

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

August 31, 2023

[REDACTED] OWNER
SAINT BENEDICT MANOR INC
600 THEATRE ROAD, BOX 57
ST. BENEDICT, PA, 15773

RE: SAINT BENEDICT MANOR, INC.
600 THEATRE ROAD, BOX 57
ST. BENEDICT, PA, 15773
LICENSE/COC#: 30342

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/21/2023 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: SAINT BENEDICT MANOR, INC License #: 30342 License Expiration: 11/06/2022
 Address: 600 THEATRE ROAD, BOX 57, ST. BENEDICT, PA 15773
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: SAINT BENEDICT MANOR INC
 Address: 600 THEATRE ROAD, BOX 57, ST. BENEDICT, PA, 15773
 Phone: [REDACTED] Email: [REDACTED]m

Certificate(s) of Occupancy

Type: C 2 LP Date: 08/08/1996 Issued By: D L&I

Staffing Hours

Resident Support Staff: 57 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 06/21/2023

Inspection Dates and Department Representative

06/21/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 44 Residents Served: 26
 Secured Dementia Care Unit
 In Home: Yes Area: St. Benedict's Capacity: 44 Residents Served: 26
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

06/21/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/10/2023

07/14/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/24/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/24/2023

Inspections / Reviews *(continued)*

07/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/25/2023

08/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 6/21/23, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([REDACTED] - 07/25/2023)

On July 08, 2023 Administrator placed a copy of the emergency procedures in two places: in the binder located on the shelf just inside the entryway where our visitor's sign in log is located, and the glass case just inside the main entrance. Starting on Monday, July 10, 2023 and every Monday morning, the Office Manager will check weekly to help assure that copies of the plan of correction remain in place.

Licensee's Proposed Overall Completion Date: 07/24/2023

Implemented ([REDACTED] - 08/31/2023)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

Description of Violation

On 6/21/23, a [REDACTED] was observed in the home's medication cart, however, it was not labeled with the date and staff initials of the person who opened the pen.

Plan of Correction

[REDACTED] - 07/25/2023)

On June 21, 2023 during this inspection, [REDACTED] unit insulin pen was properly disposed of in the sharps container.

On June 21, 2023 Administrator provided staff with a new pen to properly label with Resident Name, Date opened, and a noted reminder to discard after 30 days. On this day, a clear bag and a pharmacy label with a scannable bar code were also provided for the new pen.

On June 21, 2023 Staff were instructed to always keep insulin pens in a clear bag with a pharmacy label, to always date the pen when first opened, and to always make sure the residents name is on the bag/pen.

Beginning Monday July 18, 2023, and every Monday morning there after, an Administrator will check each medication cart to review and ensure all insulin pens are being stored and properly accounted for. The Administrator will track this weekly review with a task in our QuickMAR system.

During our scheduled staff and Quality Management Meeting on July 11, 2023, Administrator will discuss all training needs/audits.

Licensee's Proposed Overall Completion Date: 07/24/2023

184a - Resident's Meds Labeled (continued)

Implemented ([REDACTED]) 08/31/2023

184b - Labeling OTC/CAM

3. 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 6/1/23, a tube of [REDACTED], belonging to Resident #3, and a small bottle of 1% [REDACTED] solution, unsure to which resident this belonged to, were in the home's medication cart and were not labeled with the resident's name.

Plan of Correction

Accept ([REDACTED]) - 07/25/2023

On July 5, 2023, Administrator spoke to our pharmacy. Creams and liquid medications are often provided in a container within a box. The pharmacy labels the box. Administrator has requested that an additional label be affixed to all medication bottles/tubes that are provided in a box in case a box becomes soiled or lost.

Med-pass staff have been reminded to notify the office immediately if there is an unlabeled medication in any Resident's drawer.

During the scheduled staff/Quality management meeting on July 11, 2023, Administrator will re-educate staff with the new process/needs with labeling, med cart audits beginning on July 17, 2023 and every Monday until further notice.

Licensee's Proposed Overall Completion Date: 07/24/2023

Implemented ([REDACTED]) 08/31/2023

191 - Resident Right to Refuse

4. 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

The following residents have not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error:

Resident #1, admitted on [REDACTED]

Resident #2, admitted on [REDACTED]

Resident #3, admitted on [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 07/14/2023

A new form was created on July 8, 2023 by the Administrator. This form will be attached to the contract. Residents will be educated on admission regarding their right to refuse a medication if they believe there may be a medication error. Resident will be asked to sign or provide their mark on the form which will also be signed and dated by their POA if available, and also by the home's Administrator. Office Manager will perform a chart audit on day of admission to help assure that all forms are completed per regulations.

191 - Resident Right to Refuse (continued)

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented () - 08/31/2023

231c - Preadmission Screening

5. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, the resident #2's written cognitive preadmission screening was completed on ().

Plan of Correction

Directed () - 07/25/2023

Preadmission screenings will be done within 72 hours prior to admission. If an admission is delayed after the preadmission screening has been completed, a new preadmission screening will be completed within 72 hours prior to the new admission date. Office Manager will perform a chart audit after the admission paperwork is complete on day of admission for each resident to help assure that all forms are completed per regulations. All charts will be audited annually thereafter or upon significant change.

Directed -

Starting by 7/28, the Office Manager or desidnee will audit charts on the day of admission once admission paperwork is completed.

Directed Completion Date: 08/04/2023

Implemented () - 08/31/2023

234a - Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, the resident's initial support plan was completed on 1/30/23.

Plan of Correction

Directed () - 07/25/2023

Administrator will develop a support plan within 72 hours prior to admission. Office Manager will perform a chart audit after the admission paperwork is complete on day of admission for each resident to help assure that all forms are completed per regulations. All charts will be audited annually thereafter or upon significant change.

Directed -

Starting by 7/28, the Office Manager or designee will begin the chart audits after all admission paperwork is completed.

Directed Completion Date: 08/04/2023

234a - Admission Support Plan (*continued*)

Implemented [REDACTED] - 08/31/2023)