

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

May 9, 2023

[REDACTED], ADMINISTRATOR  
GUY AND MARY FELT MANOR INC  
110 EAST FOURTH STREET  
EMPORIUM, PA, 15834

RE: GUY AND MARY FELT MANOR  
110 EAST FOURTH STREET  
EMPORIUM, PA, 15834  
LICENSE/COC#: 23119

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2023, 03/24/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: GUY AND MARY FELT MANOR License #: 23119 License Expiration: 03/26/2024  
 Address: 110 EAST FOURTH STREET, EMPORIUM, PA 15834  
 County: CAMERON Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: GUY AND MARY FELT MANOR INC  
 Address: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 1 Date: 02/17/1972 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 03/24/2023

**Inspection Dates and Department Representative**

03/23/2023 On Site: [REDACTED]  
 03/24/2023 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 10 Residents Served: 8  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

03/23/2023 - Full  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/23/2023

Inspections / Reviews *(continued)*

04/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/02/2023

04/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/05/2023

05/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

103g - Storing Food

1. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

*A cup of milk and a cup of juice was in the refrigerator in the warming kitchen. They were uncovered.*

Plan of Correction

Accept (████) - 04/28/2023

*The administrator is responsible for fixing this problem, Joyce Burke, PCHA.*

*A sign was placed on the refrigerator reminding staff to cover everything that goes in it. Staff was also verbally reminded about this issue as well. This action took place on March 27, 2023. Both staff and the administrator will be responsible for monitoring this issue for compliance.*

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 05/09/2023

103i - Outdated Food

2. Requirements

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

Description of Violation

*In the warming kitchen freezer was a container of mint chocolate chip ice cream without a date. A can of crescent rolls in the refrigerator expired on 3/15/23.*

Plan of Correction

Accept (████) - 04/28/2023

*The administrator is responsible for fixing this problem, Joyce Burke, PCHA. Staff have been verbally notified not to place anything in the freezer without a name and date on it. There has also been a new sign with larger letters reminding staff to name and date everything that goes in the freezer and this was posted 3/27/23. Both the administrator and staff will monitor this problem for compliance*

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 05/09/2023

124 - Notice to Fire Department

3. Requirements

2600.  
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

*Letter to the fire department, dated 1/1/23, indicates that the homes current census is 10. However, the current census is currently 8.*

Plan of Correction

Accept (████) - 04/28/2023

*The administrator is responsible for fixing this problem; ██████████, PCHA I have redrafted the letter to the fire department. I have sent the letter off to the new fire chief letting him know our current census and current capacity here. This was done on April 24, 2023. The administrator will monitor for ongoing compliance.*

*A copy of the letter has been attached to this statement.*

124 - Notice to Fire Department (*continued*)

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 05/09/2023)

## 125a - Combustible Storage

## 4. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

## Description of Violation

Department Representative observed a bag behind the dryer in the laundry room near the exhaust hose.

## Plan of Correction

Accept (████) - 04/28/2023)

██████████, administrator is responsible for fixing this problem. I have spoken with the maintenance supervisor and asked him to not leave anything behind the dryer.

Staff has been asked to check sporadically behind the dryer for any foreign objects.

The action taken was to hang a warning sign dated 3/27/23 was placed on the wall above the dryer alerting everyone to check behind the dryer for any foreign objects and remove them.

The administrator and staff will monitor this issue for compliance.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 05/09/2023)

## 132b - Safety Inspection/Fire Drill

## 5. 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 homes last supervised fire drill by a fire expert was on 2/11/22.

Repeat Violation 1/26/22

## Plan of Correction

Accept (████) - 04/28/2023)

Joyce Burke, PCHA contacted the fire chief ██████████ and made an appointment to have him come and do an observed fire drill.

The administrator (██████████) scheduled the observed fire drill on 4/24/23 at 9:00 am. The chief timed the fire drill and gave us some suggestions on how to run the drill more smoothly.

The administrator (██████████), will monitor this annually for compliance.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 05/09/2023)

## 132d - Evacuation

## 6. Requirements

2600.

**132d Evacuation (continued)**

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 does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill conducted on 2/28/23 at 6:00am, with a recorded time of 4 minutes 00 seconds.*

*Repeat Violation 1/26/22*

**Plan of Correction**

**Accept (████ - 04/28/2023)**

*The administrator █████ is responsible for fixing this problem and what was done to fix it was to allow the fire chief to time the evacuation for the observed fire drill. This action happened on 4/24/23 at 9:00 AM. The residents evacuated the building in 1 minute and 20 seconds at which time the fire chief Patrick Uber had gave us an evacuation time of 5 minutes.*

*The administrator █████ will be responsible for monitoring this for compliance.*

**Licensee's Proposed Overall Completion Date: 04/26/2023**

**Implemented (████ - 05/09/2023)**

**141a 1-10 Medical Evaluation Information****7. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident #1's medical evaluation was completed on █████ No information was listed for the resident's weight, height, pulse, or blood pressure. Resident #2's medical evaluation was completed on █████ No information was listed for the resident's height.*

**Plan of Correction**

**Accept (████ - 04/28/2023)**

*The administrator █████ is responsible for fixing this issue. The administrator has gone back to the resident's intake notes and filled in the information needed. As of 3/25/23 all records have been gone through to ensure all information is correct and filled in. Any future DME's will be looked over by the administrator █████ and monitored for compliance.*

**Licensee's Proposed Overall Completion Date: 04/26/2023**

141a 1-10 Medical Evaluation Information (continued)

Implemented ( ) - 05/09/2023)

183f - Discontinued Medications

8. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Medications for Resident #6 were in the bottom drawer of the Medication Cart. Resident #6 was discharged on ( )

Plan of Correction

Accept ( ) - 04/28/2023)

( ), PCHA is responsible for fixing this problem. The administrator ( ) sent the medications in question immediately back to the pharmacy on 3/27/23. The administrator ( ) has placed a sign over the medication cart stating that any resident that has been discharged will either take their medication with them or the facility will send it back to the pharmacy the same day. Both the staff and the administrator ( ) will monitor this for compliance.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ( ) - 05/09/2023)

184b - Labeling OTC/CAM

9. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On ( ) a bottle of ( ), ( ) was in the medication cart. These medications were not labeled. Staff A confirmed that the ( ) was Resident #1's, ( ) was resident #3's and ( ) was Resident #4's medications.

Plan of Correction

Accept ( ) - 04/28/2023)

The administrator ( ) is responsible for fixing this problem. 3/27/23 the facility labeling policy and been updated so that staff can now use the label maker to put the resident's name/initials and room number on OTC and CAM bottles making sure not to cover the administration instructions. This will be monitored by Joyce Burke, PCHA for compliance.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ( ) - 05/09/2023)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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**

*Resident #1 has a bed cane for bed mobility. The bed cane is not documented in the RASP to indicate what the residents uses it for.*

*Resident #2 has a hospital bed with bed rails. The bed rails are not addressed in the assessment and support plan to indicate the need for the bed rails.*

*Resident # 5 has 4 documented falls [REDACTED] The RASP was not updated regarding the falls and what the home plans to do to ensure the residents safety.*

**Plan of Correction**

*Accept ( [REDACTED] - 04/28/2023)*

*[REDACTED] the administrator is responsible for fixing this problem. Each of the residents listed above have had their RASP's updated as of 3/25/23 and the updates are attached to their original RASP's. The administrator [REDACTED] will observe all RASP's and update them as required. The administrator [REDACTED] will monitor this for compliance.*

**Licensee's Proposed Overall Completion Date: 04/26/2023**

*Implemented ( [REDACTED] - 05/09/2023)*