

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

April 24, 2025

[REDACTED]
SAINT BENEDICT MANOR INC
[REDACTED]

RE: SAINT BENEDICT MANOR, INC.
600 THEATRE ROAD, BOX 57
ST. BENEDICT, PA, 15773
LICENSE/COC#: 30342

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2025 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: 11/06/2025
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/20/2025

Inspection Dates and Department Representative

03/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 44 Residents Served: 20
 Secured Dementia Care Unit
 In Home: Yes Area: All Capacity: 44 Residents Served: 20
 Hospice
 Current Residents: 3
 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: 20 Have Physical Disability: 1

Inspections / Reviews

03/20/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/06/2025

04/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/22/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/22/2025

Inspections / Reviews *(continued)*

04/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] is prescribed anti-seizure medication [redacted] for a diagnosis of [redacted] [redacted] to be administered twice day at 9:00 AM and 8:00 PM. From [redacted] at 8:00 PM to [redacted] at 4:00 PM the home failed to administer this medication to Resident [redacted]. On [redacted] resident [redacted] had a breakthrough [redacted] and was hospitalized at 4:06 PM.

Plan of Correction

Accept [redacted] - 04/15/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/20/2025 by the Administrator who spoke to all medication administration staff regarding the importance of notifying one of our Administrators if staff run out of any ordered medication.

To enhance the currently compliant operations, on 03/24/2025 the Administrator requested a full cart audit on all medication carts and treatment carts which was completed by our servicing pharmacy the week of 03/24/2025 to 03/28/2025. Cart audits will be done quarterly by our servicing pharmacy and weekly audits by our designated staff will continue until July 31, 2025.

Effective 03/21/2025 the Administrators will perform checks after each med pass time by utilizing the Notification feature in medication administration software through July 31, 2025 to maintain ongoing compliance ensuring that all medications are available and are administered as ordered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Staff will continue to follow our policy of not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way.

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented [redacted] - 04/24/2025)

187d Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] two times a day at 9:00 AM and 8:00 PM. However, this medication was not administered to resident [redacted] on [redacted] at 8:00 PM, [redacted] at 9:00 AM and 8:00 PM, [redacted] at 9:00 AM because the medication was not available in the home.

Resident [redacted] is prescribed [redacted] daily at 9:00 AM and 8:00 PM. From [redacted] to [redacted] this medication was only administered on the following dates and times:

[redacted] at 8:00 PM

187d Follow Prescriber's Orders (continued)

at 8:00 PM

at 8:00 PM

at 9:00 AM

at 8:00 PM

at 8:00 PM

at 8:00 PM

at 9:00 AM

at 8:00 PM

Plan of Correction

Accept () - 04/15/2025)

In response to the violation on () by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. Resident (): on 03/20/2025 and 03/21/2025 the Administrator spoke to all medication administration staff to reiterate the importance of following all physicians' orders as written.
2. Resident () on 03/21/2025 the Administrator contacted physician to clarify with new orders to hold medication when no obvious redness or rash is present.

To enhance the currently compliant operations:

1. Resident (): on 03/21/2025 the Administrator received technical support from our medication administration software company to enable text notifications that will be sent to Administrators daily to show any missed medication doses. Administrator will also check medication administration software at least once daily to verify contents of notifications, with a completion date of 07/31/2025.
2. Resident (): as of 03/21/2025 the Administrator will have all physicians clarify with new orders to hold medications when no obvious redness or rash is present, with a completion date of 03/28/2025.

The overall completion date is 07/31/2025.

Effective 03/21/2025 the Administrator will perform daily checks through 07/31/2025 to maintain ongoing compliance.

Resident #1: Administrator will run MAR report daily in medication administration software to ensure that all medications are being administered as ordered, ensuring the home follows the directions of the prescriber.

Resident #2: Designated medication administration staff will check all medication carts, labels and orders, ensuring the home follows the directions of the prescriber. Any concerns will be reported to the administrator immediately for proper reconciliation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [REDACTED] - 04/24/2025)

188b - Medication Error Reporting

3. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] two times a day at 9:00 AM and 8:00 PM. However, resident [REDACTED] was not administered [REDACTED] on [REDACTED] at 8:00 PM, [REDACTED] at 9:00 AM and 8:00 PM, [REDACTED] at 9:00 AM. This medication error was not reported to the prescriber by the home.

Plan of Correction

Accept [REDACTED] - 04/15/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/21/2025 by the Administrator to develop a policy and form to be used by staff and Administrator to help track responses to medication errors, including verifying that the resident, resident's designated person and prescriber were notified.

To enhance the currently compliant operations, on 03/21/2025 the Medication Administration Staff and Administrator will utilize the form developed for reporting and documenting medication errors, with a completion date of 07/31/2025.

Effective 03/21/2025 the Administrator will perform weekly checks through 07/31/2025 to maintain ongoing compliance by verifying that timely documentation and reporting are occurring, ensuring medication errors are immediately reported to the resident, the resident's designated person and the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [REDACTED] 04/24/2025)