

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

September 11, 2024

[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 06/18/2024 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: SAINT BENEDICT MANOR, INC. License #: 30342 License Expiration: 11/06/2024
 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]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/08/1996 Issued By: DL&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/18/2024

Inspection Dates and Department Representative

06/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 44 Residents Served: 23

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 44 Residents Served: 23

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/18/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/08/2024

07/10/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/11/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/20/2024

Inspections / Reviews *(continued)*

09/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2024 by the Administrator developed a form for resident #1 and POA to sign.

To enhance the currently compliant operations, on 06/18/2024 the Administrator will add document to residential admission paperwork packet for resident and POAs to sign in the event a resident is unable/incompetent to sign, with a completion date of 07/12/2024.

Effective 06/18/2024 the Office Manager will perform monthly reviews through 11/18/2024 to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Compliance monitoring activities will be implemented under the supervision of the Office Manager. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented ([REDACTED] - 09/11/2024)

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review dated 1/4/24 did not address the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

26b - Quality Management Plan Content (continued)

Plan of Correction

Accept (█) - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2024 by the Administrator to call for a proper quality management meeting, scheduled on Friday June 21st.

To enhance the currently compliant operations, on 06/21/2024 the Administrator will conduct a quality management meeting, discussing regulations; 2600.26.b, 26.b., 26.b.2, 26.b.3, 26.b.4, 26.b.5, with a completion date of 07/12/2024.

Effective 06/21/2024 the Administrator will perform annual reviews through 11/18/2024 to maintain ongoing compliance with having a quality management plan that address the periodic review and evaluation of reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, if applicable, and resident or family councils, or both, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented (█) - 09/11/2024)

65a - FS Orientation 1st Day

3. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.

Description of Violation

Staff person B, whose first day of work was █, did not receive orientation on the following topics:

2. Staff duties & responsibilities - fire drills
3. Designated meeting place outside/interior fire safe area
5. Location & use of fire Extinguishers
6. Smoke detectors & fire alarms

Plan of Correction

Accept (█) - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/19/2024 by the Administrator conducting a training with staff person B to ensure safety and the knowledge from orientation training topics, 2,3, 5, & 6.

65a - FS Orientation 1st Day (continued)

To enhance the currently compliant operations, on 06/18/2024 the Administrator will Reconstructed our entire on-boarding training checklist, separating the first work day and within 40 working hours, with a completion date of 07/08/2024.

Effective 06/18/2024 the Office Manager will perform monthly reviews through 11/18/2024 to maintain ongoing compliance with ensuring that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that include, including staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, and the location and use of fire extinguishers, and smoke detectors and fire alarms, and staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, and the location and use of fire extinguishers, and smoke detectors and fire alarms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented () - 09/11/2024)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator located in the kitchen.

Plan of Correction

Accept () - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2024 by the Dietary and Housekeeping Team Leader who located and replaced any/all thermometers in all refrigerators/freezers.

To enhance the currently compliant operations:

1. on 07/08/2024 the Administrator will develop a form track an ensure thermometers are present and food is stored at required temperatures.
2. on 06/18/2024 the Dietary & House Keeping Team Leader will begin training staff on the purpose of the form being intuited to monitor for thermometers in refrigerators and freezers, and required temperature levels, with a completion date of 07/12/2024.

The overall completion date is 07/12/2024.

Effective 06/24/2024 the Dietary Team Leader will perform weekly checks through 11/25/2024 to maintain ongoing compliance ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

103f - Refrigerator/Freezer Temps (continued)

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented (█) - 09/11/2024)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill completed during sleeping hours was on 11/17/23 at 12:45 AM.

Plan of Correction

Accept (█) - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2024 by the Administrator who conducted a fire drill during sleeping hours.

To enhance the currently compliant operations, on 06/19/2024 the Administrator will update fire drill log with an obvious color coded reminder to complete at least 1 fire drill every 6 months during sleeping hours, with a completion date of 07/07/2024.

Effective 06/18/2024 the Administrator will perform monthly checks through 11/18/2024 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2024

Implemented (█) - 09/11/2024)

190a - Completion Medication Course

6. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to resident #2 on the following dates/times:

On 6/15/24 at 9:00am, 5mg of Dapagliflozi was administered; at 12:00pm, 180mg of Diltiazem was administered
On 6/16/24 at 9:00am, 1000mcg of Biotin was administered; at 12:00pm, 25mg of Atenolol was administered
On 6/17/24 at 9:00am, 205mg of Eliquis was administered; at 12:00pm, 50mg of Sertraline was administered

190a - Completion Medication Course (continued)

Plan of Correction

Accept () - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 06/19/2024 by the Medication Administration Trainer who contacted the ODP Helpdesk for guidance. The tests could not be reset, so the ODP Helpdesk directed that [redacted] was required to repeat the course. [redacted] was away on vacation after inspection, but upon [redacted] return [redacted] successfully completed the medication administration course on June 27, 2024.

To enhance the currently compliant operations as of 06/27/2024, the Medication Administration Trainer will create classes and train all students on the Department-Approved website. Staff person A was initially tested with the paper tests, which as of December 31, 2023 are no longer in use. Staff members will be trained on the new Medication Administration website.

Effective 06/19/2024 the Medication Administration Trainer will perform monthly audits of [redacted] scores and documentation through 11/01/2024 to maintain ongoing compliance. The Medication Administration Trainer will ensure that all staff persons are trained via the online Department-approved medication administration course. Medications will be administered as ordered by [redacted] who have successfully completed this course, which includes their passing of the Department's performance-based competency test within the past 2 years. The Medication Administration Trainer will double check all test score totals prior to performing the initial 4 medication passes with the new [redacted]

Daily, or upon successful completion of the entire course by each [redacted] the Medication Administration Trainer will verify that all required documentation is completed and present in each [redacted] file. The Office Manager will perform monthly audits of medication administrators' files to double check all test score totals, and to verify that all required documentation is completed and present in each [redacted] file. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented () - 09/11/2024)

231e - No Objection Statement

7. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept () - 07/10/2024)

In response to the violation on 06/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2024 by the Administrator by having Resident make mark/sign the Objection Statement, with POA present to witness.

231e - No Objection Statement (continued)

To enhance the currently compliant operations, on 06/18/2024 the Administrator will add Objection Statement and Signature Waiver document to residential admission paperwork for resident and POAs to sign in the event a resident is unable/incompetent to sign, with a completion date of 07/07/2024.

Effective 06/18/2024 the Office Manager will perform monthly reviews to maintain ongoing compliance with ensuring that each resident record has documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2024

Implemented (█ - 09/11/2024)