

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

October 1, 2024

[REDACTED], ADMINISTRATOR
BISHOP PELCZAR MANOR
856 CAMBRIA STREET
CRESSON, PA, 16630

RE: JOHN PAUL II MANOR
856 CAMBRIA STREET
CRESSON, PA, 16630
LICENSE/COC#: 30318

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/08/2024 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: JOHN PAUL II MANOR License #: 30318 License Expiration: 01/01/2025
 Address: 856 CAMBRIA STREET, CRESSON, PA 16630
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: BISHOP PELCZAR MANOR
 Address: 856 CAMBRIA STREET, CRESSON, PA, 16630
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/16/2005 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 08/08/2024

Inspection Dates and Department Representative

08/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 31

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 30
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

08/08/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/26/2024

08/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/25/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2024

Inspections / Reviews (*continued*)

09/09/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/25/2024

10/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per 34 Pa. Code Chapter 3, if a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. The home's boiler certificate expired on 7/19/24.

Plan of Correction

Accept (█) - 08/28/2024)

Boiler Inspection was completed on 8/15/24 with recommendations. Beers Plumbing was called on site 8/21/24 to replace leaking valves per boiler inspector's directives. Boiler inspector was notified of our compliance with all his recommendations and directives and signed off on completion and renewal of our boiler inspection (see attached photos). We are awaiting a new boiler inspection certificate.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented (█) - 10/01/2024)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 8/8/24 at 2:30pm, the hot water temperature in room #15 measured 126 degrees Fahrenheit.

Plan of Correction

Accept (█) - 09/05/2024)

On August 21, 2024, Beers Plumbing was consulted regarding how to address the temperature inconsistencies. It was agreed that the best course of action would be to turn the temperature down 10 degrees to ensure the temperature would always be below 120 degrees Fahrenheit. As of August 26, 2024, this course of action has been followed. A temperature record has been created for weekly temperature checks in random rooms in each wing of the facility

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 10/01/2024)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not completed an annual supervised fire drill by a fire safety expert.

Plan of Correction

Directed (█) - 09/05/2024)

Nanty Glo, Pennsylvania Chief █ was on site at John Paul II Manor for a monitored third shift fire drill at 5:00AM on Thursday, August 29, 2024. Swartz Fire and Safety from Bellefonte, PA is scheduled to do an annual inspection and fire safety training on September 17, 2024 at 1:00PM at John Paul II Manor.

132b - Safety Inspection/Fire Drill (continued)

Proposed Overall Completion Date: 09/17/2024

(Directed)

-In addition to the above plan of correction, the Administrator will be responsible for tracking/scheduling the annual fire safety inspection and supervised drill.

-Reminders will be placed on the calendar and monitored by the Administrator to ensure these occur annually.

Directed Completion Date: 09/17/2024

Implemented () - 10/01/2024)

132e - Fire Drill Sleeping Hours**4. Requirements**

2600.

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

Description of Violation

The home defines their sleeping hours as 9:00pm to 5:00am. The last fire drill conducted during sleeping hours was on 4/19/24 at 9:05pm. The previous sleeping hours fire drill was conducted on 4/12/23 at 9:02pm.

Plan of Correction

Directed () - 09/05/2024)

The fire drill during sleeping hours was completed on Thursday, August 29, 2024 at 5:00AM.

Proposed Overall Completion Date: 09/04/2024

(Directed)

-The Administrator will be responsible for creating a tracking/scheduling system to ensure that overnight fire drills occur at least every 6 months.

-The Administrator will designate a staff person as a back-up in the event that the Administrator is not present to schedule/run these drills. The designee will be trained by the Administrator on this requirement no later than 9.20.24

Directed Completion Date: 09/20/2024

Implemented () - 10/01/2024)

141b1 - Annual Medical Evaluation**5. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Directed () - 09/05/2024)

Regarding the 2023 DME for Resident #1, the former medical director of our facility, Dr. [REDACTED] of Windber PA, did not respond to our repeated requests for this documentation. As of January 1, 2024, we secured the services of a new attending physician at the John Paul II Manor, Dr. [REDACTED], MD of Cresson, PA. A request was sent August 26, 2024 in writing to Dr. [REDACTED] to furnish us with the DME that is missing from Resident #1's file. The information supervisor who schedules DME's and completes and updates RASPs will keep a master

141b1 - Annual Medical Evaluation (continued)

schedule of annual medical examinations and completed DME's that are filed, with notations of attempts to receive such documentation from the physician's office.

Proposed Overall Completion Date: 09/04/2024

(Directed)

-In addition to the above plan of correction, beginning 10/1/24, The Administrator will monitor the DME master schedule on a monthly basis to identify any missed or coming due DME's. It will be the responsibility of the Administrator to follow-up with these coming due appointments to ensure that they are being completed timely.

Directed Completion Date: 09/04/2024

Implemented (█) - 10/01/2024)

171c - Home's Vehicle Documents**6. 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 vehicle used to transport residents did not have a valid PA registration.

Plan of Correction

Directed (█) - 09/05/2024)

On August 26, 2024, our maintenance director was furnished with copies of John Paul II Manor vehicle insurance and registration documents in a binder for the maintenance office. Copies of such documents were also placed in vehicles on August 26, 2024.

Proposed Overall Completion Date: 09/04/2024

(Directed)

-In addition to the above plan of correction, the Administrator will provide training to the Maintenance Director by 9/30/24 on the required documents need to operate motor vehicles and transport residents.

-Beginning 10/1/24, the Administrator will audit the vehicle binder on a semi-annual basis to ensure all the documents are present and up to date. It is the responsibility of the Administrator and the Maintenance Director to follow-up on any issues noted during these audits.

Directed Completion Date: 10/01/2024

Implemented (█) - 10/01/2024)

183e - Storing Medications**7. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

Description of Violation

On 8/8/24 at 3:15pm, Resident #1's Humalog KwikPen and Lantus SoloStar injection pen did not have a date marked on the medication documenting when it was opened. Manufacturer's instructions for both medications indicate that the medication should be discarded 28 days after opening.

Plan of Correction

Directed (████ - 09/05/2024)

On August 8, 2024, the Humalog Kwik Pen for Resident #1 was marked for date opened. On August 8, 2024, the Lantus SoloStar injection pen as marked for date opened. This will always be done in future. Please see the attached photos.

Proposed Overall Completion Date: 09/04/2024

(Directed)

-In addition to the above plan of correction, the Administrator will provide training to all staff who are responsible for administering medications regarding proper use/labeling of time sensitive medications. This training will occur by 10/1/24.

-Beginning 10/1/24, the Administrator or designee will be responsible for conducting monthly medication cart audits to identify any undated/expired medications.

Directed Completion Date: 10/01/2024

Implemented (████ - 10/01/2024)

254c - Records Storing

8. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

The privacy coding document containing resident names, was attached to the letter of 6/30/23 for the renewal inspection completed on 6/7/23 and was posted on the bulletin board in a public place of the home.

Plan of Correction

Accept (████ - 09/05/2024)

The privacy coding was removed on August 8, 2024 from the glass case in our lobby, where it was inadvertently attached to 2023's annual inspection. At our next scheduled staff training, September 17, 2024, ██████████ supervisor, will lead a refresher presentation on HIPPA requirements, resident rights to privacy, with examples of violations of HIPPA, and will include the fact that in posting inspection records, resident names are never to be included.

Licensee's Proposed Overall Completion Date: 09/17/2024

Implemented (████ - 10/01/2024)