

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

October 22, 2024

[REDACTED] PERSONAL CARE HOME ADMINISTRATOR
CORNWALL MANOR
[REDACTED]

RE: CORNWALL MANOR
1 BOYD STREET, PO BOX 125
CORSON HALL
CORNWALL, PA, 17016
LICENSE/COC#: 34288

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2024 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: CORNWALL MANOR **License #:** 34288 **License Expiration:** 01/31/2025
Address: 1 BOYD STREET, PO BOX 125, CORSON HALL, CORNWALL, PA 17016
County: LEBANON **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: CORNWALL MANOR
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/26/1996 **Issued By:** Labor & Industry
Type: Other **Date:** 09/10/2021 **Issued By:** Cornwall Boro

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 09/11/2024

Inspection Dates and Department Representative

09/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 45 **Residents Served:** 35

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:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

09/11/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/26/2024

09/23/2024 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 10/15/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/27/2024

Inspections / Reviews *(continued)*

09/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/18/2024

10/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct Care Staff Members A and B received only 8.5 hours of annual training in training year 2023.

Plan of Correction

Accept () - 09/24/2024)

Personal Care Administrator reviewed 2600.65e and the 2024 education plan on 9/19/24 which indicates the 12+ hours of required hours for direct care staff to be completed by 12/31/24 is present. PCHA is responsible for staff training records and utilizes Relias and attendance sheets to confirm completion of trainings. PC Administrator will conduct Staff Training audits beginning 10/1/24 to monitor individual staff progress followed by in person discussion or e-mail as a reminder of what needs to still be completed.

PCHA will start a full direct care staff training audit no later than 10/18/24.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented () - 10/15/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct Care Staff Members A and B did not receive training in the following topics during training year 2023:

- Medication self-administration training.
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Care for residents with dementia and cognitive impairments.
- Personal care service needs of the resident.
- Safe management techniques.

Plan of Correction

Accept () - 09/24/2024)

Personal Care Administrator reviewed regulation 2600.65f and the 2024 training topics on 9/19/24 to verify required training topics/content is present in the Relias Training. Topics of instruction on meeting the needs of the residents and Personal Care service needs of the resident are being covered at staff meetings (10/21/24 and 11/18/24)

65f - Training Topics (continued)

PCHA will begin training for Staff A and Staff B by 10/18/24 for the missed training topics and have completed by 10/30/24. PCHA will start a full direct care staff training audit no later than 10/18/24 relative to required training topics. PCHA will create a Training Flow Sheet of all direct care staff by 10/4/24 to assure all required topics are covered and completed.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([REDACTED]) 10/15/2024)

65g - Annual Training Content

3. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Direct Care Staff Members A and B did not receive training in the following topics during training year 2023:
• Resident rights.
• The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
• Falls and accident prevention.

Plan of Correction

Accept ([REDACTED]) - 09/24/2024)

Personal Care Administrator reviewed 2600/65g and 2024 Annual Training content scheduled in Relias Training. Resident Rights scheduled for 10/21/24, Older Adult Protective Services Act scheduled for 11/18/24. Fall and Accident Prevention is included in 2024 Relias Training requirements. PCHA will start a full direct care staff training audit no later than 10/18/24 relative to required training topics. PCHA will create a Training Flow Sheet of all direct care staff by 10/4/24 to assure all required topics are covered and completed.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented ([REDACTED]) - 10/15/2024)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

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

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

A fire drill was conducted during sleeping hours on [REDACTED]. The next sleeping hours fire drill was not conducted until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/24/2024)

Personal Care Administrator reviewed 2600.132e on 9/11/24

Review the 2024 fire drill log and future schedule on 9/19/24. Sleeping Hours drill was held on 12/27/23 @ 5:45am, 4/23/24 @ 11:05pm. PCHA will continue to schedule a sleep hour fire drill no less than every 6 months between the hours of 11:00pm and 6:00am

Effective 10/1/24 Manager of Nursing will review and sign off monthly fire drill document to indicate a successful Sleep Hours drill was held in addition to the PCHA.

Manager of Nursing was provided education of 132e on 9/23/24

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented ([REDACTED] 10/22/2024)

132h - Designated Meeting Place

5. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the following fire drills, all residents did not evacuate to a designated meeting place away from the building or within the fire-safe area:

On [REDACTED], there were 33 residents in the home; however, only 32 residents evacuated.

On [REDACTED], there were 29 residents in the home; however, only 27 residents evacuated.

On [REDACTED], there were 32 residents in the home; however, only 31 residents evacuated.

Plan of Correction

Accept ([REDACTED] - 09/24/2024)

Personal Care Administrator reviewed 2600.132h on 9/11/24

Effective 9/11/24 the Personal Care Administrator will schedule a follow up drill if any resident present in the home chooses not to evacuate. PCHA will continue to document plan of action for residents who do not evacuate.

PCHA reviewed Home Rule stating resident's must participate for fire drill evacuation at Resident Meeting on 9/12/24 and staff meeting 9/16/24. Documented in Resident Meeting minutes 9/12/24 and Staff Meeting minutes 9/16/24. Staff Attendance record with signature part of Staff Meeting minutes.

Effective 10/1/24 Manager of Nursing will review and sign off monthly fire drill document to indicate a successful Sleep Hours drill was held in addition to the PCHA.

Manager of Nursing was provided education of 132e on 9/23/24

Licensee's Proposed Overall Completion Date: 10/01/2024

132h - Designated Meeting Place (continued)

Implemented () - 10/22/2024)

141b1 - Annual Medical Evaluation

6. 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]

Resident #2's most recent medical evaluation, dated [redacted], did not include the resident's current health status,

Plan of Correction

Accept () - 09/24/2024)

Personal Care Home Administrator will create a tracking tool by 10/4/24 (for DME completion indicating each resident's last completed DME and future scheduled DME within 360 days of most recent DME). A monthly audit will begin 10/4/24) conducted by PCHA will ensure compliance. Upon resident return from DME appointment a 2-step verification for 100% completion of DME will be completed by the 3rd shift LPN and PCHA effective 10/4/24. PCHA will provide training to 3rd shift LPN's and Manager of Nursing regarding DME tracking tool and 2-step verification by 10/3/24.

Resident #2 no longer a Personal Care resident as [redacted] was admitted to the Health Center on [redacted] An initial audit of all DME's will be started by [redacted] and completed by [redacted] by the PCHA.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented () - 10/22/2024)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Repeat Violation - 5/11/23

Plan of Correction

Accept () - 09/24/2024)

[redacted] as needed was re-ordered by LPN (3-11p) on [redacted] and was received on [redacted] An audit of all PRN medications was completed by LPN on [redacted]. Monthly PRN medication audit will start on [redacted] to reconcile PRN medications and be done by the 30th of every month by Charge Nurse (LPN 11p-7a) and/or Manager of Nursing.

Manager of Nursing will educate LPN and Medication Technicians on Reg 2600.185A and instruct them on

185a Implement Storage Procedures (continued)

re ordering medication in a timely fashion which includes PRN medications by 10/18/24

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented ([redacted] - 10/22/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted], two tablets by mouth in the morning for [redacted]. However, Resident #1 did not receive their [redacted] dose of this medication on [redacted] or [redacted]

Resident #2 is prescribed [redacted]. However, this medication was not administered to Resident #2 on [redacted] because the medication was not available in the home.

Resident #3 is prescribed [redacted], one tablet by mouth one time a day for [redacted]. However, Resident #3 did not receive their [redacted] dose of this medication on [redacted]

Plan of Correction

Accept ([redacted] - 09/24/2024)

Medication for resident #2 was re ordered by LPN (3 11p) on [redacted] and available for distribution on [redacted]. Nurse manager reviewed check in process of medication with staff when receiving from pharmacy on 9/16 20/24. During staff meeting held on 9/16/24 Manager of Nursing reviewed the requirement that after each medication pass the LPN or Medication Technician must complete a Medication Reconciliation to identify any omission of prescribed medication or documentation. Monthly audit of e MAR's and e TAR's beginning 10/1/24 by the Manager of Nursing will be conducted to assure compliance. Resident MAR's will be part of the audit to assure proper and timely documentation is being entered when a medication has been given or the reason for omission.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented ([redacted] 10/22/2024)