

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

June 14, 2024

[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 05/21/2024 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: *GUY AND MARY FELT MANOR* License #: *23119* License Expiration: *03/26/2025*
 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: *110 EAST FOURTH STREET, EMPORIUM, PA, 15834*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/17/1972* Issued By: *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/21/2024*

Inspection Dates and Department Representative

05/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *10* Residents Served: *9*

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: *9*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

05/21/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2024*

06/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/13/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/14/2024*

Inspections / Reviews (*continued*)

06/14/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

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 is prescribed [REDACTED] to be used once daily as needed. The medication was not available.

Plan of Correction

Accept [REDACTED] - 06/04/2024)

- Immediately upon discovering that the [REDACTED] was not available it was reordered by the administrator, [REDACTED], LPN, PCHA.
- The [REDACTED] arrived at Felt Manor Living on 5/21/2024 at 6:30pm.
- Moving forward The Resident Care Aids/Administrator at Felt Manor Living will use the Attached form to Audit the Medication Cart a per month.
- This is scheduled to be completed by the night shift RCA on the first Monday of every month.
- The dayshift Resident Care Aid will then review this form and follow up as needed i.e. communicate with doctors/pharmacy, reorder medications, etc..
- The administrator, [REDACTED], LPN, PCHA, Is responsible for ensuring the medication cart audit, form, and review/follow up are completed. If they are not completed the administrator will complete the medication cart audit, form, and review/follow up.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented ([REDACTED] - 06/14/2024)