

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

June 5, 2025

[REDACTED], ADMINISTRATOR
GUY AND MARY FELT MANOR INC
110 EAST FOURTH STREET
EMPORIUM, PA, 15834

RE: GUY AND MARY FELT MANOR
110 EAST FOURTH STREET
EMPORIUM, PA, 15834
LICENSE/COC#: 23119

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2025 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: *GUY AND MARY FELT MANOR* License #: *23119* License Expiration: *03/26/2025*
 Address: *110 EAST FOURTH STREET, EMPORIUM, PA 15834*
 County: *CAMERON* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *GUY AND MARY FELT MANOR INC*
 Address: *110 EAST FOURTH STREET, EMPORIUM, PA, 15834*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/17/1972* Issued By: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *03/25/2025*

Inspection Dates and Department Representative

03/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *10* Residents Served: *9*

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: *9*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/25/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2025*

05/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/30/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2025*

Inspections / Reviews *(continued)*

05/23/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2025

06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.

Description of Violation

Staff Person A hired [REDACTED] did not complete training in medication self-administration for training year 2024.

Plan of Correction

Accept ([REDACTED] - 05/07/2025)

The training for medication self-administration was completed for Staff Person A in October of 2024. However, the sign-in sheet was not able to be found. This sign-in-sheet was hung by the administrator on the bulletin board in the medication room and not filed with the rest of the training sign-in sheets.

The administrator will file sign-in sheets immediately in my office to ensure they are present for proof of education.

A new training on Medication self-administration will be conducted for all staff on 5/22/2025.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] - 06/05/2025)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:30 a.m. there was an accumulation of lint in the lint trap of the dryer. The dryer was not running and did not have clothing in it.

Plan of Correction

Accept ([REDACTED] - 05/23/2025)

On March 25, 2025, The PCHA immediately removed the lint from the dryer upon inspector finding.

On March 25, 2025, The PCHA educated all resident care aides and housekeeping staff on the importance of emptying the lint trap after each use.

On May 16, 2025, The PCHA posted a sign in the laundry room to serve as a visual reminder to staff members to empty the lint trap after every use. Direct Care Staff are responsible for ensuring that the lint trap is emptied after each use of the dryer.

To ensure ongoing compliance, the PCHA will conduct two (2) lint trap checks per week for the next month then weekly for the following 2 months. The PCHA will log on a flowsheet and review findings with SNF Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

105g - Lint Removal and Duct Cleaning (continued)

Implemented () - 06/05/2025

124 - Notice to Fire Department

3. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notification to the local fire department specifies 3 residents with mobility needs by name and room number. The letter is dated 7-30-24. The administrator indicated there are currently no mobility needs to evacuate.

Plan of Correction

Accept () - 05/07/2025

The letter in question has been rewrote and mailed to the local fire department. Please see attachment

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented () - 06/05/2025

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted on 2-16-25 at 4:54 a.m. does not indicate the amount of time it took to evacuate the residents.

Plan of Correction

Accept () - 05/23/2025

The Personal Care Home Administrator will collect time-related information from the local fire department, the attached skilled nursing facility, and Felt Manor Living staff notes recorded at the time of the incident. This effort aims to determine, if possible, how long it took to evacuate all residents. This review will be completed by May 30, 2025.

The fire drill conducted on February 16, 2025, occurred during a false alarm activation following a power outage. All residents were successfully evacuated.

Effective April 25, 2025, all future fire drills will be conducted only when the NHA, PCHA, or Maintenance Staff are present to time the evacuation and complete the necessary documentation.

The PCHA will be responsible to ensure all fire drill logs are fully completed each month prior to filing.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented () - 06/05/2025

141a - Medical Evaluation

5. 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.

Description of Violation

Resident # 1, date of admission [REDACTED]. The resident’s initial Medical Evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/07/2025)

Resident #1 and their physician’s office were aware of this requirement when this resident was admitted. However, the first available appointment for resident #1 to be seen by their physician was on [REDACTED]

Resident #1 was seen on [REDACTED] this was 31 days after admission.

Starting 4/25/2025 the administrator will ensure residents are seen by their physician within 60 days prior to admission or within 30 days after admission. The administrator will do this by either, requesting the DME form to be completed 60 days prior to admission or to have the Medical Evaluation scheduled prior to admission to ensure it will be within 30 days after admission.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented ([REDACTED] - 06/05/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident # 2's annual Medical Evaluation dated [REDACTED] does not indicate height, weight or body positioning needs.

Plan of Correction

Accept ([REDACTED] - 05/23/2025)

Resident #2's physicians' office did not obtain height and weight during [REDACTED] Medication Evaluation on [REDACTED]. Height and weight will be obtained in the facility by the personal care home administrator on or before 5/30/2025. This will be noted and attached to the DME form then sent, by the administrator, to Resident #2's physician's office for their records.

The PCHA will perform an audit on all current resident DME forms to ensure compliance by 5/30/2025.

To maintain compliance the PCHA will be responsible to ensure all DME's are filled out entirely. The PCHA will do this by working closely with the residents' physicians.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/05/2025)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident # 1 has an order for [REDACTED], however the Medication Administration Record does not indicate what the [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/23/2025)

On March 27, 2025, the PCHA contacted the pharmacy to address an issue with the MAR printing. In response, the pharmacy contacted QuickMAR to resolve the technical issue. The PCHA and the pharmacy then worked together to correct the MAR settings for resident #1.

This was fully corrected on 3/27/25 in the MAR. Felt Manor Living uses QuickMAR for our MAR. The [REDACTED] for Resident #1 was shown in the MAR when medication was administered. However, when the MAR was printed it did not print the [REDACTED] instructions.

Please see the attached file for the corrected MAR.

Moving forward, the printed MARs will be reviewed by the PCHA at the end of each month to ensure the medication instructions are printed correctly. The PCHA is responsible for monitoring ongoing compliance with this process.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ([REDACTED] - 06/05/2025)

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening dated [REDACTED] does not indicate if the facility can meet the resident's needs.

Plan of Correction

Accept ([REDACTED] - 05/07/2025)

Resident #1's prescreen was completed by the administrator prior to admission. The resident was admitted on [REDACTED]. "PART III: DETERMINATION" on the prescreen form was left blank.

On [REDACTED] the administration did check the yes box on the prescreen form for Resident #1.

The administrator will complete an audit of current resident charts by 5/23/2025 to ensure that each resident's Preadmission Screen Form is completed in full.

Starting 4/25/2024 the administrator will conduct an Audit on all admission paperwork 30-days after a new

224a - Preadmission Screen Form (continued)

resident is admitted to ensure it was completed fully and properly to maintain compliance.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented ([REDACTED] - 06/05/2025)