan of Correction

Do Not Accept

Residents initial support plan will be completed within 30 days of admission. This will be monitored by the administrator with every admission.

Completion Date: 08/10/2022

Update: 08/19/2022

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?

Plan of Correction

Accept

This occurrence happened under previous administration. Facility audit completed by PCHA on 8/19/2022 on all residents charts to measure compliance of previous initial support plans. Going forward current administrator will ensure all initial support plan are completed within 30 days after admission. PCHA supervisor is responsible to monitor for compliance.

Completion Date: 08/24/2022

Document Submission

Implemented

This occurrence happened under previous administration. Facility audit completed by PCHA on 8/19/2022 on all residents charts to measure compliance of previous initial support plans. Going forward current administrator will ensure all initial support plan are completed within 30 days after admission. PCHA supervisor is responsible to monitor for compliance.