

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

December 10, 2024

[REDACTED]  
HENDORN INC  
[REDACTED]

ATTN SUSANNE BOUCHER  
[REDACTED]

RE: COLE MANOR  
101 MAPLE STREET  
COUDERSPORT, PA, 16915  
LICENSE/COC#: 24263

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2024, 09/30/2024 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: COLE MANOR License #: 24263 License Expiration: 08/09/2025  
Address: 101 MAPLE STREET, COUDERSPORT, PA 16915  
County: POTTER Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: HENDORN INC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/21/1987 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 09/24/2024

**Inspection Dates and Department Representative**

09/24/2024 - On-Site: [REDACTED]  
09/30/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	30	Residents Served:	20
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:	20
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	0	Have Physical Disability:	0

**Inspections / Reviews**

09/24/2024 Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/25/2024

11/08/2024 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 12/02/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2024

Inspections / Reviews *(continued)*

11/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2024

12/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home submitted an incident report regarding a fall sustained by Resident [redacted] on [redacted] at 12:30pm. The incident was not reported to the Department until [redacted] at 4:15pm greater than 24 hours after the incident occurred.

Plan of Correction

Accept [redacted] - 11/08/2024)

Personal Care Home Administrator reviewed for re-education 2600.16 Reportable incidents and conditions on 9/25/24. PCHA will submit all reportable incidents to the Department within 24 hours of incident. 10/6/24 report was submitted within 24 hours.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [redacted] - 12/04/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar located in resident room 10 on the second floor of the home, moved freely from side to side when grabbed and was not secured firmly to the resident's bed.

Plan of Correction

Accept [redacted] - 11/08/2024)

PCHA adjust the tightening mechanism on the enabler bar on [redacted] PCHA contacted maintenance department on 9/25/24 regarding additional movement within enabler bar. Maintenance department was able to secure bar by fastening stainless steel screws to provide extra stabilization at the base of the equipment. On 9/25/24 PCHA checked device, and no movement was found. Starting 10/28/24 enabler bar check will be conducted weekly and added to housekeepers list of responsibilities.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/04/2024)

101j7 - Lighting/Operable Lamp

3. 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

Resident room [redacted] on the second floor of the home did not have a light at the resident's bedside.

Plan of Correction

Accept [redacted] - 11/08/2024)

PCHA placed a flashlight on the resident's bedside. PCHA and resident reviewed the regulation together. Resident has sent flashlight home with her daughter on the morning of 9/24/24 to have the batteries replaced. Starting

101j7 Lighting/Operable Lamp (continued)

10/28/24, bedside light audit will be added to housekeepers list of responsibilities.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/04/2024)

132a - Monthly Fire Drill

4. Requirements

2600. 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in November 2024. The home reported the fire drill was not conducted due to an outbreak of COVID however a fire drill was required to be conducted.

Plan of Correction Accept [redacted] - 11/08/2024)

PCHA was educated on monthly fire drills during a COVID outbreak on 9/24/24. Moving forward drills will be conducted monthly regardless of COVID outbreak status.

Administrator will monitor for ongoing compliance [redacted]

Proposed Overall Completion Date: 10/25/2024

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented [redacted] - 12/04/2024)

132b - Safety Inspection/Fire Drill

5. 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's annual fire safety inspection and supervised fire drill was completed on [redacted]. The last fire safety inspection and supervised fire drill was conducted on [redacted], greater than 1 year and 15 days from the most recent fire safety inspection and supervised fire drill.

Plan of Correction Accept [redacted] - 11/08/2024)

PCHA will schedule fire drill conducted by a fire safety expert within one year and 15 days. Allowing a grace period within the year and 15 days, if the fire department were needed to reschedule due to a fire emergency elsewhere.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented [redacted] - 12/04/2024)

132d - Evacuation

6. Requirements

2600.

132d - Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home was given an evacuation time of 2 minutes 50 seconds as per the annual fire safety inspection conducted on [REDACTED]. The home conducted a fire drill on [REDACTED] with an evacuation time of 3 min 44 seconds which exceeded the evacuation time given by the fire safety expert.

Plan of Correction

Accept [REDACTED] - 11/08/2024)

PCHA and Maintenance reviewed annual fire safety inspection on 9/26/25 to re-educate on evacuation time of 2 minutes and 50 seconds. Fire Drills conducted over 2 minutes and 50 seconds will be re conducted until within the 2 minutes and 50 seconds approved evacuation time. Two-month audit will be conducted. (Sept 24- Oct 24)

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 12/04/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED] Documentation of Medical Evaluation dated [REDACTED] does not note the resident's height, weight, pulse rate, temperature and blood pressure.

Plan of Correction

Accept [REDACTED] - 11/08/2024)

On 10/23/24 PCHA reached out to medical provider to provide height, weight, pulse rate, temperature and blood pressure from the appointment date of 1/2/24. Once received PCHA will add physician's update to DME form. Documentation of Medical Evaluation will be reviewed by PCHA prior to being filed in resident chart to prevent errors that may occur due to physician missed documentation.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] 12/04/2024)

190c - Record of Training

8. Requirements

190c - Record of Training (continued)

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

*There is no documentation of the signature of the student or the person completing the training for Staff Member A's annual practicum. The observations were completed but the form was not signed by the staff member, or the person completing the training and did not indicate if the staff member was requalified*

**Plan of Correction**

**Directed** [redacted] - 11/22/2024)

*PCHA Med trainer hand student re-observed for an updated review of the medication administration observation and medication record review to ensure student passed each section prior to having trainer and student sign off on the annual practicum on 10/18/24. Trainer will have student and trainer sign each summary and requalification form to ensure form is completed annually. PCHA med trainer will review each medication review and observation for missed signatures monthly.*

*Proposed Overall Completion Date: 11/14/2024*

**(Directed)**

**The Administrator will audit all paperwork for staff members that are trained to administer medications for completion. Documentation that is incomplete will be updated immediately. The Administrator will monitor monthly for ongoing compliance.**

**Directed Completion Date: 12/02/2024**

**Implemented** [redacted] - 12/04/2024)

227d - Support Plan Medical/Dental

**9. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident [redacted] uses an enabler bar for transfers out of bed. The resident's Resident Assessment Support Plan dated [redacted] does not note the specific device to be used, the intended use, any risks associated with the device, that the resident can use the device safely for the intended purpose or if a cover is required to meet FDA guidelines*

**Plan of Correction**

**Directed** [redacted] - 11/22/2024)

*On [redacted] PCHA was educated on documentation needed to be included on resident RASP when using an enabler bar. PCHA will be responsible for documentation on Resident's 2024 Resident assessment support plan due 12/19/2024. Plan will include specific device, the intended use, risks, and confirmation the resident can use the device safely. Ongoing compliance will be monitored by PCHA completing resident RASP.*

*Proposed Overall Completion Date: 12/19/2024*

**(Directed)**

227d - Support Plan Medical/Dental (continued)

**Administrator will update all Resident Assessment and Support Plans (RASP) for residents that utilize any type of assistive devices on their beds. The RASPS will include the specific device to be used, the intended use, any risks associated with the device, that the resident can use the device safely for the intended purpose or if a cover is required to meet FDA guidelines. The Administrator will monitor for ongoing compliance.**

Directed Completion Date: 11/25/2024

Implemented ( [REDACTED] - 12/04/2024)