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

September 19, 2024

[redacted], COO
CHRIST THE KING MANOR INC
[redacted]

RE: CHRIST THE KING MANOR
1100 WEST LONG AVENUE
DUBOIS, PA, 15801
LICENSE/COC#: 44864

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024, 03/22/2024, 03/25/2024, 03/21/2024 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: *CHRIST THE KING MANOR* **License #**: *44864* **License Expiration**: *06/20/2024*

Address: *1100 WEST LONG AVENUE, DUBOIS, PA 15801*

County: *CLEARFIELD* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *CHRIST THE KING MANOR INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/15/1996* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *81* **Waking Staff**: *61*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *03/27/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [redacted]
03/22/2024 - Off-Site: [redacted]
03/25/2024 - On-Site: [redacted]
03/21/2024 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *54*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *ALZ* **Capacity**: *20* **Residents Served**: *17*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *54*

Diagnosed with Mental Illness: *21* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

03/21/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/27/2024*

Inspections / Reviews *(continued)*

05/07/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/19/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/09/2024*

05/16/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/19/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/30/2024*

09/19/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/19/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 3/21/24, resident #1, in bedroom [redacted] did not have access to a source of light that could be turned on/off at bedside. The bedside lamp was approximate 5 feet from the bed.

Repeat Violation: 3/14/23, et all

Plan of Correction ***Accept ([redacted] - 05/16/2024)***

Corrective action for resident #1 was completed immediately on 3-21-24 by director of environmental services so lamp was within reach at bedside. Measures put into place to ensure compliance, education completed with staff by Administrator/or designee on 04-7-24 regarding an operable lamp or other source of lighting that be turned on at the bedside.
The Administrator and/or designee are responsible conduct random audits of rooms to ensure operable lamp or other source of light is accessible to be turned on at the bedside weekly for 4 weeks.

Licensee's Proposed Overall Completion Date: *05/08/2024*

Implemented ([redacted] - 09/19/2024)

103i - Outdated Food

2. Requirements

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

Description of Violation

On 3/21/24, there was a dented 4-pound, 2.5 ounce can of tuna in the pantry.

Plan of Correction ***Accept ([redacted] - 05/07/2024)***

Corrective actions to ensure dented cans are pulled from pantry as as follows: the can identified on 03-21-24 was discarded. The Director of Dining Services and /or designee will be responsible conduct weekly and random audits to identify dented cans. Education was completed on March 22 and 23, 2024 with staff members within the kitchen to ensure dented cans are pulled when conducting inventory or replacing inventory. Director of Dining Services and Administrator are responsible for compliance.

Licensee's Proposed Overall Completion Date: *04/26/2024*

Implemented ([redacted] - 09/19/2024)

107c - Food/Water 3 Day Supply

3. Requirements

2600.

107c - Food/Water 3 Day Supply *(continued)*

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 3/21/24, the home served 54 residents. On 3/21/24, there was no emergency food and the home does not have a contract with a food supplier to provide in the event of an emergency.

Plan of Correction ***Accept ([redacted] - 05/07/2024)***

Corrective action put into place to ensure emergency food are in place is as follows; the Director of Dining Services implemented a 3-day supply of nonperishable food and drinking water for all residents on March 22 and 23, 2024 along with a contract letter with food supplier to provide support in event of an emergency. Education was completed by Administrator for Director of Dining Services and designee on 03-21-24 regarding requirements of emergency food and contract with food supplier in the event of emergency. The Administrator is responsible for compliance and monitoring.

Licensee's Proposed Overall Completion Date: *04/26/2024*

Implemented ([redacted] - 09/19/2024)

161d - Dietary Needs

4. Requirements

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #5 is prescribed a diabetic, dysphagia texture diet with "ground meats, cut up solid foods into small pieces, and all chunky soups in chopper". However, on 3/21/24, at approximately 12:00 pm., the resident was served a whole, unaltered slice of pizza.

Plan of Correction ***Accept ([redacted] - 05/16/2024)***

Corrective action put into place for Resident #5, resident was immediately assessed by LPN and Speech therapy on 03-21-24. The Administrator and designee immediately conducted education with food service team on 03-21-24 on serving residents only according the prescribed diet and textures. All other staff education was completed on 4-7-24 The Administrator and designee will be responsible for monitoring that residents are being provided meals in accordance with prescribed diet and texture. Audits were conducted daily and will continue ongoing monitoring.

Licensee's Proposed Overall Completion Date: *05/08/2024*

Implemented ([redacted] - 09/19/2024)

183d - Prescription Current

5. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/21/24, Dimetapp Cold and Cough Soln, prescribed for resident #3, was in the home's medication cart; however,

183d - Prescription Current (continued)

the medication was discontinued on 2/20/24.

Plan of Correction ***Accept (- 05/16/2024)***

Corrective action for the Dimetapp Cold and Cough Soln prescribed for resident #3 was removed immediately on 03-21-24 by Resident Wellness Coordinator. Medication techs were educated on ensuring all discontinued medication are removed by Resident Wellness Coordinator on 4/7/2024. The Administrator and Wellness coordinator are responsible to ensure all discontinue medications are removed from medication cart. Audits were conducted weekly by Administrator and/or Wellness Coordinator on 04-22-24 found not further discontinued medication, and on-going monitor will occur.

Licensee's Proposed Overall Completion Date: *05/08/2024*

Implemented (- 09/19/2024)

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed, Loperamide HCl, 2mg, 1 cap three times a day as needed for diarrhea. The pharmacy label for resident #3's Loperamide, indicates 1 cap three times a day for 14 days.

Plan of Correction ***Accept (- 05/07/2024)***

Corrective actions put into place for Resident #3 prescribed Loperamide HCl, 2mg 1 cap three times a day as needed for diarrhea label was immediately corrected on 03-21-24. Education was conducted for all Medication Techs on 04-07-24 A complete audit of all medication were conducted on 04-22-24 and no further inaccuracy identified. The Administrator and Wellness coordinator are responsible for monitoring for compliance.

Licensee's Proposed Overall Completion Date: *04/26/2024*

Implemented (- 09/19/2024)

227a - Support Plan 30 Days

7. 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

On 3/21/24, resident #2's assessment, dated and resident #3's assessment, dated , did not address the resident's need of an enabler and the intended use and risks associated with the use, resident's ability to use the device safely, and whether a cover is required.

Plan of Correction ***Accept (- 05/16/2024)***

Corrective actions put into place for resident #2 and #3 assessment were corrected to reflect the need for enabler and intended use and risks associated with the use, resident's ability to use the device safely and if cover is required was completed on 4-6-24 Education was completed with staff on 4-7-24 regarding need for enabler, use, risk, and

227a - Support Plan 30 Days (continued)

residents ability to use safely and covers required by Administrator. The Administrator is responsible to to monitor support plans and assessments to ensure compliance.

Proposed Overall Completion Date: 05/08/2024

By 5/25/24: The administrator or designee shall review the current support plans for residents who use a bedside mobility device to ensure the support plan includes the need of an enabler and the intended use and risks associated with the use, resident's ability to use the device safely, and whether a cover is required. [redacted] *5/16/24*

Licensee's Proposed Overall Completion Date: *05/08/2024*

Implemented ([redacted] - 09/19/2024)

234d - Support Plan Revision

8. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

On 3/25/24, the support plan for resident #4 was completed on [redacted]*: however, the support plan was not updated to address the resident's exit seeking behaviors, aggression toward residents and staff and the resident's statement of wanting to die.*

Plan of Correction ***Accept ([redacted] - 05/16/2024)***

Corrective action for resident #4, support plan was updated on 03-25-24 to reflect the resident's exit seeking behaviors, aggression towards residents and staff and the resident's statement of wanting to die. Education was conducted and completed with staff to ensure support plans reflect behaviors, aggression and statements made by residents on 4-7-24 The Administrator and Wellness coordinator are responsible for monitoring and compliance.

Proposed Overall Completion Date: 05/08/2024

By 5/5/25: The administrator or designee shall review all current support plans to ensure accuracy and completion. [redacted] *5/16/24*

Licensee's Proposed Overall Completion Date: *05/08/2024*

Implemented ([redacted] - 09/19/2024)