

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

May 15, 2023

[REDACTED], OWNER/ADMINISTRATOR
OUR ORANGEVILLE MANOR INC
PO BOX 157, 210 MILL STREET
ORANGEVILLE, PA, 17859

RE: OUR ORANGEVILLE MANOR
PERSONAL CARE HOME
210 MILL STREET, PO BOX 157
ORANGEVILLE, PA, 17859
LICENSE/COC#: 22393

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/11/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OUR ORANGEVILLE MANOR PERSONAL CARE HOME **License #:** 22393 **License Expiration:** 06/14/2023
Address: 210 MILL STREET, PO BOX 157, ORANGEVILLE, PA 17859
County: COLUMBIA **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: OUR ORANGEVILLE MANOR INC
Address: PO BOX 157, 210 MILL STREET, ORANGEVILLE, PA, 17859
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/30/1982 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/11/2023

Inspection Dates and Department Representative

04/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 30

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 14 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 30 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/11/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/27/2023

04/20/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/13/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/26/2023

Inspections / Reviews *(continued)*

05/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for daily blood glucose checks. On [redacted] and [redacted] the resident's blood glucose checks were not completed.

Plan of Correction

Accept [redacted] - 04/20/2023)

The home understands the purpose of this regulation is to ensure that residents receive medications and treatments as ordered by their physician.

On 4/17/2023 Administrator conducted a training with all medication technicians. We discussed this violation and the importance of all residents receiving all medications and treatments prescribed by their physicians.

Our lead medication technician will complete weekly (Friday) audits of all our residents blood glucometers reading to ensure proper readings are being recording in the MAR/Blood Glucose Monitoring Sheet.

Administrator or Co-Administrator will also check over the MAR/Blood Glucose Monitoring Sheet to ensure that the monitoring is being completed.

Attachments enclosed of the training and a copy of the Glucose Monitoring document.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented [redacted] - 05/15/2023)