

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

April 18, 2024

[REDACTED], NHA  
ARBUTUS PARK MANOR INC  
207 OTTAWA STREET  
JOHNSTOWN, PA, 15904

RE: ARBUTUS PARK MANOR  
207 OTTAWA STREET  
JOHNSTOWN, PA, 15904  
LICENSE/COC#: 30006

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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:** ARBUTUS PARK MANOR **License #:** 30006 **License Expiration:** 12/03/2024  
**Address:** 207 OTTAWA STREET, JOHNSTOWN, PA 15904  
**County:** CAMBRIA **Region:** CENTRAL

**Administrator**

**Name:** Lois Pudliner **Phone:** 8142668621 **Email:** lpudliner@arbutusparkmanor.com

**Legal Entity**

**Name:** ARBUTUS PARK MANOR INC  
**Address:** 207 OTTAWA STREET, JOHNSTOWN, PA, 15904  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-1 **Date:** 01/04/1985 **Issued By:** Department of Health

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 20 **Waking Staff:** 15

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 02/21/2024

**Inspection Dates and Department Representative**

02/21/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 35 **Residents Served:** 19

**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:** 19  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 1 **Have Physical Disability:** 0

**Inspections / Reviews**

02/21/2024 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/08/2024

03/15/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 04/05/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/22/2024

Inspections / Reviews *(continued)*

03/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2024

04/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

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

On [REDACTED], Resident #1 received the wrong amount of insulin. The home did not report this medication error to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/28/2024)

- 1. LPN did not report the medication error to PCD until [REDACTED] which resulted in the present deficiency. PCD did report it the day [REDACTED] was told about it.
- 2. The LPN Med tech trainer has reeducated all LPN's and Med Techs on the importance of reporting a medication error to PCD and APCD right away when they find the Med Error so the PCD and APCD can report it within 24 hours of it happening.
- 3. As of 02-22-2024 all medication errors will be reported to DHS within 24 hours of the incident being reported to the PCD and APCD. PCD and/or the APCD Will fax the incident report to DHS and then the Doctor, and the family and resident will be informed of the error.
- 4. The training was completed on 02-28-2024 by the LPN Medication Trainer and will be done again in September 16, 2024 of this year. Then in 2025 the medication trainer will retrain annually in January and July on the importance of reporting Medication Errors immediately when found.
- 5. All LPN/Med Tech staff was reeducated on reporting a medication errors promptly so it can be reported to the state in 24 hours. See Attachments.
- 6. All LPN/ Med Tech Charge staff will fill out the attached form when a medication error is made and document that it was reported immediately so PCD or APCD can report it to the state within 24 hours.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented ([REDACTED] - 04/05/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring and recording in interior hallways where resident rooms are located.

The home has video recording in other areas of the home including interior corridors. Signs are not posted in the areas that are being recorded that indicate that images are being recorded.

Plan of Correction

Accept ([REDACTED] - 03/28/2024)

- 1. Video recording in other areas of the home including interior corridors. Signs are not posted in the areas that are being recorded that indicate that images are being recorded.
- 2. Our IT department was notified to disable the cameras in the Personal care West and Doerr resident hall ways. They were disabled on 02-22-2024.

**42s Privacy (continued)**

3. On 03 20 2024 the three camera's in the Personal Care West and Doerr wings were removed. (please see pictures that are attached..
4. Signs are being made to post at the entrances. Temporary signs were made and posted till the new signs come in. This was done by the building's Assistant Administrator.
5. The new signs were made and posted by maintenance and the Assistant Administrator of the building at the entrances and exits of the building. please see the pictures that we attached. This was done on 03 20 2024.
6. PCD made a form that was started on 03 18 2024 with our first admission since inspection on 02 21 2024. PCD will also have all the present residents read and sign the same form so all personal care residents are notified of the video recording at the entrances and exits. This will be completed by April 1, 2024.
7. The I T person and/or Assistant Administrator of the building will do a quarterly review of all entrances and exits to make sure the signs are still posted and intact. (March, June, September, and December) See attached form.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented [REDACTED] - 04/18/2024)

**81b - Resident Personal Equipment****3. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On 2/21/2024 Resident #2's bed was observed to have an enabler device that was attached to a wooden plank which slid under the mattress. This device was not securely attached to the structure of the bed and creates a potential entrapment hazard.

On 2/21/2024, Resident #3's bed was observed to have an enabler device that wobbled loosely when handled, creating a potential entrapment hazard.

**Plan of Correction**

Accept [REDACTED] - 03/28/2024)

1. Maintenance failed to secure the enabler bar for Resident #2 to the bed frame and springs when enabler bar was put on the bed.
2. On 02 22 2024 PCD had Maintenance come and secured the rail to the bed and springs.
3. When an enabler bar is ordered for the resident by the Physician PCD or APCD will send a maintenance slip to the Maintenance department to put the enabler bar securely to the bed frame and/ or the bed springs. This depends on the type of bed and the type of enabler bar they are using.
4. We will continue to use the same maintenance slips we use for any repair or request we have for maintenance. Attached is the form we use.
5. As of 2 27 2024 we will make sure we continue to use this form to detail what we want done when the enabler bar is ordered.
6. All Enabler bars will be inspected by maintenance monthly to make sure they are secure and not wobbly on the bed. This will start on 03 11 2024 and occur the second Monday of every month. See attached form.
7. Resident #3 was reevaluated by Therapy and it was determined that she is unable to use an enabler bar properly. A maintenance slip was sent to the maintenance department to have the Enabler bar removed from her bed.

**81b Resident Personal Equipment (continued)**

8. On 3 06 2024 the enabler bar was removed by the maintenance department.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (████) - 04/05/2024)

**85e - Trash Outside Home**

**4. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On 2/21/2024, at approximately 3:54 PM, two outside dumpsters were not covered and not actively in use at the time of observation. Both dumpsters were observed to contain waste.

**Plan of Correction**

Accept (████) - 03/28/2024)

1. Two outside dumpsters were not covered and not actively in use at the time of observation.
2. Early morning on 2 22 2024 the Maintenance Supervisor was notified by PCD of the violation and the importance of keeping the dumpster lids closed when not in use.
3. On 2 22 2024 maintenance supervisor sent two maintenance men out to make sure the lids were closed on all the outside dumpsters.
4. On 2 22 2024 the maintenance department was educated by maintenance supervisor on the importance of keeping the lids on all outside dumpsters closed and of the daily shift checks to make sure the dumpster lids are closed. This was completed by 02 23 2024
3. As of 02 23 2024 Maintenance will check the outside dumpsters each shift daily. See the form they will use in the attachments.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (████) - 04/18/2024)

**100b - Removal Snow/Obstructions**

**5. Requirements**

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**Description of Violation**

On 2/21/2024 at approximately 10:15 am, there was snow/ice observed on the exterior ramp by the exit near the home's chapel.

On 2/21/2024 at approximately 10:20 AM, there was snow covering the exterior walkway by exit door #5.

**Plan of Correction**

Directed (████) - 03/28/2024)

1. Snow and ice was noted at Chapel exit ramp and exit door #5.
2. On 02 21 2024 PCD called Maintenance Supervisor to notify him immediately of the ice at the two exits. Maintenance supervisor called the grounds crew so they could take care of clearing the exits of the ice.

**100b Removal Snow/Obstructions (continued)**

- 3. On 02 21 2024 Two of the grounds crew went and cleared the two exits of ice and checked all the other exits also.
- 3. On 02 21 2024 Grounds crew was educated on the importance of keeping all exits clean and clear of snow and ice. See attached papers.

Proposed Overall Completion Date: 03/22/2024

(Directed)

- 1. Snow and ice was noted at Chapel exit ramp and exit door #5.
- 2. On 02 21 2024 PCD called Maintenance Supervisor to notify him immediately of the ice at the two exits. Maintenance supervisor called the grounds crew so they could take care of clearing the exits of the ice.
- 3. On 02 21 2024 Two of the grounds crew went and cleared the two exits of ice and checked all the other exits also.
- 4. On 02 21 2024 Grounds crew was educated on the importance of keeping all exits clean and clear of snow and ice. See attached papers.
- 5. Effective 3/28/2024, grounds crew will complete walk around outdoor facility checks of outside walkways, ramps, steps, and recreational areas to ensure snow and ice are cleared within a short period of time after inclement weather stops to provide safe egress. Documentation of these checks will be kept.

Directed Completion Date: 03/28/2024

Implemented (████) - 04/18/2024

**171b5 - First Aid Kit**

**6. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

On 2/21/2024 at approximately 4:00 PM, the first aid kit in the 2019 Ford Econoline used to transport residents did not include antiseptic, tweezers, face shield, nor thermometer.

**Plan of Correction**

Accept (████) - 03/28/2024

- 1. First aid kit in the 2019 Ford Econoline used to transport residents did not include antiseptic, tweezers, face shield, nor thermometer.
- 2. Maintenance immediately got the above items and placed them into the first aid kit on 02 21 2024.
- 3. The first aid bags in both manor vans will be checked by the van drivers three times a year. This will be done the first Monday of February, June and October. This will be documented on the attached form.
- 4. The Van drivers were educated on 02 26 2024 on the importance of what should be in the emergency kit and to check it three times a year to make sure all the items are in the bag. They were given the list of items needed and the documentation page that all was checked. PCD and APCD educated them on 02 26 2024. See attached forms.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented (████) 04/18/2024

171c Home's Vehicle Documents

7. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

Description of Violation

The home's 2019 Ford Econoline vehicle used to transport residents has an expired inspection as of 01/2024.

Plan of Correction

Accept ( [redacted] ) - 03/28/2024)

1. Maintenance and the van driver neglected to get the 2019 Ford Econoline vehicle inspected before the expiration date.
2. The van was taken for inspection on 02-22-2024 by maintenance.
3. The van driver will check 2 times a year on both vans as to when they are to be inspected and inform the maintenance department when to have them taken for inspection.
4. This started as of 02-26-2024

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented ( [redacted] ) - 04/05/2024)

187b Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed [redacted] oral tablet chewable - give 2 gummy by mouth at bedtime for [redacted]. Resident #4's Medication Administrator Record does not include the initials of the staff person who administered the medication on 2/1/2024 and 2/20/2024 at 9:30 PM.

Plan of Correction

Directed ( [redacted] ) - 03/28/2024)

1. Two Med techs on Different days of February did not chart that they gave [redacted] oral chewable tablets.
2. When APCD spoke to both med techs on 02-21-2024 they assured us they gave the [redacted] but when they went to chart them they were interrupted by Omnicare pharmacy and they forgot to go back and chart the medication.
3. Both med techs did a late entry for the [redacted] on 02-22-2024.
4. All Med techs and LPN's were reeducated by the medication trainer on the importance of documenting immediately after giving the medication. This was done on 03-05-2024
5. It was stressed that Omnicare can wait till the Medication nurse documents the medication they just gave before checking in the drug order.
6. When the LPN charge or Med Tech charge come on they will do all residents Med MAR's to make sure the medication was signed off. If the med shows up red the next shift will call the med tech or LPN that was on the previous shift to make sure the medication was given. If it was given the med tech or LPN that's on will make a chart note that the medication was given and leave a reminder for the med tech or LPN that did not chart it to chart it when they come into work the next day.
7. If the med tech or LPN did not give the medication the next shift can give the medication and chart it, if the

**187b - Date/Time of Medication Admin. (continued)**

medication was found within an hour of the time it was due.

Proposed Overall Completion Date: 03/22/2024

(Directed)

1. Two Med techs on Different days of February did not chart that they gave [REDACTED] oral chewable tablets.
2. When APCD spoke to both med techs on 02-21-2024 they assured us they gave the [REDACTED] but when they went to chart them they were interrupted by Omnicare pharmacy and they forgot to go back and chart the medication.
3. Both med techs did a late entry for the [REDACTED] on 02-22-2024.
4. All Med techs and LPN's were reeducated by the medication trainer on the importance of documenting immediately after giving the medication. This was done on 03-05-2024
5. It was stressed that Omnicare can wait till the Medication nurse documents the medication they just gave before checking in the drug order.
6. Effective 3/28/2024, when the LPN charge or Med Tech charge come on they will do all residents Med MAR's to make sure the medication was signed off. If the med shows up red the next shift will call the med tech or LPN that was on the previous shift to make sure the medication was given. If it was given the med tech or LPN that's on will make a chart note that the medication was given and leave a reminder for the med tech or LPN that did not chart it to chart it when they come into work the next day.
7. If the med tech or LPN did not give the medication the next shift can give the medication and chart it, if the medication was found within an hour of the time it was due.

Directed Completion Date: 03/28/2024

Implemented ([REDACTED] - 04/18/2024)

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed [REDACTED] inject as per sliding scale. Orders include to administer [REDACTED] base units + 1 unit totaling [REDACTED] units of insulin if blood sugar reading falls in the range of [REDACTED]. On [REDACTED] at [REDACTED], Resident #1's blood sugar was [REDACTED]. However, Resident #1 was only administered [REDACTED] of insulin.

**Plan of Correction**

Accept ([REDACTED] - 03/28/2024)

1. Wrong blood sugar reading was entered into the Emar by Med Tech which resulted in the wrong dose given.
2. CNA/Med Tech was re-educated on 02/28/2024 by the DHS Certified Med Tech Trainer regarding the importance of accurate documentation including stopping where they are at in the administration process, if interrupted, and go back to Step1 of the administration cycle and begin with Check 1 to ensure they are documenting the correct information. Reviewed being careful of transcription errors as they can cause the resident to receive the wrong dose, causing possible adverse effects.
3. All LPNs/Med Techs will be re-educated on the importance of accurate documentation and handling of

**187d Follow Prescriber's Orders (continued)**

*interruptions to avoid medication errors by stopping where they are at and going back to Step 1 of the administration cycle. Also reviewed the importance of transcribing glucometer readings correctly as to avoid giving an incorrect dose of insulin which could cause adverse effects. This will be completed with all LPN/Med Tech staff by 03 29 2024 by the DHS Certified Med Tech Trainer.*

*4. 02 22 2024 will continue to checking all glucometer readings at the shift change daily by comparing the glucometer reading on the machine with the result entered in the computer as well as the form used for this purpose. The emphasis will also be stressed to report any discrepancies immediately to the Personal Care Director, Assistant Personal Care Director and/or LPN Charge, who will notify the health care provider for further orders.*

**Licensee's Proposed Overall Completion Date:** 03/29/2024

**Implemented** [REDACTED] - 04/05/2024)

**225c - Additional Assessment**

**10. Requirements**

2600.

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

1. Annually.

**Description of Violation**

*As of 2/21/2024, Resident #1's most recent assessment was completed on [REDACTED]*

**Plan of Correction**

**Accept** [REDACTED] - 03/28/2024)

1. LPN that was assigned the assessment did not complete the annual assessment for 2023.
2. Annual Assessment for 2023 was completed by APCD on 2 22 2024.
3. Care Plan Committee will be given a master list of when the care plans are to be completed. The committee will hold the LPN assigned to the care plan accountable to have it completed on time.
4. The care plan committee will be educated by APCD on the procedure. The care plan committee will begin this procedure 04 01 2024
5. This will be done monthly. The Care Plan Committee will remind the LPN or Med Tech 30 days prior to when the care plan is due and then check on them in 15 days to make sure they are working on the assessment and remind them to complete it on time.
6. The LPNs are responsible for completing the care plans and all staff are to read them and sign off that they are read.
7. The Care Plan Committee will start their reviews as on 04 01 2024. They will have completed their training on the new procedure on 03 29 2024. PCD and APCD will conduct the training.
8. APCD will complete her audit of all the care plans to assure they are all current on 03 29 2023. This will be sent when completed.

**Licensee's Proposed Overall Completion Date:** 03/29/2024

**Implemented** [REDACTED] - 04/18/2024)

**227d - Support Plan Medical/Dental**

11. Requirements

2600.

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 #2's assessment and support plan dated [REDACTED] includes the use of an enabler to get in and out of bed. However, the assessment and support plan does not reflect a risk associated with the device, the resident's ability to use the device safely for the intended purpose, or if a cover is required to meet FDS guidelines.

Plan of Correction

Accept [REDACTED] - 03/28/2024)

1. PCD and APCD neglected to update the policy when new information came out in June of 2023 for bedside mobility devices.
2. APCD completed the Bedside mobility devices policy on 03-06-2024.
3. PCD and APCD educated all staff on the new policy on 03-07-2024 to 03-11-2024.
3. The Care Plan Committee was educated as to what should be written in the care plan when a resident has an enabler bar.
4. When an enabler bar is ordered by the physician the APCD will make sure the initial information is put on the care plan.
5. As of 03-11-2024 the Care Plan Committee will review the assessment and support plan yearly to make sure the proper documentation is their.
6. At this time we only have one resident with an enabler bar. Resident #2's care plan was updated immediately (02-22-2024) by the APCD and will be checked and updated when any change in the use of the enabler bar and yearly by the care plan committee.
7. On 04-01-2024 the care Plan Committee will start their yearly review of the assessment and support plans.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented ([REDACTED] - 04/18/2024)

252 Record Content

12. Requirements

2600.

252. Content of Resident Records Each resident’s record must include the following information:

Description of Violation

Resident #1's and Resident #4's records do not include resident's eye color.

Plan of Correction

Accept ([REDACTED] - 03/28/2024)

1. PCD neglected to follow through with recording resident #1's and Resident #4's eye color on their admission form.
2. PCD immediately went and got their eye color and recorded it on the proper form 02-21-2024.
3. PCD or APCD will make sure eye color is documented the first day of admission. PCD and APCD will make sure one of them documented it and the other one will verify it. This started with the first admission since inspection which was on 03-18-2024 by PCD.
4. The present form will be updated to make sure all the items are documented from regulation 252. This was completed on 03-15-2024 by PCD and used for the first time on 03-18-2024 for our new admission. Please see attached form.

**252 Record Content (continued)**

5. PCD did an audit of all the residents records on 03 21 2024 and found three residents did not have their eye color documented. This was fixed immediately on their records the same day.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/18/2024)